Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Day Month Jecember 8, 1996 AVOL 3:07 Am /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 0 Baltimore nuson brist If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year 8. Date of Birth (Month, Day, Yeer) Birthplece (Stete or Foreign Country) **Funeral** Deys Months 10km 20 F Hours Director 218-10-6001 06/24/1919 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at 10d. Inside City Limits Director MD Howard 1 Ves 2 No Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3347 Chatham Road Apartment F 21042 Funeral USA permit. Pages 1 and 2 should be filed within 72 hours efter dea. Important: If item 27 is marked other than "natural" any injury or other traumatic event. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritei Status Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yas, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 Ø No Specify: p Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education Decedent's Usual Occupetion (Giva kind of work done during most of working iifa. DO NOT usa retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Maryland College (1-4or 5+) Elementary/Secondary (0-12) Mechanical Engineer Ship Building 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Harold Osborne Gray 2 Mamie Lindamood 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) David Mark Gray/Son 463 Retford Rd Severna Park, MD 21146 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donation 5 □ Other (Specify) Loudon Park Cemetery 12/11/96 Baltimore, MD 21. Signature of Puneral Service Licental 22. Nema end Address of Fecility Sterling Ashton Funeral Home Inc. 736 Edmondson Ave Caton
23a. Pert1. Enter tha disaese, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heert failura. List only one ceusa or each lina. 736 Edmondson Ave Catonsville, Md 21228 Approximete Intervel Between Onset end Deeth **Physician** Immediete Ceusa (Final diseesa or condition resulting in death) /Medical metastatic Lung Cancer 12 months Examiner Examine Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events Due to (or es e consequence of) Physician/Medical Due to (or es a consequence of) resulting in death) Lest Part II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown p 24b. Were eutopsy findings evellable prior to complation of cause of daath? Completed 24e. Was en eutopsy performad? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examinar? Be 26. Placa of Daath (Check only ona) Hospital: 1 ☐ inpatiant Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 2 1 ☐ Yes 2 No 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Yeer) 27. Menner of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Neturei 5 Pending Investigation 1 □ Yes 2 □ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurei Route Number, City or Town, Stete) 4 Homicide Certifying Physicien: To the best of my knowledga, death occurred et the tima, data end piece, and due to the cause(s) and mennar es stated.

— Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, daeth occurred at the time, dete end piece, end due to the cause(s) 29e. Certifier Medical 29b. Signature 29c. Licensa number 29d. Dete signed (Month, Dey, Year)

State

attending physician and for use as the bunel-transit

883

2

certificate has page

Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certific stely filled in by the funeral director,

24 hours

pletely within 2 To the complet

P.O. Box 68760

Records,

Division of Vital

the Maryland

31. Dete filed (Month, Dey, Yeer)

0 1996

Registrer's Signeture who Davidson

who completed ceuse of seeth (Item 23e) (Type, Print)

125205

6701 N. Charles St. Balto. Md

December 8, 1996

Registrar

| BALTIMORE, MARYLAND 21215-0020 | urs after death. Page 6 may be retained by the hospital or attending physician. | is certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached for use as the burial-transit mermit Panes 1 2 should | removal. | edical examiner must be notified at once. |
|--|---|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | 1 - STATE REGISTRAR | STATE OF MARYL | | IENT OF HEALTH AN ATE OF DEATH | ID MEN | TAL HYGIENE REG. NO. | | |
|------------------------------------|--|--|--|--|--|--|---|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | ALL OF BEATH | 2. 0 | ATE OF DEATH | | 3. TIME OF DEATH |
| | MARGARET DO | RIS GALLO | WAY | | | ONTH DAY | 5 ,996 | 3074 M |
| | 4. SOCIAL SECURITY NUMBER | | (In yrs. last birthday) | UNDER 1 YEAR IF UNDER 24 H | RS. 7. D | ATE OF BIRTH | a. BIRTI | HPLACE (State or Foreign |
| 1 | 219-18-9726 | 1 M 2 F | 72 YRS. | NTHS DAYS HOURS MI | | Month, Day, Year) | Mar | ylamd |
| | 9s. FACILITY NAME (If not institution, give str | | 98 | CITY, TOWN OR LOCATION O | F DEATH | me 28, | 9c. COUNTY OF O | |
| 9 | Charlestown Nur | sing Cente | er | Catonsvill | le | | BALTI | more |
| 딦 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 100 CITY T | OWN OR LOCATION | | | | |
| DIRECTOR | Maryland Balti | more | | onsville | | | | 10d. INSIDE CITY LIMITS? |
| | 10e. STREET AND NUMBER | | | 10f. ZIP CODE | | | 10g. CITIZEN OF V | 1 YES 2 NO |
| ER/ | 707 Maiden Choi | ce Lane Ar | ± 0m07 | 21228 | | | - | |
| FUNERAL | 11. MARITAL STATUS | 12. WAS DECEDENT EVER IN | U.S. ARMED | 13. WAS DECENDENT OF HE | SPANIC OF | IIGIN? (Specify Yes | United | States |
| | 1 Never Married 2 Married | FORCES? 1 YES | 2-K- NO | If yes, specify Cuban, Me 1 ☐ YES 2 NO S | xican, Pue | | Blac Spec | E — American Indian, k, White, etc. |
|) BY | 3 🗂 Widowed 4 🗌 Divorced | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Spec | " White |
| COMPLETED | 15. DECEDENT'S EDUC. (Specify only highest grade of | ATION completed) | 16e. DECEDENT'S USI (Give kind of work | JAL OCCUPATION done during most of working lired.) | | 18b. KIND OF BUSI | NESS/INDUSTRY | |
| J. | Elementary/Secondary (0-12) | College (1-4 or 5 +) | | | - 1 | | | |
| ME | 17. FATHER'S NAME (First, Middle, Last) | | homemak | | | own ho | | |
| | William A. Fro | ohliah | | | | rst, Middle, Maiden S | umame) | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | enrich | Tab Man Inc an | Mary DRESS (Street and Number or Ri | | Yaeke1 | | |
| 5 | Anna M. Costen | oi at au | | | | | | |
| | 20a, METHOD OF DISPOSITION | 206 | PLACE AND DATE OF D | iden Choic | е ь | DATE 20c LOC | / Balto | MD21228 |
| | 1 Burial 2 Cremation 3 Remon | val from State cam | etery cremetory or other | nlece) | 1 1 | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | NSEE | adoutido | e Memorial 22. NAME AND ADDRESS OF | f facility | | | |
| | - / | | Sh. | Ambrose F 1328 Sulp | uner | al Home | e, Inc. | Arbutus |
| | 23. PART I. Enter the diseases, or co | molications that caused | the death Do not | 1320 Sulp | nur | Spring | Road | |
| market and a | anock, or neart langre. L | lat only one cause on e | ech line. | enter the mode of dying, | auch aa | cardiac or respin | story arreat, | Approximata |
| - 1 | | | | | | | | Interval Between |
| A 0 100 A | iMMEDIATE CAUSE (Final disease or condition | Long. | | Cali | 0 - | 10000 | | |
| an a second | | ARTERIO | | · CARdioVA | seul | PARD; | SOASE | Interval Between |
| 7 | disease or condition | ARTERIO DUE TO (OR AS A | | e CARdioVA | Seul | LARD; | SOASE | Interval Between |
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| CATION | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A | SCICROTI | c CAPLIDYA | Seul | LARD; | SOASE | Interval Between |
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State of Maryland / Department of Health and Mental Hygiene 0.6 27003

| | | Certificate of Maryland / Department of | | | leg. No. | 3/003 |
|--|---------------------------|---|--|---------------------------------|-------------------------------|---|
| | | Decedent's Name (First, Middle, Lest) | | 2. Date of Dea Month | th | 3. Time of Deeth |
| Physic /Medi | | MARY E HOLTHAUS | | DEC | 4. 199 | |
| Exami | | 4a. Facility Name (If not institution, give street end number) | 4b. City, Town, or L | | 4c. County of | |
| THE REAL PROPERTY. | | 7809 OAK AVE | PARKV | ille | Bout | 0. |
| Funeral | | 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Ye | | 8. Date of Birth (Month, Dey | Year | 9. Birthplace (Stete or Foreign Country) |
| Director | | 220-40-9987 1 97 Yrs. | 110010 | OCT 19, | | Maryland |
| pu & | | Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location | | | | 10d. Inside City Limits |
| shor | 5 | | | | | 1 ☐ Yes 2 🗷 No |
| he M | Director | Mo Baltimore Parnville | | | 0.000 | |
| th with the Marylan 23a or 28a-f show | 늅 | 10e. Street and Number 10f. Zip Cod 2\2 | | | log. Citizen of Wh | at Country? |
| death me 23 | Funeral | 180-) OAR AVE | | posify Voc or No. | USA | - American Indien, |
| tar d | 5 | Armed Forces? If Yes, specify C | of Hispanic Origin? (Spuber, Mexican, Puerto | Rican, etc.) | Black, | White, etc. |
| J20 | by I | | lo Specify: | | Specify: | WHITE |
| d 21215-0020 filed within 72 hours efter death with the Maryland hygiene. ther than "natural", or items 23a or 28a-f show ent, the Medical Examinet must be notlined at | be | 15. Decedent's Education 16a. Decedent's Usual Oct | cupation | | 16b. Kind of Busi | ness/Industry |
| 215 Pin 7 | ple | (Specify only highest grede completed) (Give kind of work do: Ife. DO NOT use ref | ne during most of worl ired) | ring | | |
| d 212. filed withir Hygiena. rither than | OT | 8 - Housewife | | | Hom | e |
| Taryland 2 should be filed and Mental Hygis is marked other summits event, is | Be Completed | 17. Fether's Neme (First, Middle, Last) | | | Meiden Sumeme) | |
| larylan 2 should be and Mental s merked o | 10 | Charles NEIMEYER | ELIZAB | ETH TR | AUTFELT | ER |
| Maryland 21215-0020 d2 should be filed within 72 hours eft in and Mental Pyglene. 7 Is marked other than "natural", or traumatic event, tre Medical Evann traumatic event, tre Medical Evann | | 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Stre | | | | |
| | | Barbara Conrad / daughter 7809 OAK | | | , Md. 2 | |
| Baltimore, semit. Pages 1 ar bepartment of Heam proportant: if Item 2 my Injury or other nice. | | 20a. Method of Disposition 1 Burial 2 Cremation 3 Removel from Siaie | | Date | | ity or Town, State |
| timen men tent: jury | | 4 □ Donation 5 □ Other (Specify) OAK LAWN Ceme | terr | 1991 | BALTO. 1 | VIA . |
| Baltimorrant peemit. Pages 1 Department of Himportant: If Ite any Injury or of once. | | 21. Signature of Funeral Service Licensee 22. Name and Ad | dress of Facility | | | |
| W 405 a d | | EVANS CI | napel of Me | mories 8 | ofishoos | rd Rd |
| | | 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of a shock, or heart failure. List only one ceuse on each line. | dying, such as cerdiac | or respiratory arr | rest, | Approximate Interval Between |
| Physician | | A . 1 . 1 | | , | | Onset end Death |
| /Medical Examiner | | fmmediate Cause (Final disease or condition resulting in death) e. Atheroslarofic 4. r | dioviseu | lir d | 1341C | - Yrs, |
| 149 7 3 | <u></u> | Due to (or es e consequence of): | | | | / |
| bet ist | Examiner | b | | | | |
| 68760, ifficate be axecuted g physician end as the burial-transit | xar | Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): | | | | |
| 68760, rificate be axe physician eas the burial- | | cause, Enter Underrying Cause (Disease or Injury that initiated events | | | | |
| 687 ficate | edical | resulting in death) Last Due to (or as a consequence of): | | | | |
| Box 68 leath certifical attending plant of for use as t | 2 | d | | | | |
| I Records, P.O. Box The law requires that the death cent te has been signed by the attendin page 2 should be detached for use | by Physician/N | Part II. Other significant conditions contributing to death but not resulting in the underlying cause | given le Best I | OSP Dide | heara was contr | ributa to the cause of death? |
| IS, P.O. I ras that the designed by the a | hys | Sincle Demon tia | given in Fatti. | 230. Did (| | Probably 4 Unknown |
| s that | y P | Dinilo Demon 110 | | | so solo | CI (10000) |
| cords v requires been sig | | | | 24a. Was e | | 24b. Were autopsy findings available prior to |
| s been | olet | | | perfor | medr | completion of cause of death? |
| Re la | Completed | | | 1□ Y | es 2DNo | 1 ☐ Yes 2 ☐ No |
| Vital Rec | Bec | 25. Was cese referred to medical | 26. Place of Dea | th (Check only or | ne) | |
| × 00 0 | | examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA | Other: | | ence 6 Other | (Specify) |
| on of sling Phys | ü | 27. Magner of Death 28e. Date of Injury 28b. Time of 28c. fr | njury at Vork? | 28d. Describe h | ow Injury occurred | d |
| Sior tandin death. tor: Aft the fur | atic | 2☐ Accident investigation M 1 | ☐ Yes 2☐ No | | | |
| Vis Atta | tific | 3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) | Ce Ce | 28f. Location (S City or Tow | treet end Number n, Stete) | or Rurel Route Number, |
| D plant | Cer | Straing, our (openly) | | | | |
| Division of the Hospital or Attanding F within 24 fours after death. | Medical Certification: To | 29a. Certifier (Check only (C | time, date and place, | and due to the o | ause(s) and man | ner as stated. |
| The state of the s | Pe | and manner stated. | | | | |
| virbin comp | 2 | 29b. Signature end/filte of certifier | ense number | 7 | 29d. Dele signed | (Month, Dey, Yeer) |
| | | Jours L. Grenger Mil) | 10144 | _ | 12/5 | 196 |
| 4 | | 30. Neme end address of person who completed cause of deet (Item 23a) (Type, Print) | | | | / |
| | | DR. Louis E. Grenzer 301 St Paul ST | Balto | Md. | | |
| Sta Registr | | 31. Dete filed (Month, Day, Year) 32. Registrar's Signature | | | | |
| negisti | ai | ALA I A 1990 Later mandator-Nadarac | | | | |

mass. And the Daywork of British I will form

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Data of Death Month HUDSON DEC 1996 0500 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death N/A

Physician /Medical Examiner

Funeral

Robert

Director the Maryland 28a-f show Examiner must be notified at ò Items 23a

should be filed within 72 hours after ond Mental Hygiene.
marked other than "natural", or iter event, the Wedical Peges 1 and 2 should be permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

or in the nation of Physician: The law requires that the death certificate be executed or adam.

eral Director: After this certificate has been signed by the attending physician net filed in by the Invarial director, page 2 should be detected for use as the burnari-transit filed in by the Invarial director, page 2 should be detected for use as the burnari-transit P.O. Box 68760, Records, Division of Vital Hospital To the Function of the Functio

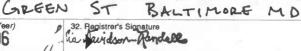
17. Fathar's Name (First, Middla, Last) ABRAHAM LINCOLN HUDSON 19a. Informant's Name/Relationship (Type, Print) ROBERT PRUNKL / FRIEND 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) DECDate . 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 1996 LOUDON PARK CEMETERY 21. Signature of Funeral Servica License, 3620 WILKENS AVENUE an Immediate Ceuse (Final disease or condition resulting in death) Due to (or as a consequence of) Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Physician/Medicai Due to (or as a consequenca of): Part II. Other algorificant conditions contributing to death but not rasulting in the underlying cause given in Part I. þ Completed Be 25. Wes cese referred to medicel examiner? 26. Piece of Death (Check only one) Hospital: 1 Inpatient 1 Yes 20 No Certification: To 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Netural 2 Accident 5 Pending invastigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide Medical 29a, Certifie 29b. Signature and title of certifier 29c. License number AU4376435 AP3046

UNIVERSITY OF MARYLAND MEDICAL CENTER If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth Manths Days Hours Min. MAR 29, 1940 5. Social Security Number 6. Sex 1 XM 2 ☐ F 7. Age (In yrs. last birthday) 9. Birthpiace (Stete or Foreign MARYLAND 56 219-26-3447 Usual Residence of Deceden 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 1€ Yes 2□ No Director MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21223 UNITED STATES 913 WEST LOMBARD STREET 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yaar or Dates: Race - Amarican Indian, Biack, White, etc. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married WHITE 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) HAIRSTYLING COSMETICIAN 10 18. Mother's Name (First, Middle, Meiden Sumeme) MARGARET SHIFLET 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code, 1521 SOUTH CHARLES STREET BALTIMORE MD 20c. Location - City or Town, Stata BALTIMORE, MARYLAND 22. Name and Addrass of Facility LOUDON PARK FUNERAL HOME BALTIMORE, MARYLAND 21229 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceusa on each line. Approximete Interval Between Onset and Death 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Wunknown 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 MNo 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. 29d. Data signed (Month, Dey, Year) DEC 6

21201

State Registrar 31. Date filed (Month, Dey, Yeer)
DEC 1 0 1996



30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print)

Addition of the second of the E an e alt out a com-VIV sometime desplication is

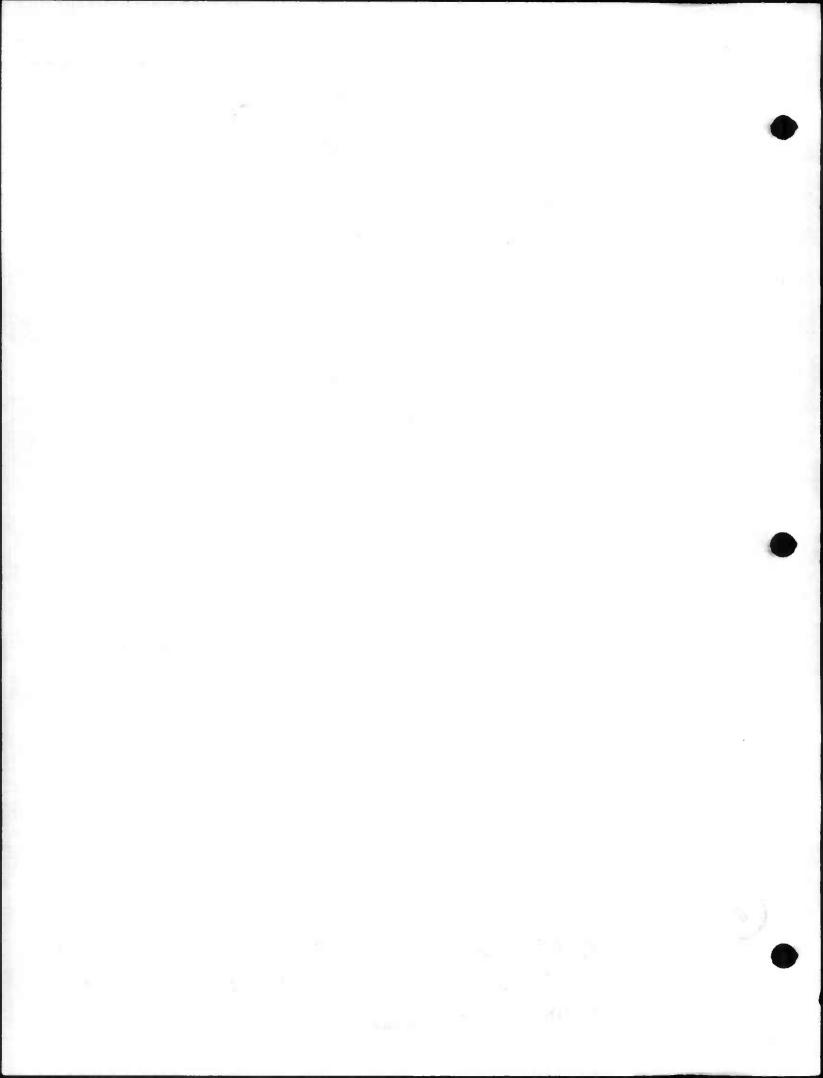
HARMAN WILLIAM I Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

37005

| | | | | | | Cei | rtificate c | of Death | | Reg. No. | | |
|------|---|------------------|---|------------------|----------------------------|----------------------------------|-----------------------------------|-------------------------------|---------------------|-------------------------|-----------------------|--|
| | Dharaia | | 1. Decedent's Nema (First, Middle, La | st) | | | | | 2. Dete of D | leeth Dey | Yeer | 3. Time of Deeth |
| | Physic /Medi | | William | I. I | Harman | | | | | er 2, 1 | | 5:10 PM |
| • | Exami | | 4a. Fecility Neme (If not Institution, giv | e street end nu | mber) | | | 4b. City, Town, | or Location of Dee | eth 4c. Count | ty of Death | 2110 111 |
| 1 | | | Montgomery Genera | 1 Hosp | ital | | | 01ney | | Montg | omery | County |
| | Funeral | | 5. Sociei Sacurity Number 6. S | | 7. Aga (In yrs | . lest birthday) | If Under 1 Ya Months De | | in. 8. Dete of B | irth | 9. Birthpi | ieca (Stata or Foraig |
| | Director | | 232-10-7000 | M 2□F | 78 | Yrs. | MOTITIS De | ys riouis iv | May 24 | , 1918 | Bland | Virgini |
| | pg . | | Usuel Residence of Decedent 10e. Stete 10b. County | | 100 C | ity, Town or Lo | onting | | | | 4 | ad to the Oh I live |
| | 72 hours after death with the Meryland natural", or items 23s or 28s-f show deal Examinal must be notified at | ٥ | | ionroe | | nks Gro | | | | | | 0d. Inside City Limit: 1 ☐ Yes 2X No |
| | 28° the | 90 | 10e. Street and Number | | | | 10f. Zip Cod | θ. | | 10g. Citizen of | What Coun | trv? |
| | with w | Funeral Director | Route 5, Box 35 | | | | 249 | | | United | State | S |
| | Pactr Pactr | era | 11. Marital Status | 12. Wes Dec | edent Evar in U | J.S. 13.1 | | of Hispenic Origin? | (Specify Yas or N | of Ame | C1C2 ice - Amarici | en indien. |
| | fter of the state | F | 1 Nevar Merried 2 Married | Armed Fo | orcas? 2 X No | | f Yes, specify C | uban, Maxicen, Pu | arto Ricen, etc.) | | eck, Whita, a | atc. |
| 7777 | "natural", or | þ | 3 ☐ Widowed 4 ☐ Divorced | If Yes, Gi | ve | | 1⊡Yes 2∏∏1 | No Specify: | | Speci | by: Whi | te |
| | 2 ho | Completed | 15. Decedent's Ed | ducetion | | 16a. Deced | dent's Usuel Oc | cupation | 4.1 | 16b. Kind of I | Business/Ind | Justry |
| 7 | C 1 6 | ple | (Specify only highest gra | | 1-4or 5+) | (Give | kind of work do DO NOT use rei | ne during most of t tired) | working | | | |
| 1 | Hygiene. Hygiene. ther than " ent, the Mes | PO | 12 | oonoge (| | Wel | lder and | l Mechani | .c | Repai | r Serv | rice |
| 3 | 2 should be filed within end Mental Hygiena. Is marked other than aumatic event, the M | Be | 17. Fathar's Nema (First, Middla, Last) |) | | | | 18. Mother's h | leme (First, Middi | a, Maidan Suma | ma) | |
| 3 | Ment Ment rked rked | 10 | John Harman | | | | | The1 | ma Jane | Farley | | |
| 3 | 2 should end Men is marke sumatic | | 19e. Informant's Neme/Relationship (| Type, Print) | (Wife) | | | eet and Number or | | | | , |
| | os 1 and 2 should of Health end Mer frem 27 is marke other traumatic | | June Virginia Tut | | | Route | e 5, Box | 35, Sin | ks Grove | , West | Virgin | nia 24976 |
| | of He | | 20e. Mathod of Disposition | 1 D(| | Plece of Dispo cemetery, crer | sition (Neme of | piece) | Decembe | 20c. Location | - City or To | wn, Stete |
| | nit. Page entment o ortant: If injury or ft. | | 1 Donetlon 5 Othar (Specification 1 | | \$in | ks Grov | e Bapti | lst Cemet | | | s Grov | re, WV |
| | permit. Pages 1 Department of H Important: if its any injury or ot page. | | 21. Signatura of Funerel Service Licer | see #M(| 00690 | 22 | . Neme end Ad | dress of Facility | 73 1 | TI - T (TI) | | |
| 1 | Pen gray yus | | Howard HH | CAMI | | | | -McGuire , Main St | | | | 4 |
| | | | 23a. Part1. Enter the diseese, or com | plicetions that | caused the dee | | | | | | 24703 | Approximate |
| | Physician | | shock, or heert feilure. List only | one cause on e | eech iine. | | | | | | 1 | Onset end Deeth |
| 1 | /Medical | п | immediata Cause (Finel | Da | 122.01 | . 22 | Eal. | 20. | | | 1 | 2 days |
| | Examiner | | disease or condition resulting in deeth) | 0. 10 | Dieto | or as a canson | Yence of): | OKP | | | | 2 000 |
| | | ě | | . 00 | 19 | or one office | 3 | | | | - | |
| | entificate be assouted ding physician and se as the bural-transit | Examiner | Sequentially list conditions. | b | | or as e consec | uenca of): | | | | | |
| 5 | axe ian au urial-t | | Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or injury | | | | | | | | į | |
| | ate b nysic he b | Medical | that initieted events resulting in deeth) Last | C | Dua to (| or es a conseq | uence of): | | | | | |
| | ng pl | Mec | | | | | | | | | † | |
| | 0 2 4 | an | | d | | | | | | | | |
| | the deeth y the etter ached for u | Sic | Part II. Other significant conditions of | ontributing to d | eath but not res | sulting in the u | nderlying causa | given in Pert I. | 23b. Dle | d tobacco use c | ontribute to | the cause of death |
| | at th | Physician | prostate | 00 10 00 | 2 | | | | 10 | Yee 2□ No | 3 Prob | pably 4 Unknow |
| | es th | by | - brazini | | | | | | | | | |
| | v requires that the de been signed by the should be detached | ompleted | | | | | | | | s an eutopsy formed? | eva | ere autopsy findings alleble prior to |
| | 9 S.C. | ple | | | | | | | - | | of o | mpletion of cause death? |
| | 0 - 0 | DO. | | | | | | | 10 | Yas 2MNo | 1 | Yes 2□No |
| | centificate | Bec | 25. Was case referred to medical axaminer? | | | | | 28. Place of I | Deeth (Check only | one) | | |
| | Physics this ce | P | 1 X Yas 2 No | Hospitei: 1 □ | inpatient 2 | SER/Outpatier | t 3 DOA | Othar: 4 Nursin | g Homa 5 ☐ Ra | sidence 8 🗆 O | ther (Specify | () |
| | | | 27. Manner of Deeth | 28a. Dete | of injury th, Day Year) | 28b. Time of injury | 28c. lr | njury et Vork? | 28d. Describe | how injury occu | irred | |
| (| Attending r death. ector: Afte by the fund | atlo | 1 | 1 | in, Day Today | Injury | | Yes 2 No | | | | |
| | | ertification: | 3 ☐ Suicide 6 ☐ Could not be determined | 28e. Piece | of Injury - At h | | eet, fectory, offi | CO | 28f. Location | (Street and Num | ber or Rura | l Route Number, |
| | ed 무슨 | Cer | | build | ing, atc. (Space | · y / | | | Ony or 1 | own, sietej | | |
| 1 | hour dy file | | 29e. Certifier (Check only 2 Medical Exam | ysician: To the | best of my kno | owledge, deeth | occurred at the | time, dete end pla | ace, end due to the | e ceuse(s) end n | nenner as st | ated. |
| l | 2 | edicai | (Check only 2 Medical Exam | end men | ner steted. | etion end/or inv | estigetion, in m | y opinion, deeth or | curred et the time | , date end place | , and due lo | the cause(s) |
| 1 | 10 | Σ | 29b. Signature and title of certifier | 0 | | | | ense number | | 29d. Date sign | ed (Month, L | Day, Year) |
| | | | 4 and | Man. | In | | 0 | 53426 | | Decem | 100 | 3,1996 |
| | | | 30. Name end eddress of person who | completed caus | se of deeth (iter | m 23a) (Type, | Print) | | | | | |
| | | | Edward P. | Tas! | amo n | | III PR | ince Ph | of gil. | 5. Olu | enn | 16 |
| | Sta | ite | 31. Dete filed (Month, Dey, Year) | | Registrer's Sign | eture | | | | | 7 | |
| | Registi | | MEG 1 0 1991 | 5 1 | 2. Rend | m- Popo | 2.44 | | | | | |
| ЭНИ | H 16 Rev 6/9 | 5 | | V | 00 10 | - Alaria | 416 | | | | | |

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

| Physici | ian | 1. Decedent's Name (First, Middle, La | st) | 0.115 | ate of Death | 2. Dete of Deer Month | Day | 3. Time of D |
|---|--|--|--|---|---|--|--|--|
| /Medi | cai | 4a. Facility Name (If not institution, giv | T/ (| DYTE | 4h City Town o | DEC or Location of Death | 4c. County | 996 1:00 |
| Examir | ier | 1 1 | SING HOME | | | HORE | 4c. County | NIA |
| Funeral Director | | 5. Social Security Number 6. S 050-28-4840 | | (Ast birthday) If United Month | fer 1 Year If Under 24 Hi | s. 8. Dete of Birth | Year) 07 | 9. Birthplace (State or Country) NEW YOR |
| * ** | | Usuel Residence of Decadent 10a. State 10b. County | 10c. Ci | ty, Town or Location | | | • | 10d. Inside City |
| r 28a-f show | to | MD N | /A | B | ALTIMORE | CITI | 1 | 1X Yes 2 |
| or 28a-f | Director | 10e. Street end Number | | | Zip Code | | 0g. Citizen of V | What Country? |
| 23a | | 611 S. CH. | ARLES STR | EET | 212 | 30 | Ui | SA. |
| Hems Der m | Funeral | 11. Maritel Status | 12. Was Decedent Ever in L Armed Forces? | ,S. 13. Was De If Yes, s | edent of Hispenic Origin? | (Specify Yes or No- erto Rican, etc.) | | e - American Indian, ck, White, etc. |
| Erem | by | 1 Never Married 2 Married 3 Widowed 4 Divorced | 1 ☐ Yes 2 No If Yes, Give Year or Dates: | 1 ☐ Yes | 2 No Specify: | | | BLACK |
| netur | Completed | 15. Decedent's Ed (Specify only highest gra | ducation | 16a. Decedent's U | sual Occupation work done during most of w | nakina | 16b. Kind of Bu | usiness/Industry |
| han han | mpi | Elementery/Secondery (0-12) | College (1-4or 5+) | life. DO NOT | use retired) | Orking | pm . | 0.1 |
| Hygie other ti | | 10 TH GRADE 17. Father's Name (First, Middle, Lest) | | 4 | ABORER | (F) | | TORY |
| d d | Be c | | | | | ame (First, Middle, M | valden Sumam | 10) |
| th end Ments 7 Is marked traumatic e | 2 | unknown 19a. Informant's Name/Reletionship | Type Print) | 19h Malling Addre | ss (Street end Number or I | COO CO | City or Tour | State Zin Code) |
| | | 2 | E (GRAND MOTHER | | | | | |
| f Hera othe | | 20a. Method of Disposition | 20b. I | Place of Disposition (A | RFOLK AVE. | Date | 20c. Location - | City or Town, State |
| nt: If | | 1 M Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specifi | Hemoval from State | OUCON 4 | - 1/ | 11 9.91 | BAIT | MARE LIM |
| Departmen important: any injury once. | | 21. Signeture of Furieral Service Licen | | 20 Namo | and Address of Facility | | | HORE HAR |
| Depa Impo any ir | | 16 W | 1. Donais | 1) JOSE | EPH H. BROWN N. FULTON | JUN JK | . FUNE | RAL HOME |
| | | 23a. Part1. Enter the disease, or compshock, or heert failure. List only | plications that caused the deal | h. Do not enter the m | ode of dying, such as cardi | AVE. BA | LTIMOR | Approximate |
| ysician | | snock, or heeft failure. List only | one ceuse on each line. | | | | | Interval Betwe Onset and De |
| /ledicai | | Immediate Ceuse (Final disease or condition | a. Anoxic | Brain | Tana | | | - L- |
| aminer | | resulting in deeth) | | or as a consequence of | 1): | | | 2013 |
| SE | line | | 1 Cardiac | Arrhyt | nmin | | | 2 mks |
| and I-tran | Examiner | Sequentially list conditions, if any, leading to immediate | 4 4 4 | or es e consequence o | f): | | | |
| physician and s the buriel-transit | | Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events | c. Atthrose | ershe C | rdio voncul | or disco | ne | 20 4 |
| CO 12 | edicai | resulting in death) Last | Due to (c | r as e consequence of |): | | | |
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| d for | Cia | Part II. Other elgolficent conditions of | ontelle sting to shoots but not so one | visions in the constant in | anne de Beat | OOL DIAM | | |
| £ 6 | Physician/M | Part II. Other significant conditions of | ominibuting to death but not res | uiting in the underlying | cause given in Part I. | | | ntribute to the cause of o |
| ac | <u>-</u> | | | | | | 18 24540 | 3 Hopeny 4 0 |
| and by the | 0 | | | | | 24e. Was a | n autopsy | 24b. Were eutopsy find available prior to |
| p ed | ted by | | | | | | | |
| s been signer should be d | pieted b | | | | | perform | | completion of cau of death? |
| s been signer should be d | Completed by | | | | | periorn 1 □ Ye | s 2 No | completion of cau |
| s been signer should be d | Completed | 25. Wes case referred to medical examiner? | | | 28. Place of De | | | completion of cau of death? |
| s certificate has been signed director, pege 2 should be d | To Be Completed | examiner? 1 ☐ Yes 2 No | | ER/Outpetient 3 l | OOA Other: 4 Nursing | 1 □ Ye | 9) | completion of cau of death? |
| s certificate has been signed director, pege 2 should be d | To Be Completed | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Naturei 5 Pending | 28a. Dete of injury (Month, Day Year) | 28b. Time of Injury | OOA Other: 4 Nursing 28c. Injury at Work? | 1 □ Ye | nce 6 Othe | completion of cau of death? 1 Yes 2 No |
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| s certificate has been signed director, pege 2 should be d | To Be Completed | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Naturei 5 Pending | 28a. Dete of injury (Month, Day Year) | 28b. Time of Injury M | OOA Other: 4 Nursing 28c. Injury at Work? 1 Yes 2 No | i □ Ye eath (Check only one Home 5□ Reside 28d. Describe ho | nce 6 Other winjury occurre | completion of cau of death? 1 Yes 2 No |
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| s certificate has been signed director, pege 2 should be d | Certification: To Be Completed | examiner? 1 Yes 2 No 27. Manuar Deeth 1 Naturei 5 Pending investigation 3 Sulcide 6 Could not be determined 29e. Certifier Certifying Physics | 28a. Dete of injury (Month, Day Year) 28e. Place of injury - At h building, etc. (Specif, refcien: To the best of my kno iner: On the basis of examine | 28b. Time of Injury M ome, farm, street, factor) | ODA Other: 4 Nursing 28c. Injury at Work? 1 Yes 2 No Nory, office | ath (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str. City or Town | nce 6 Other winjury occurrence and Number, State) | completion of cau of death? 1 □ Yes 2 □ No er (Specify) ed |
| the Funeral Director. After this certificate has been signed to the funeral director, page 2 should be display filled in by the funeral director, page 2 should be displayed. | edical Certification: To Be Completed | examiner? 1 | 28a. Dete of injury (Month, Day Year) 28e. Place of injury - At he building, etc. (Specification) | 28b. Time of Injury M ome, farm, street, factor) wledge, death occurretion and/or investigation | ODA Other: 4 Nursing 28c. Injury at Work? 1 Yes 2 No Nory, office | ath (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str. City or Town | nce 6 Other w injury occurre reet and Number , State) use(s) and mai | completion of cau of death? 1 □ Yes 2 □ Note of (Specify) ed er or Rurel Route Number nner as stated. and due to the cause(s) |
| overors. After this certificate has been signer in by the funeral director, page 2 should be d | edical Certification: To Be Completed | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Naturei 5 Pending investigation 3 Sulcide 6 Could not be determined 29e. Certifier Certifying Phy | 28a. Dete of injury (Month, Day Year) 28e. Place of injury - At h building, etc. (Specif, refcien: To the best of my kno iner: On the basis of examine | 28b. Time of Injury M ome, farm, street, factor) wledge, death occurretion and/or investigetic | OOA Other: 4 Nursing 28c. Injury at Work? 1 Yes 2 No Nory, offica d et the time, date end place n, in my opinion, deeth occurs. | ath (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str City or Town a, and due to the caurred et the time, de | nce 6 Other w injury occurre reet and Number , State) use(s) and mai | er (Specify) er or Rurel Route Number nner as stated. and due to the cause(s) |
| the Funeral Director. After this certificate has been signed to the funeral director, page 2 should be display filled in by the funeral director, page 2 should be displayed. | Medical Certification: To Be Completed | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Naturei 5 Pending investigation 3 Sulcide 6 Could not be determined 29e. Certifier Certifying Phy | 28a. Dete of injury (Month, Day Year) 28e. Place of injury - At h building, etc. (Specifications: To the best of my known and manner steted. | 28b. Time of Injury M ome, farm, street, factor) wiedge, death occurretion and/or investigation | OOA Other: 4 Nursing 28c. Injury at Work? 1 Yes 2 No ory, offica d et the time, date end place, in my opinion, deeth occurrence. | ath (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str City or Town a, and due to the caurred et the time, de | nce 6 Other w injury occurre reet and Number , State) use(s) and mai | completion of cau of death? 1 □ Yes 2 □ Note of (Specify) ed er or Rurel Route Number nner as stated. and due to the cause(s) |

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State of Maryland / Department of Health and Mental Hygiene

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37007

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey , 3. Time of Death **Physician** DECEMBER 1996 MYRA HOLLEY 11:34AM ALESHIA /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** HARBOR HOSPITAL BALTIMORE If Under 24 Hrs. 8. Date of Birth
Hours Min. Month, Day, Year)
APRIL 26, 1955 5. Sociei Security Number 7. Age (In yrs. lest birthday) if Under 1 Year Months Days Birthplece (State or Foreign Country) **Funeral** 1□M 20F 4/ Yrs. 217-70-2094 Director MARYLAND Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits 1 XYes 2 No Director MARYLAND 10e. Street and Number 10g. Citizen of What Country? 1202 items 23a SHELL BANKS ROAD 14. Race - American Indian, Bleck, White, etc. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 20 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) traumatic event, the Medical Examiner Pages 1 end 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural, or itel 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) STHGRADE College (1-4or 5+) SALES CLERK DEPARTMENT STORE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be MALLIE SHAW COLES 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number of Rural Route Number, City or Town, State, Zip Code) WILLIAM F. HOLLEY JR. (HUSBAND) 1202 SHELL BANK RD, BALTIHORE MD. 2/225
20e. Method of Disposition (Neme of bete 20c. Location - City or Town, Stete item 27 le 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition permit. Pages Department of Important: If it any Injury or c 1 Burial 2 □ Cremetion 3 □ Removel from State 5 ☐ Other (Specify) 4 Donetion King Memorial Park 12-12-96 Randalls town, Maryland 21. Signit 22. Name and Address of Fecility 50 SEPH, H. BROWN JR. FUNERAL HOME, P.A. in Service Licenses FULTON AVE. BALTIMORE, MD. 2/217 2140 N. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart feliure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final CORONSMY AMONY THROMPOSIS diseese or condition resulting in death) Examine Due to (or es e consequence of) Examiner or Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of geath? 1 Yss 2 No 3 Probably 4 Onknown of Vital Records. by Completed 24e. Wes en eutopsy performed? page 2 should 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 1 Yes 2□ No certificate 2 No Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 1 Yes 2 □ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division After 5 Pending investigation 2 Accident 1 Tes 2 No 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Tobe Hespital
within 29 hours Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. DECEMBER 8, 1996 V 30, Name and address of person who completed cause of death (item 23e) (Type, Print) KOROR Ally DRIAD ~111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year) DEC 1 0 1996 32. Registrer's Signeture State who Davidson-Randall Registrar

The state of the s

ANTI-TANIA SERVICE SALAS SERVICES SERVI

Mary Mary Carlotte

EC 13136

State of Maryland / Department of Health and Mental Hygiene

| | Physic /Modi | | Decedent's Neme (First, Middle, La | | | Certific | cate of | Death | 2. Dete of De Month Dec 9, | Reg. No. | 3 Yaar | 7008 3. Tima of Deeth 11:30am |
|------------|---|-------------------|--|--|-------------------|---|--|----------------------------------|--------------------------------------|--------------------------|--------------------------|---|
| | /Medi Exami | | 4e. Fecility Name (If not institution, given 5806 Loc | re street end number) hlea Road | | | | 4b. City, Town, or Baltim | Locelion of Deeth | | | , , , . Joan |
| | Funeral Director | | 5. Sociel Security Number 6. S 215-03-4842 | 6ex 7. Age | (In yrs. lest bit | rthday) If Ur Yrs. Moni | nder 1 Year Ihs Deys | If Under 24 Hrs Hours Min | . (Month, De | th y, Year) , 1912 | | pleca (Stete or Foraign ntry) to, MD |
| | r 28a-f show | tor | Usuel Residence of Decedent 10e. Stata 10b. County MD | City | 10c. City, Tow | m or Location Baltim | ore | | 1000 10 | 13.12 | | 10d. Inside City Limits XXX Yes 2 □ No |
| | th with the M 23a or 28a-f | Funeral Director | 10e. Street end Number 5806 | Lochlea R | oad | 10f. | Zip Code | 21209 | | 10g. Citizan of | Whet Cour | |
| 020 | s efter dea or items | by | 11. Marital Stalus 1 Nevar Married 2 Marriad 3 Widowed 4 Divorced | 12. Was Decedant E Armed Forces? 1 ☐ Yas XXXXI If Yes, Give Year or Dates: | | | ecedent of H specify Cube s 2/2/1/1/ | | Specify Yes or No to Ricen, etc.) | 14. Rad Ble | e - Amaric ck, White, | can Indian, |
| 21215-0020 | d within 72 hours piene. r than "natural", the Medical Ex | Be Completed | 15. Decedent's Expectify only highest green Elementery/Secondery (0-12) | ducetion ode completed) College (1-4or 5- | | Decedent's U (Give kind of life, DO NO IOMEMAK | | etion during most of wa | nrking | 16b. Kind of B | | dustry |
| Maryland ? | s 1 and 2 should be filed if Health and Mentel Hygie Item 27 is marked other other traumatic event, it | To Be C | 17. Fether's Nema (First, Middle, Last, | Clary | | | | | me (First, Middle, | Meiden Sumen | 10) | |
| | and 2 sho saith and I 27 is ma er trauma | | 19a. Informent's Name/Relationship (Thomas S. Hook | | | 900 Ac | ademy | Drive | ural Route Numbe Elkton, | | _ | Code) |
| Baltimore, | Peges 1 and ment of Health ant: if Item 27 ury or other to | | 20a. Method of Disposition NST Virial 2 □ Cremetion 3 □ 4 □ Donelion 5 □ Other (Specif | Removel from State | | t Disposition (in property) of Ridge | | | Date 12/13 | 20c. Location - | | |
| Ball | permit. Peges Department of Important: If I any Injury or once. | | 21. Signeture of Funerel Service Lice | mour | du | 22. Name Bur 363 | e end Addres GEE-He | ss of Fecility enss Fundament | eral Hom Balto, M | e | | |
| | Physician /Medical Examiner | Examiner | 23e. Pert1. Enter the disease, or com shock, or heert feilure. List only Immediate Cause (Finel disease or condition resulting in deeth) | 6. The | Oua to (or es e | consequence | A) | voal | | Test, | | Approximete Interval Between Cnset end Deeth |
| Box 68760, | deeth certificate be executed e ettending physician and of for use as the buriel-transit | edicai | Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet Initiated events resulting in deeth) Lest | c | ue to (or es e d | | | | | | | |
| P.O. | requires that the dee heen signed by the et hould be deteched fo | by Physician/M | Pert II. Other significant conditions of | ontributing to deeth but | nol resulting in | the underlyin | ng ceuse giv | en in Pert f. | | obacco use co | | the cause of death? bebly 4 Unknown |
| Records, | S S S | Completed b | | | | | | | | an eutopsy med? | ev- | ere eutopsy findings elieble prior to mpletion of ceuse deeth? |
| Vital F | Physician: The k this certificate ha ral director, page | Be | 25. Wes cese raferred to medical exeminer? | Hoenitel. | | | l au | | eth (Check only o | - | 10 | ☐Yes 2☐No |
| of | aling Phys h. After this funeral di | Certification: To | 27. Menner of Deeth 1.5 Neturel 5 Pending Investigation | | 28b. 7 | tpetient 3 III | 28c. Injun Work | / et | 28d. Dascribe h | | - | v) |
| Divi | 2 4 4 5 | | 3 ☐ Sulcide 4 ☐ Homicide 6 ☐ Could not be determined | building, etc. | (Specify) | | | | City or Tow | n, Stete) | | ni Route Number, |
| | a the | Medical | (Check only one) 29b. Signeture and title of certifier | ysician: To the best of ilner: On the basis of e end menner stete | xeminetion end | d/or Investigeti | ed et the tim ion, in my op 29c. Licensa | olnion, death occu | urred el the time, o | ete end plece, | and due to | the ceuse(s) |
| 0 | | | 1 | ZE | _ | | | | 6 | 29d. Deta signe | o (Month, | 2 C |
| | <u>"</u> | | Dr. LAROCCO, | completed ceusa of dee | EA me | d ATT | 3 Bu | liping 7 | 5050 | sler or | 3883 | रावे वावन |
| | Sta Registr | | 31. Deta filed DEC 1, 0 1996 | 32 hadistre | Signature V | fandales. | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene

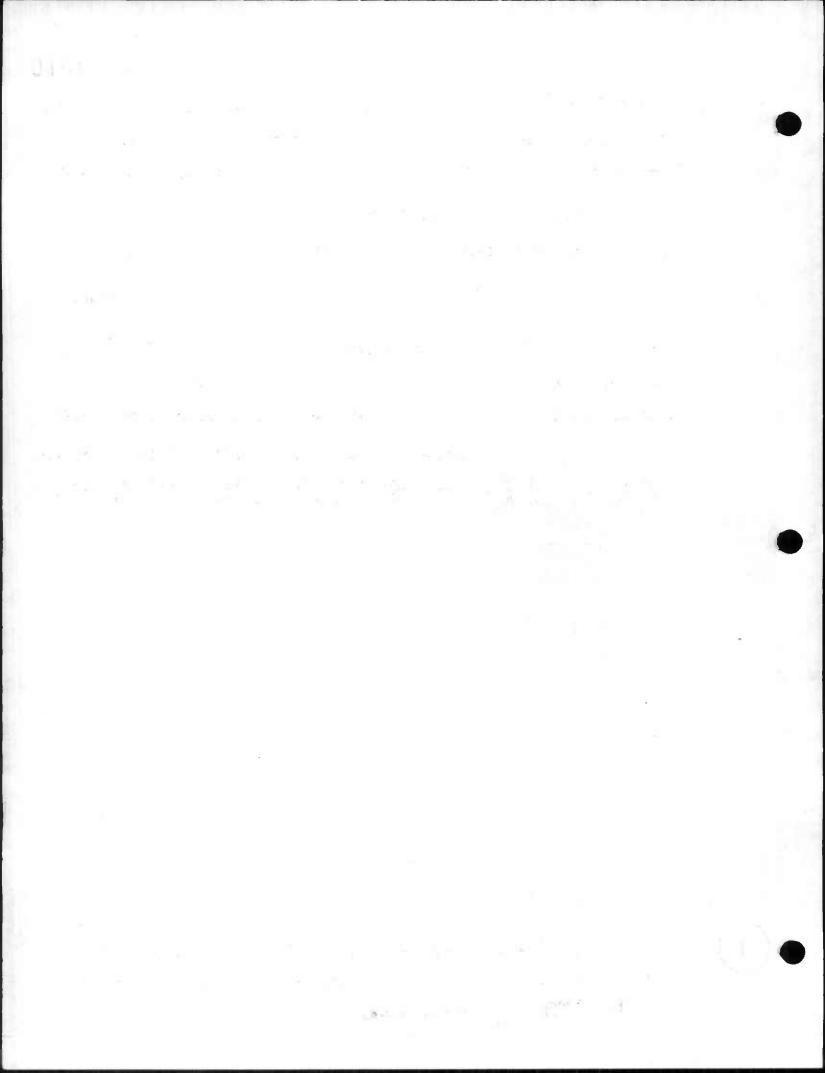
37009 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 996 **Physician** Namak /Medical 4e. Facility Neme of not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner OSSVIII (If Undar 24 Hrs. HMORE Dare 5. Sociel Security Number () 6. Sex 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, 9. Birthplace (Stete or Foreign **Funeral** Deys 1 M 2 X F Months Hours Min. 12-825 Yrs. **Director** death with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or Itema 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No Baltmore Funeral Director Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9528 21234 14. Race - American Indian, Bleck, Whita, etc. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 11. Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puarto Rican, atc.) Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify. Specify: White p 3 Widowed 4 Divorced Yaar or Datas: Completed Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) LZYRS 17. Father's Neme (First, Middla, Last) 18. Mothar's Neme (First, Middle, Maiden Sumeme) Department of Health and Mental I important If Item 27 is marked of any Injury or other transment Be 01 2 19e. Informant's Name/Reletionship (Type, 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 528 20b. Plece of Disposition (Neme of cemetary, crematory or othar plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lieeosee 22. Name end Address of Fecility 880 23a. Pert1. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or hear feilure. List only one cause or leach line. Approximete Intervel Between Onset end Deeth Physician Immediete Ceuse (Finel diseese or condition resulting in death) /Medical ear Examiner T 51 Sequentielly list conditions, if eny, laeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated avents resulting in deeth) Lest B Due to (or es a consequence of) the burls Division of Vital Records, P.O. Box 68760 physician 麦 Physician/Medical Dua to (or es e consequance of): 8 апелета 955 signed by the a d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 200 3 Probably 4 Unknown à Completed 24b. Were autopsy findings evellable prior to completion of ceuse of death? 24e. Wes en eutopsy performed? Dean has 1 ☐ Yes No certificate 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 2 ER/Outpetient 3□ DOA 1 Yes 1 Inpatient this 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred Affini Attending 5 Pending Investigation death. 1 Yes 2 No 2 Accident after death Director: 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 4 Homicide withig 24 hours a 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signature and title of cor 29c. Licansa number 29d. Deta signed (Month, Day, Yaar) mD. euse of deeth (Itam 23e) (Type Print) 9 600 25 31. Dete filed (Month, Dey, Year)

State Registrar

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32. Registrer's Signeture whia Davidson

| | | | | State of Mary | | tificate of | | , , | ene 96 | 37010 |
|------------|---|------------------|--|--|--|---|---|--------------------------------------|---|--|
| | Physic /Medi | | 1. Decedant's Nama (First, Middla, L HERMAN H. | JONES | | | | 2. Date of Death Month DEC • 4 | Day Yaar | 3. Time of Death 3:30 pm |
|) | Exami | | 4a. Facility Nema (If not Institution, gi | va street and number) | | | 4b. City, Town, or Lo | ocation of Death | 4c. County of Daath | |
| | | | 3323 W. GARI | RISON AVENU | JE | | BALTIMO | DRE | N/A | |
| | Funeral Director | | 214-64-6013 | Sax 1 ☑ M 2 ☐ F 7. Age (In | yrs. last birthday) Yrs. | If Under 1 Year Months Days | If Under 24 Hrs. Hours Min. | 8. Date of Birth (Month, Day) 01/19/ | Yaar) 9. Birth Cot Mar | placa (State or Foreign intry) yland |
| | pus » | | Usual Rasidance of Dacadant 10a. Stata 10b. County | 10 | c. City, Town or Lo | nation | | | | 104 1-24-02 11-2 |
| | Manyla P-f sho | tor | MD N/A | | BALTIN | | | | | 10d. Inside City Limits 1 X Yes 2 □ No |
| | h with the 23a or 28a | Funeral Director | 10e. Straat and Number 3820 W . COLDS | SPRING LANI | 3 | 10f. Zip Coda 212 | 15 | 10 | Og. Citizan of What Cou | intry? |
| 020 | n 72 hours efter death with the Maryland "natural", or frems 23a or 28a-f show adjest Examiner must be nutfied at | by | 11. Marital Status 1 □ Never Marriad 2 □ Marriad 3 □ Widowed 4 □ Norced | 12. Was Dacedent Ever Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Datas: | | Ves Decedant of H Yes, specify Cuba | dispenic Origin? (Sp an, Maxican, Puerto Specify: | ecify Yes or No- Rican, atc.) | 14. Rece - Amer Black, White Specify: | |
| 2-0 | 72 ho | ted | 15. Decedant's E (Spacify only highast gr | ducation | 16e. Dacad | ant's Usuel Occup | pation | , 1 | 6b. Kind of Businass/li | ndustry |
| 21215-0020 | filed within Hygiene. Hygiene. Ither than "r | Completed | Elementery/Secondery (0-12) 12th | Collega (1-4or 5+) | | penter | oation during most of work d) | ing | Construct | cion |
| Maryland | d 2 should be filed within 72 ho th and Mental Hygiene. 7 Is marked other than "natur traumatic event, the Medical | To Be C | 17. Fethar's Nema (First, Middla, Las Henry H. Jone | * | | | 18. Mothar's Name Rut | | deiden Sumama) ash | |
| | nd 2 shoulth and N 27 Is main | | 19a. Informant's Name/Ralationship Reba Campbell | (Type, Print) L | 19b. Mailin 394(| g Address (Street Belvi | end Number or Run eu Ave., | al Routa Number, Baltin | City or Town, Steta, Zomore, MD | (p Coda) 21207 |
| Baltimore, | Peges 1 and 2 ment of Health and: If Item 27 Is ury or other tra | | 20a. Mathod of Disposition 1 | Removal from State | Ob. Place of Disposematary, cran | atory or other place | al Park | | Oc. Location - City or T | |
| Baltii | permit. Per Departmen Important: any Injury once. | | 21. Signature of Funaral Sarvice Lice | -77 | A LI | Nama and Addra | ss of Facility DYETT 8 | SON FI | UNERAL HO | ME, P.A. |
| | - | | 23a Part 1, Enter the disease o con shoot, or heart failure, Lis only | nplications that caused the | | | | | VE.,BALTO | Approximete Interval Between |
| | Physician /Medical Examiner | | Immediate Causa (Final disaasa or condition resulting in death) | U | | | coma | | 6 - | Intarval Betwaan Onset and Death |
| - | outed id ansit | Examiner | Sequentially list conditions | b | to (or es a consequ | ince | | | | |
| 68760, | ificate be executed g physician and as the buriel-transit | edical Ex | Sequantially list conditions, if any, laading to Immadiate cause. Entar Undarfying Causa (Disaasa or injury that Initiated evants rasulting in daath) Last | c | to (or es e consequ | | | | | |
| Box (| | Physician/Me | | d | | | - | | | |
| | death | sicia | Part II. Other significant conditions of | contributing to death but not | t rasulting in tha un | darlylng causa giv | an in Part I. | 23b. Did tob | sacco use contribute i | o the cause of death? |
| s, P.O | requires that the death cert een signed by the attendin hould be deteched for use | by Phy | as sho | | | | | 1 □ Ye | 8 2 □11 6 3□Pro | bably 4 Unknown |
| Records, | N S S | Completed t | | | | | | 24a. Was an perform | ed? a | valebla prior to ompletion of causa death? |
| al B | The ate h | | | | | | | 1 ☐ Yes | 2₽10 1 | Yas 2DNo |
| Vital | Physician: The | Be C | 25. Was casa rafarred to medical exeminar? | Hospitel: | | Oth | 26. Pleca of Daath | | | |
| of | ding Phys h. After this funeral di | tion: To | 1 Yas 2 No 27. Menner of Deeth 1 Netural 5 Panding 2 Accident Invastigatio | 28e. Data of Injury (Month, Day Yea | 2 ER/Outpatient 28b. Time of Injury | 28c. Injun | 4 LI Nursing Ho | ma 5. Rasiden 28d. Dascribe hov | nce 6 Other (Special Vinjury occurred | fy) |
| Division | or Attending after death. Director: After in by the fune | Certification: | 2 Accidant Invastigatio 3 Suicida 6 Could not b 4 Homicida detarmined | e one place of tale | At homa, farm, stre | | | 28f. Location (Stre City or Town, | eet and Number or Run Steta) | al Routa Number, |
| _ | the Hospital or Attending I in 24 hours after death. The Funeral Director: After Inplately filled in by the funer | edical C | 29a. Cartifiar 12 Certifying Ph | ysician: To the bast of my niner: On the basts of exen | knowledge, daath nination and/or inva | occurred at the timestigation, in my of | na, data and place, a pinion, daath occurr | and dua to the cau | use(s) and mannar as a la and place, and dua t | stated. o tha causa(s) |
| | Tomble | M | 29b. Signature end titla of certifier | and mannar stated. | | 29c. License | e number | 290 | d. Dete signed (Month, | Day, Year) |
| | (Q) | | Monal | 1 Bou | solia | DD = | 36 35 3 | 3 | 12/8/8 | 6 |
| 6 | | | 30. Nema and address of person who | complated cause of death (| (Itam 23a) (Type, P | | Smore | KIM | 7.177 | 15 |
| | Stat Registra | | 31. Date filed (Month Day, Year) DEC 1 0 19 | 32. Registrar's S | ignetura widnen-Ran | da 10 | 1 | fe to | | |



State of Maryland / Department of Health and Mental Hygiene 9,6

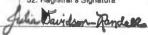
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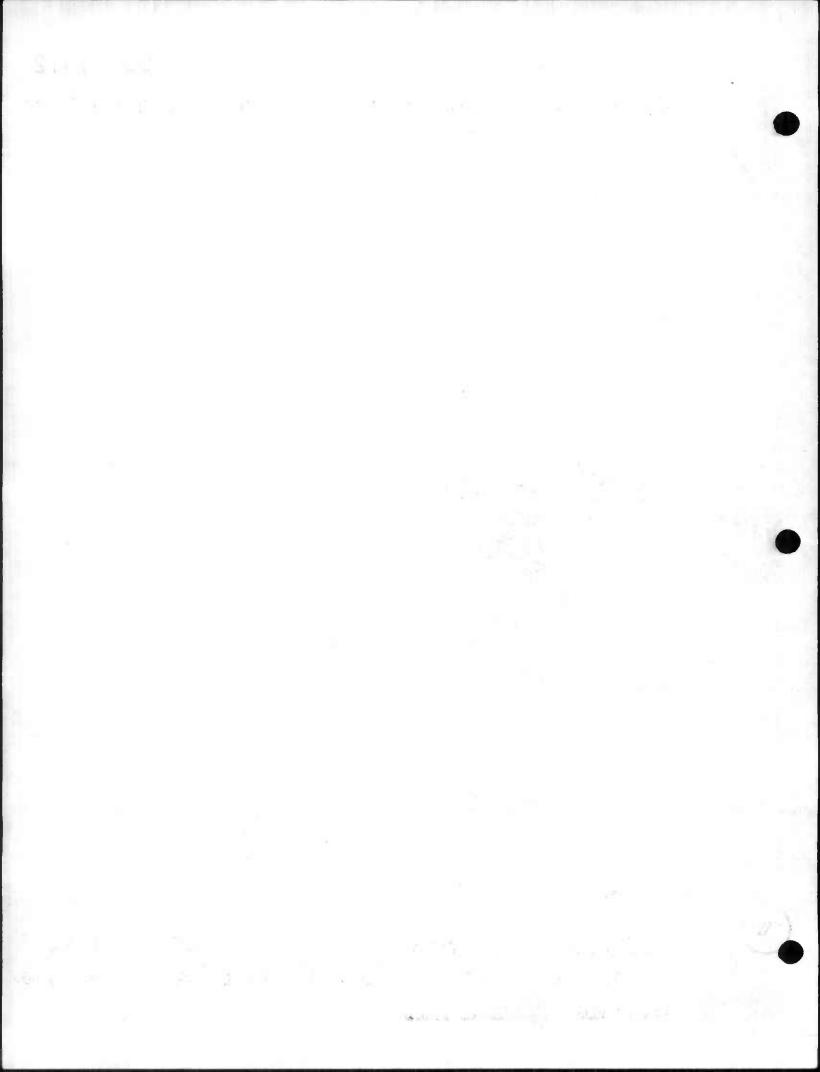
| | | | | | | Certificat | te of | Death | | Reg. No. | O | 3/011 |
|--------------------------------|--|--------------------|---|---|---------------------------------------|--|-----------|--|--|--------------------------------|--------------------------|---|
| ı | | | 1. Decedant's Name (First, Middia, La | st) | | | | | 2. Data of De | eath | 14.5 | 3. Tima of Death |
| | Physic /Medi | | Samuel Patrick | Jeppi | | | | | Month Dec | Day 4 | Year 1996 | 8:35 A.M. |
| 1 | Examir | | 4e. Fecility Nema (If not institution, giv | | | | | 4b. City, Town, or L | | | | 0.00 |
| 1 | | | Saint Joseph N | Medical C | enter | | | Towson | | Balt | imore | County |
| | Funeral Director | M | 5. Social Securify Number 6. S | | (In yrs. last birti | nday) If Unde Months | Days | if Under 24 Hrs. | 8. Dete of Bi (Month, Di MAR . 2 | rth ay, Year) | 9. Birthp | pleca (Stata or Foraign htty) rland |
| | | | Usual Rasidance of Decedant | | | | | | run. 29 | 1701 | TICIL Y | Tand |
| | work | | 10a. Stete 10b. County | | 10c. City, Town | or Location | | | | | 1 | Od. Insida City Limits |
| | o Mo | cto | Maryland Baltimore | e County | Ruxton | | | | | | | 1 □ Yas 2 □ No |
| | 15 to 20 to | Dire | 10e. Street and Number | | | 10f. Zip | | | | 10g. Citizen of | What Cour | ntry? |
| | ath w | - Co | 306 South Wind Ro | ad | | 212 | 204 | | | U. | S.A. | |
| 0 | be filed within 72 hours efter death with the Meryland ial Hygiena. d other than "natural", or items 23a or 28a-f show event, the Mexical Examiner must be notified at | / Funeral Director | 11. Maritei Status 1 ☐ Nevar Married 2 ☐ Married | 12. Was Decedant E Armed Forces? 1 ☐ Yas 2 ☑ No It Yas, Giva | | 13. Wes Dece if Yes, spe | | Hispenic Origin? (Sp ben, Maxican, Puarto Specify: | pecify Yas or No Rican, atc.) | | ck, Whita, | |
| 00 | aral'. | d by | 3 N Widowed 4 □ Divorced | Year or Datas: | | , | | oposity. | | Specify | Whi | te |
| 5-(| in 72 hours eftu n "netural", or i | Completed | 15. Decedant's Ed (Specify only highest gra | lucation da complated) | 16a. | Decedent's Usu Give kind of wo | al Occu | ipation a during most of worked) | ring | 16b. Kind of B | usinass/In | dustry |
| 121 | vithin then then | dm. | Elamentary/Secondary (0-12) | Collaga (1-4or 5- | -) | | | 9d) | | Dl | | |
| 12 | filed within Hygiena. | | 17. Fethar's Neme (First, Middla, Last) | 5+ | Pn | armacis | L | 18. Mothar's Nam | n /Firms Middle | Pharmac | | |
| an | | Be | Giovanni | | Gep | ni . | | Giovan | | | Marar | nto |
| 7 | d 2 should be filed within the and Mental Hygiena. 7 is marked other than treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event treumatic event the Mental treumatic event e | 10 | 19a. Informent's Name/Ralationship (| Turne Brintl | | | /Carac | et and Number or Rus | | | | |
| Baltimore, Maryland 21215-0020 | C/ 2 2 2 | | Mr. John Carroll | | 306 | South | Wir | nd Road, R | uxton, | Marylan | d 212 | 204 |
| 0 | permit. Pages 1 end Department of Health Important: if item 27 eny Injury or other to | | 20e. Mathod of Disposition 1 X Buriel 2 ☐ Cramation 3 ☐ | Ramoval from Stata | | Disposition (Na. r, cramatory or c | | 9 <i>C</i> e) | Data | 20c. Location - | City or To | wn, Stata |
| tim | tant: tant: | | 4 ☐ Donation 5 ☐ Othar (Specify | | New Cat | thedral | | | EC.7 | Baltimo | re, N | Maryland |
| Bal | Departiment Indoor | | 21. Signetura of Funaral Sarvice Licen | 500 | | | | ess of Fecility L-Wiedefel | d Home | Inc | | |
| 1 | 40200 | | pho | (as) | | 6500 | Yor | k Rd. Bal | timore. | Maryla | nd 21 | 212 |
| | | | 23a. Part1. Enter the disaasa, or comp shock, or haart failura. List only | plicetions mat caused to ona causa on aach line | tha death. Do n | ot antar tha mod | da of dy | Ing, such as cardiac | or raspiratory | arrest, | | Approximata tntarval Between |
| | Physician /Medical | | town of the Co (5) | | | | | | | | į | Onsat and Death |
| 1 | Examiner | | Immediata Ceusa (Final disaasa or condition rasulting in daath) | a. Bronchor | neumoni | а | | | | | 1 | Days |
| | | 5 | | C | Dua to (or as a c | onsequance of): | | | | | ŧ | |
| | petr Insit | Examiner | • | b | | | | | | | | |
| , | the death certificate be executed by the attending physician and ached for use as the buriel-transit | Exa | Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Cause (Disease or injury | D | ua to (or as a c | onsequance of): | | | | | į | |
| 68760, | sicia bur | cai | thet initiated events | c | ua to (or as e co | busediance of). | | | | | | |
| 9 | tifical g ph | Medical | rasulting in daath) Last | _ | au 10 (01 up 0 00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | 1 | |
| Box | th cer andir r use | an. | | d | | | | | | | | |
| | death and fo | sici | Part It. Other algnificant conditions of | ontributing to death but | not rasulting in | tha undarlying o | ausa g | ivan in Part I. | 23b. Dld | tobacco use co | ntribute to | the cause of death? |
| P. 0 | thet the de ed by the s detached | Physician/ | | | | | | | 10 | Yes 2 No | 3 Pro | bably 4 Unknown |
| | S 5.3 | by | Congestive heart | lallure | | | | | - | | | |
| ord | v requires been sign should be | Completed | | | | | | | 24a. Wes | an autopsy ormed? | av | ara autopsy tindings allable prior to |
| ec | Na SS SS | nple | | | | | | | | | of | mplation of cause death? |
| | E se Z | Com | | | | | | | 1⊠ | Yas 2□No | 15 | Yes 2□ No |
| Vital Records, | s certificate director, pag | Be | 25. Was casa refarrad to medical axaminar? | | | | | 28. Place of Deal | h (Check only | one) | | |
| of | Physician: this certific ral director, | 10 | 1 ☐ Yas 2 🔀 No | Hospitai: 1 ₩ Inpatlan | | petient 3 DC | DA O | thar: 4 Nursing Ho | ome 5 🗆 Ras | idence 6 □Oth | ar (Specif | y) |
| | | Certification: | 27. Mannar of Death 1 ☑Natural 5 ☐ Pending | 28a. Data of Injury (Month, Day | Year) 28b. Ti | | 28c. Inju | | 28d. Dascribe | how Injury occur | red | |
| sio | Attending or death. actor: Attei by the fune | cati | 2 Accident Investigation 3 Suicide 6 Could not be | | | М | |]Yas 2□No | | \. | | |
| Division | after death Director: | E | 4 Homicida datarmined | 28a. Place of Injur building, atc. | y - At homa, fari <i>(Specify)</i> | n, streat, factor | y, office | | | (Straat and Numb wn, Stata) | er or Rurs | I Routa Number, |
| ш | pital president | | 29a, Certifiar 1N Cartifying Phy | valeien. To the best of | mu limanda da a | d | -4.46 4 | | | 4) | | |
| | To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the | edicai | | ysician: To the best of liner: On the basis of a | xamination and | or invastigation | , In my | ima, data and piace, opinion, daath occur | and dua to tha red at tha tima, | data and place, | annar as s and dua to | tha cause(s) |
| | vithin To the compl | Me | 29b. Signatura end title of cartifier | 4/ | | 29 | c. Lican | sa number | | 29d. Date signe | d (Month, | Day, Year) |
| | ->-0 | | D. Al. 1 | 1901 | Mrs. | | D282 | 2/1/1 | | | | |
| | 1 | ŀ | Pathologist 30. Nama and addrass of person who | complated cause of dea | th (ltam 23a) /7 | | J201 | L 17 19 | | December | 4, . | 1330 |
| | 1) | | Fowzia Taqi, M.D. | | | | ar | Tourses | Marvil a- | d 2120 | 4 | |
| | Sta | te | 31. Date filed (Month, Day, Yaar) | 32. Registrer | 's Signatura | ar cent | CI. | TOWSOIL, | Tarytan | u Z1ZU4 | t | |
| | Registr | | DEC 1 0 1996 | Julia Davidson | -Aandall | | | | | | | |

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | | I December 1 November 1 | | aryland | | icate of | Death | | Reg. No. | 96 | 37012 |
|--|--|---------------|---|--|------------------------------------|-------------------------------------|--|---|---------------------------------|------------------------------|--------------|---|
| | Physic | ian | 1. Decedent's Nama (First, Middla, Las | | TUC | KEL | 10 | | 2. Data of De | Dey | Year | 3. Time of Death |
| 8E. | /Medi | | VERA C | | 1 43 | 1/6 1 | | 4b. City, Town, or L | DEC | 6 | 1996 | 05:20 |
| | Exami | ner | ST.AGNES HOSPITA | | | | | | | | ty of Deeth | |
| F | uneral | | 5. Social Sacurity Number 6. So | | a (In yrs. las | | Under 1 Yaar | BALTIMO If Undar 24 Hrs. | 8. Dala of Bir (Month, Da | th N/A | | eleca (Stata or Foreign |
| D | lirector | | 212-05-2553 Usual Rasidance of Decedant | □M 2√F 8 | 30 | Yrs. Mo | onths Days | Hours Min. | MAY 27 | y, Year) 7,1916 | | RYLAND |
| ylend | How | | 10a. Slata 10b. County | | 10c. City, T | Town or Location | on | | | | 1 | 0d. Insida City Limits |
| ₩ W | la-f s | ctor | MD N/A | | В | ALTIMOR | E | | | | | 1 ☐ Yas 2 ☐ No |
| # | or 28 | Director | 10e. Straat and Number | | | 1 | Of. Zip Coda | | | 10g. Citizan of | Whet Coun | try? |
| ath v | 8 23e | | 2534 WILKENS AVENU | | | | 2122 | _ | | U.S | S.A. | |
| d 21215-0020 filed within 72 hours after death with the Marylend thysiens. | natural, or items 23a or 28a-f show idical Examiner must be notified at | by Funeral | 11. Marital Status 1 Navar Marriad 2 XMarried 3 Widowed 4 Divorced | 12. Wes Decedant I Armed Forcas? 1 ☐ Yas 2 ☑ N if Yas, Giva Yaar or Datas: | | | Dacedent of H s, specify Cub ras 2∏ No | fispanic Orlgin? (Span, Maxican, Puarto Specify: | ecify Yas or No Rican, etc.) | Speci | ack, Whita, | |
| 5-0 | Policel | Completed | 15. Decedant's Ed (Spacify only highest grad | ucation | 1 | 16a. Decedent's | s Usuai Occup | ation | rina | 16b. Kind of E | Business/Inc | Justry |
| 121 vithin | | mpl | Eiementary/Secondery (0-12) | Coilege (1-4or 5 | i+) | | | during most of work d) | iy | | | |
| d 212 | d other t | | 8TH GRADE 17. Fethar's Nama (First, Middla, Last) | | | SALESC | LERK | 18. Mother's Nem | a (First Middle | | | WARDS |
| 2 8 2 | D > | o Be | JOHN FREEDENBURG | | | | | | KAISER | maiour ouria | ····ay | |
| Haryla 2 should I | 7 is marke treumatic | F | 19e. Informant's Name/Relationship (7 | ype, Print) | | 19b. Mailing Ad | idress (Straat | and Number or Rui | | er, City or Town | , Stata, Zip | Coda) |
| | | | BARBARA BRISTOW (| (DAUGHTER) | | | | T - BALTI | MORE, M | D 212 | 227 | |
| Ore Jes 1 | If Item 2 or other | | 20a. Mathod of Disposition 1 ☑Burial 2 ☐ Cramation 3 ☐ I | Ramoval from State | 20b. Place | e of Disposition etery, cramator | n (Nama of ry or other plea | ca) | Data | 20c. Location | - City or To | wn, Stata |
| Baltimore, bermit. Pages 1 er | tant: | | 4 □ Donetion 5 □ Othar (Specify |) | NEW (| CATHEDE | | | 12/9 | BALTIM | ORE | |
| Ba Demi | Important: If its any injury or of once. | | 21. Signatura of Funeral Survice Licens | iaa // | 1.0 | | ma and Addra BARD FI | ss of Fecility UNERAL HO | ME. INC | | | |
| | | - | 220 Dard English Wills | | uz | 410 | 7 WILK | ENS AVENU | E BALTI | MORE. M | ID 2 | 1229 |
| Phy | sician | | 23a. Part Enter who hease, or comp shock, or haart failure. List only c | na cause on each lin | ne. | Do not enter the | e moda or dyir | ig, such es cardiac | or respiretory a | frest, | | Approximate Interval Between Onset and Death |
| /M | edical miner | | Immediata Cause (Final disaesa or condition resulting in daath) | CERE | BRO | DVAS | CULF | IR AC | CID | ENT | | 10 DAYS |
| | - | Jer | resulting in Gaatti) | DIA | Dua to (or as | a consaquand | ce of): | -ITU_ | C | | | 17 VEN 10 |
| cuted | nd transi | Examiner | Sequantially list conditions, | D | | a consequand | | _ 1 / 01 _ | 3 | | | OYEARS |
| 30, | ouriel-l | | Sequantially list conditions, if any, laading to immediate cause. Enter Undarlying Causa (Disaasa or Injury that Initiated evants | HYF | ERT | TENS | 10 M | J | | | | OYEARS |
| 68760, ifficate be axecuted | g physician end es the buriel-transit | edical | that Initiated evants rasulting In death) Last | G | | a consequanc | | | | | | |
| | ding se es | | | d | | | | | | | | |
| Geath cert | ettendin for use | clan | | | | | | | | | | |
| T.O. | ed by the e | Physician/N | Part II. Other significant conditions co | ntributing to daath bu | it not rasultin | g in tha undarl | ying causa giv | an in Part I. | | 1 | | the cause of death? |
| ords, P.O | 5.0 | by P | | | | | | | 10 | Yes 2/0 No | 3 Prob | ably 4 Unknown |
| Hecords, | been si | Completed | | | | | | | 24a. Was perfo | an autopsy mad? | ava | ra autopsy findings illable prior to inpletion of cause |
| I Mec | has ya 2 | mp | | | | | | | | 1.0 | of c | deeth? |
| = - | certificate ha rector, paga | | 25. Was casa rafarred to medical | | | | | | 10 | | 1 | Yas 2□ No |
| OT VITAL | | o Be | axaminar? | Hospital: Inpatiar | nt 2 FR | Outpatient 3 | DOA Oth | 26. Piaca of Deat ar: 4□ Nursing Ho | | | has (Enacify | |
| 0 5 | | T:U | 27. Mannar of Death | 28a. Data of Injur | y 28 | b. Tima of Injury | 28c. Injur | | 28d. Dascribe I | | | / |
| VISION Attending or death. | ector: After thi by the funeral | atic | 1 Natural 5 Panding 2 Accidant Investigation | (| | N | | Yas 2□No | | | | |
| or Attending Physelfer death. | Director: I in by the | ertification: | 3 ☐ Suicide 6 ☐ Could not be datarmined | 28e. Piaca of Inju building, atc. | ry - At homa . <i>(Specify)</i> | , farm, streat, f | actory, office | | 28f. Location (S City or Tox | Street and Num vn, State) | ber or Rurai | Routa Number, |
| | Funeral riely filled | edical Ce | (Crieck Orly 2 Medical Exami | sician: To the best of ner: On the basis of | examination | dge, daath occu | urred et tha tim | na, date end piace, pinlon, deeth occurr | and dua to tha | causa(s) and m | annar as st | ated. |
| 45 | 6 6 | Med | one) 29b. Signetura and titla of certifiar | and mannar stel | ted. | | 29c. Licanse | | | | | |
| H3 | 28 | | PR ma a | 0 4 4 0 | 1 N | λ | _ | | | DEC | C_ | 1 Q Q / |
| | 10 | - | 30. Nama and address of person who co | ompleted cause of de | IV . | a) (Type Print) | 1-0 | 9140 | | DLL | 6 | 1776 |
| | \ | | BERNADETTE | BON | APAR | TE | ST. AC | CINES H | HEALTH | CARE | 9000 | JATON BAG |
| | Sta | te | 31. Data filed (Month, Day, Year) | 32. Ragistra | r's Signatura | | | | | | | |





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| | | | 19b PER F.H. 12/10 | | | ate of Death | wentai ny | Reg. No. | 3 3 7 | 013 |
|------------|---|------------------|---|--|---|---|-------------------------------|---------------------------------|------------------------|--|
| П | Dhoole | • | Decedent'a Nama (First, Middla, L. | ast) | | | 2. Data of De | | Year 3. T | ima of Death |
| | Physici /Medi | | | RNODLE | | (| Decem | ber 6,10 | 196 / | :25P |
| | Examir | ner | 4a. Facility Nama (If not Institution, g | | | | r Location of Daat | h 4c. County | of Death | |
| ŀ | F | | | LLA MARIS Sex 7. Aga (In vrs | (ast birthday) If Un | dar 1 Yaar if Undar 24 Hr | MORE 8 Data of Bit | th / | 9 Birthologo /6 | State or Enraine |
| | Funeral Director | | 225-58-7454 Usual Residance of Decedent | 1XM 2□F 53 | Yrs. Monti | | Month Di | 19, 19 42 | VIRG I | Stata or Foreign |
| | yland | | 10a. Stata 10b. County | 10c. C | city, Town or Location | _ | | | 10d. Ins | olde City Limits |
| | e Me | ctor | MARYLAND | N/A | | SALTIMORE | CITY | | 1/2 | Yas 2□No |
| | 23a or 2 | Dire | 10e. Street and Number | | | Zip Coda | | 10g. Citizen of W | hat Country? | |
| | eeth v | eral | 631 N. BENT | 12. Was Decedant Evar in | | A/2 | Specify Vac or No | | SA - Amarican indi | ien |
| 0 | ours after deeth with the Menylar sal, or Nems 23a or 28a-1 show Examiner must be notified at | Funeral Director | 1 Nevar Married 2 Married | Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva | | cedant of Hispanic Origin? (| rto Rican, atc.) | | , Whita, atc. | |
| 215-0020 | | d by | 3 ☐ Widowed 4 ☐ Divorced | Yaar or Datas: | | 2 No Specify: | | | BLAC | .K |
| 15- | C . E | Completed | 15. Decedent's E (Specify only highast g | ada complated) | 16a. Decedant's U (Giva kind of lifa. DO NO | Isual Occupation work dona during most of w Tusa ratired) | orking | 16b. Kind of Bu | sinass/Industry | |
| 212 | J within jene. r than " | ome | Elementary/Secondery (0-12) | Collega (1-4or 5+) | | BORER | | ROCKL | AND IN | DUSTRIES |
| land | be filed tal Hygi d other event, t | Bec | 17. Fathar's Nama (First, Middla, Las | | | | ema (First, Middle | , Maiden Sumame | | 3401710 |
| ylai | Men Men srke | To | James Henr | | | VIRG | INIA | Willia | ms | |
| Maryl | C/ 80 10 10 | | 19a. informant's Name/Ralationship | | | ess (Straat and Number or I | | | | |
| | Department of Health Proportion of Health Proportion of Rem 27 Iny Injury or other tr | | 20a. Mathod of Disposition | ODLE (WIFE) | Place of Disposition (| BENTALOUS Nama of | Data Data | ALTIHORE 20c. Location - 0 | MD. 2. | 12/6 |
| JOE L | ages ant of the H H | | 1 Burlal 2 ☐ Cramation 3 [4 ☐ Donation 5 ☐ Other (Spec | _Hamovai from Stata | comatary, cramatory (| or othar place) | | | | |
| Baltimore, | mit. Pa partmen contant: r injury 28. | | 21. Signature of Funeral Service Lice | 1 4/ | NG MEMOR 22. Nama | VAL PARK and Addrass of Facility PH H. BRS | 1270 1 | 50000 | LAWIN | ITD. |
| m | Dep per per per per per per per per per p | | 1 HISTO | wnw | Jose | PH H. BRO | WN JK. | ALTIMA | AL RO | 11111 |
| | | | Part1. by Fr tha diseasa, or cor shock, or heart failura. List only | nplications that caused the das | ath. Do not antar tha n | noda of dylng, such as cardi | ac or respiratory a | rrest, | Appro | oximata val Batween |
| Š, | Physician | | | | | | | | | t and Death |
| 7 | /Medical Examiner | | Immediata Causa (Final diseasa or condition rasuiting in deeth) | . PROSTA | TE CAN | UCER | | | 4 | yrs, |
| L | 3: 0 | Jer | | Dua to | (or as a consequanca | of): | | | | 0 |
| | tificate be executed g physicien end as the buriel-trensit | Examiner | Sequentially list conditions. | b. — Dua to (| or as a consequence | of): | | | | |
| 90, | ificate be executed g physicien end as the buriel-trensit | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury | | | | | | | |
| 68760, | physics the t | edicai | that initiated events rasulting in death) Last | Dua to (| or as a consaquanca o | of): | | | | |
| Box (| | | · | d | | | | | | |
| | att for | Physician/N | Part II. Other significant conditions | contributing to death but not re | suiting in the underlyin | g causa givan in Part I | 23h Did | tobacco use con | tribute to the co | auge of death? |
| P.0 | es that the de igned by the s be detached (| Phys | • | | outing in the discourty in | g occupation with any i. | | N. a. | | 4 Unknown |
| | es the igned be de | by | | | | | - | -/- | | |
| Records, | v require been si should | Completed | | | | | 24a. Was | an autopsy ormed? | 24b. Ware autovariable | opsy findings prior to on of cause |
| Rec | has ye 2 | mpi | | | | | | | of death? | TO CAUSE |
| Vital | E ag | | OF Man ones referred to medical | T | | | 10 | | 1 🗆 Yas | |
| <u> </u> | | To Be | 25. Was casa rafarred to medical axaminar? 1 ☐ Yas 🎖 🕍 No | Hospitel: 1 Inpatiant 2 | ☐ ER/Outpatient 3☐ | Other | | one) STELLA dance eX□Otha | | AT MERCY HOSPICE |
| o c | ding Phys h. After this funeral d | | 27. Mannar of Baeth | 28a. Date of Injury (Month, Dey Year) | 28b. Tima of Injury | 28c. injury at Work? | | how injury occurre | (Opoony) | |
| Siol | Attending or death. | catlo | 1 Abatural 5 Panding 2 Accidant invastigation | on | М | 1 ☐ Yes 2 ☐ No | | | | |
| Division | after d Blinech d in by | Certification: | 3 ☐ Sulcide 6 ☐ Could not to datermined | 28a. Place of Injury - At I building, etc. (Speci | noma, farm, street, factify) | tory, office | 28f. Location (City of To | Street and Number wn, Stata) | er or Rural Route | Number, |
| п | Hospital Hospital Funeral Hely filled | | 29e. Certifiar Certifying Pl | nysician: To the best of my kn | owledge deeth occurr | ad at the time, date and place | and due to the | osuce(e) and mar | nac as etate d | |
| _ | HO Fur Slotely | edical | | miner: On the besis of axamin and mannar stated. | ation and/or invastigati | ion, in my opinion, daath occ | curred at tha tima, | deta and placa, a | nd dua to tha ca | ıusa(s) |
| 1 | o Me o | Σ | 29b. Signatura and titla of certifier | 0 | | 29c. Licansa number | | 29d. Data signed | (Month, Day, Y | ear) |
| 0 | 1 | | Kendall | Stanlem | is 1 | D25643 | | 12/61 | 196 | |
| | 11 | | 30. Nama and addrass of person who | - / | A | 6.1 011 | D | - 000 | 2.2. | |
| | V 1 | | T. C. DOUGETTOCK | MO/ 2300 L | ulang | Sally (ca) | Dalti |) [YU | 01304 | - |
| | Sta | te | DFC 1 0 1996 | a Julidson - N | CHICAGO U | O ´ | | | | |

Last a Market Conference of the Conference of th A MG Aboling 196. The second of the and the first teachers are the second of the ·Pose BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

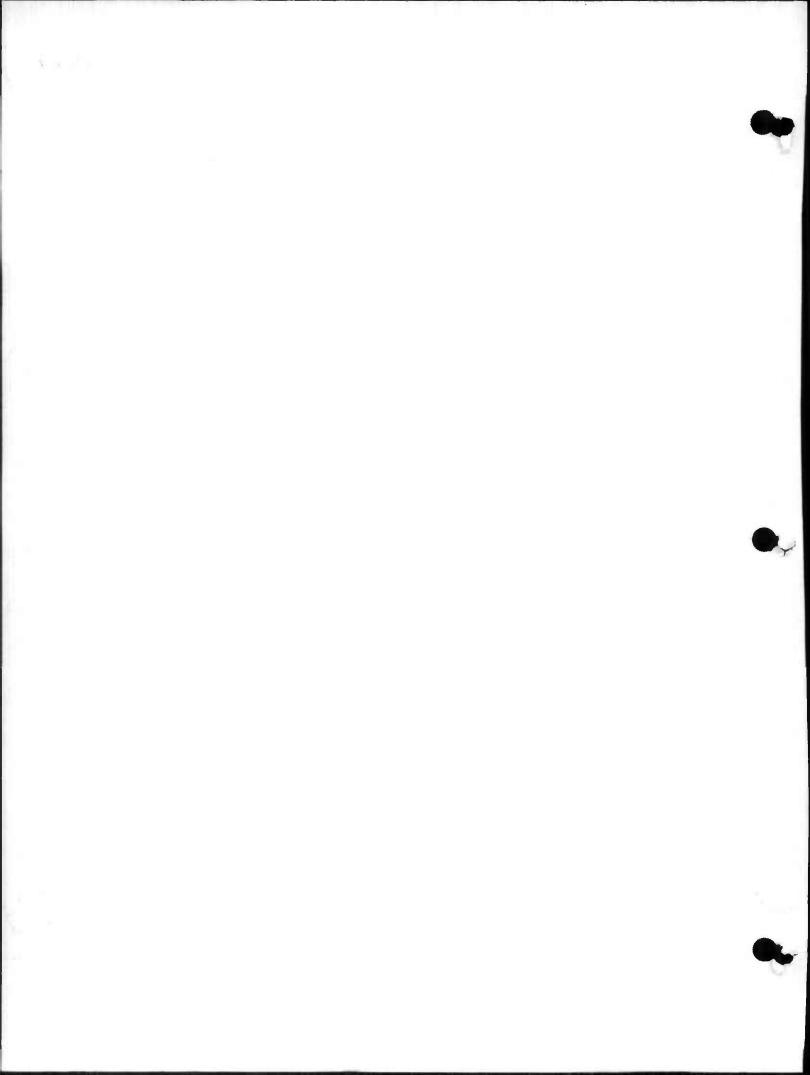
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Acuts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

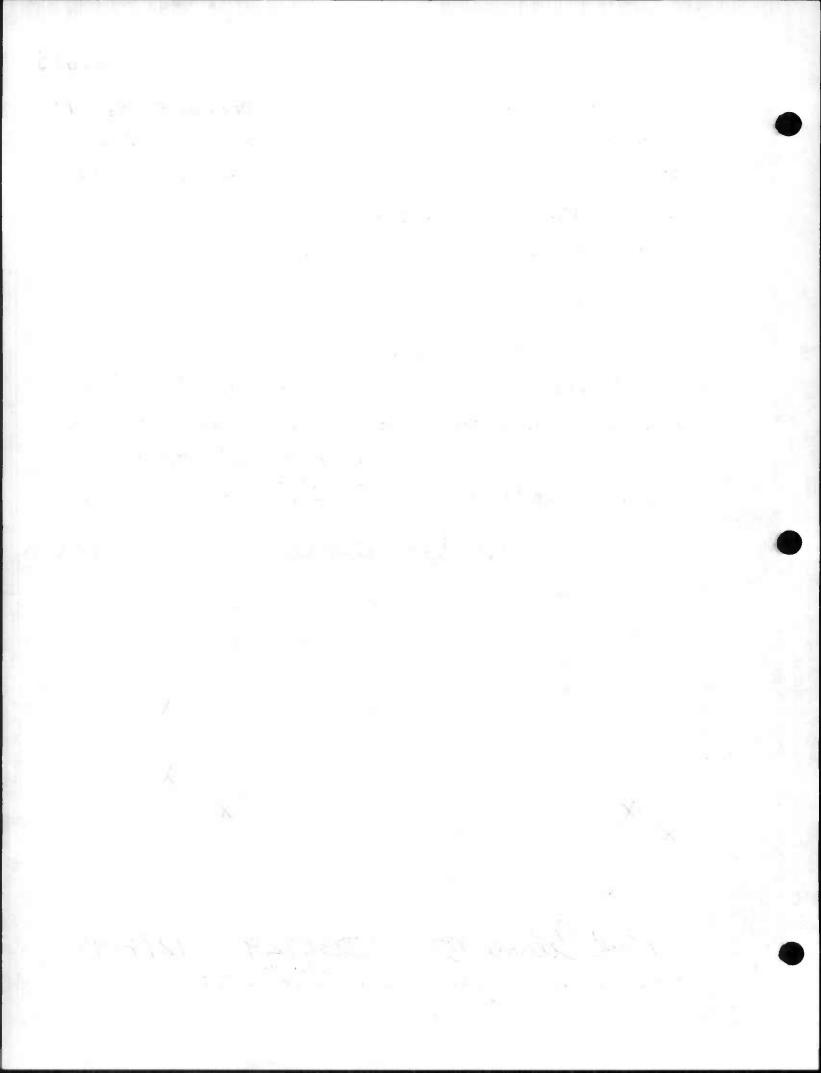
| | 1 - FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTM | | | MENTAL HYGIEN | | |
|--------------------|--|--|--|----------------------------|--------------------------------|---|------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) JEAN | KIR | ZKMAN | | | 2. DATE OF DEATH MONTH D | | YEAR 12:35 AM |
| | 4. SOCIAL SECURITY NUMBER 212-50-1811 | 5. SEX 6. AGE (| | TUNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 19 1 | BIRTHPLACE (State or Foreign Country) |
| OR | 9a. FACILITY NAME (If not institution, give str GLEN MEADOWS REI | | | SLEN | R LOCATION OF DE | | | Y OF DEATH TIMORE |
| DIRECTOR | RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Balti | DORO | 27 | own or local | ION | | | 10d. INSIDE CITY LIMITS? |
| | 100. STREET AND NUMBER 11630 Glen Arm Rd. | | | | ZIP CODE 210 |)57 | | 1 □ YES 2 ♠ NO N OF WHAT COUNTRY? ed States |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES | 2 V NO | If yes, sp | | NIC ORIGIN? (Specify Years, Puerto Rican, etc.) | | Black, White, etc. Specify: White |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 Years | ATION completed) College (1-4 or 5+) | 18a. DECEDENT'S US (Give kind of work life. Do NOT use in Homen | done during mo etired.) | | 16b. KIND OF BU | SINESS/INDUS | |
| BE COM | 17. FATHER'S NAME (First, Middle, Last) John Shade Nortor | 1 | Homen | iarei | | ME (First, Middle, Meiden ce Tapley | | Y |
| 10 8 | 194. INFORMANT'S NAME (Type/Print) James Walter Kirkn | nan/Husband | 196. MAILING AD 11630 (| | | Route Number, City or Tow Glen Arm, 1 | | 057 |
| | 20. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE | val from State | PLACE AND GATE OF E etery, cremetory or other Laney Val | ley Mer | norial G | ar12/9 Ti | monium | ny or Town, Stata |
| | John A. Mu | tchell I | | | | 6500 Yo Baltimo | ork Rd ore. M | D 21212 |
| | 23. PART I. Enter the diseases, or conduction the second shock, or heart feiture. Limited sease or condition the second sease or condition resulting in death) | ist only one cause on a | ich ilna. | | | Keinia | | Approximate interval Between Onset and Death |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST | | CONSEQUENCE OF): | | | | | |
| PHYSICIAN: MEDICAL | PART II. Other significent conditions | contributing to deeth b | ut not resulting in t | the underlying | g ceuse given in | Part i. 24a. WAS AN PERFO! | RMEO? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO |
| SICIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: 1 Inpetient 2 ER/Outp | | THER: | ACE OF DEATH (Ch | eck only one) 6 Other (Specify) | | |
| ВУ РНУ | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 26a. DATE OF INJURY (Month, Day, Year) | 26b. TIME O | F 28c. INJ | | 28d. OEŞCRIBE HOW | NJURY OCCU | RED |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spec | — At home, farm, stre- ify) | et, factory, offic | | 281. LOCATION (Street City or Town, State) | | Rural Route Number, |
| COMPLETED | anal | IAN: To the best of my knowl | | | | | | cause(s) end manner as stated. |
| TO BE (| 29b. SIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHO | Aly no | | | DASA | | | signed (Month, Day, Year) Tember 6,1996 Md 2120x |
| | J. A. R. (Ley 31. DATE FILEO (Month, Day, Year) | COMPLETE CAUSE OF OE | 6701 | | horles | St. Bal | 40.1 | ud 2120x |
| | DEC 1 0 1996 | 32. REGISERAR'S SIGN | idson-Randal | 2 | | | | |

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month Day Katherine Louise Kerr December 5, 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 2 Watkins Glen Ct. Cockeysville Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Days Yrs. Director 216-28-6279 Sept. 6, 1911 Maryland Usual Residence of Decedent the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Baltimore MD Cockeysville 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? ŏ 2 Watkins Glen Ct. 21030 items 23a USA Funeral filed within 72 hours after death Hygiene. rther than "natural", or items 23. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ You If Yes, Give Year or Detes: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2√ No þ Specify: White 3 XWidowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Haalth and Mantal Hygiens Important: If tam 27 is marked other tha any injury or other traumatic event, Ital once. Inspector **Textile** 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be (last name unknown by Benjamin Wheatley Amanda Viola informant) 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Watkins Glen Ct., Cockeysville, MD 21030 Patricia Jane Kramer/daughter 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 12/9/96 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) **Dulaney Valley Memorial Gardens** Timonium, MD 21. Signature of Eutherni Service Licensee 22. Name and Address of Facility
Lemmon Funeral Home mmon Lowell M. Lemmon 10 W. Padonia Rd., Timonium, MD 21093 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final years disease or condition resulting in death) Examiner Examine or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, physician Physician/Medical Due to (or as e consequenca of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown ģ 24b. Were autopsy findings available prior to Completed 24a. Wes en autopsy performed? completion of cause of death? page 2 s cartificata 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 DOA this 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? Certification: 28d. Describe how injury occurred After 5 Pending investigation 1 Naturai 2 ☐ Accident death. 1 Yes 2 No Director: A 6 Could not be determined 3 ☐ SuicIde 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 THomicide filled in I within 24 hours a
To the Funeral C
complately filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29a. Certifier Medical (Check only \$ 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) Paul Celano, M.D. 6569 N. Charles St., Towson, MD 21204 32. Registrar's Signature State ulia Savidson Registrar



| Physicia | an | Decedent's Name (First, Middle | | | Certificate of | Death | 2. Date of Death | Day | Year | 3. Time of Deati |
|---|---------------------|--|--|---|---|---|---|---------------------------------|-----------------------------|--|
| Medic xamin | ai | Doro: 4a. Facility Neme (If not institution | thy W. Kel n, give street and numi | | | 4b. City, Town, or Lo | Dec. 7 | Day 1996 4c. County | | 11 A.M |
| eral ctor | | 5. Social Security Number 215–18–9910 | gwood Road 6. Sex 7 1□M 2∏F | . Age (In yrs. last birtho 74 Yrs | Months Devs | | 8. Date of Birth (Month, Day, Aug 31, | Year) | 9. Birthpl Count Mar | e Co. lace (State or Fore try) yland |
| 181 | | Usual Residence of Decadent 10a. State 10b. County | | 10c. City, Town o | r Location | | | | 10 | Od. Inside City Lim |
| notified at | Director | | imore Co | Mid | dle River | | | | | 1√Xes 2□ |
| | | 10e. Street and Number | | | 10f. Zip Code 2 1 2 | 120 | 10 | g. Citizen of V U.S.A | Whet Count | try? |
| | by Funeral | 11. Marital Status 1 Never Married 2 Merri | Armed Force | No No | 13. Wes Decedent of | Hispanic Origin? (Spe ben, Mexican, Puerto | eclfy Yes or No- Rican, etc.) | 14. Rac Biad | a - America ck, White, e | etc. |
| BOICE | ieted | 15. Decadent (Specify only highes | t's Education of grede completed) | 16a. De | ecedent's Usual Occu | ipation a during most of worki | ing 1 | 6b. Kind of Bu | usiness/Ind | ustry |
| The M | omp | Elementery/Secondery (0-12) | College (1-4 | for 5+) | Home Make | | | Own 1 | Home | |
| | To Be Completed | 17. Fether's Name (First, Middle, I Frank | Last) lin Mann | | | 18. Mother's Name Eva | (First, Middle, M Weckesse | | 10) | |
| 5 | - | 19a. Informant's Name/Relationsh | | | | ot end Number or Rurs | | | | |
| other | - | Kathryn Naill 20a. Wethod of Disposition | (Daughter) | | | Road, Midd | | Oc. Location - | | |
| ury or | | Burial 2 Cremation 4 Donation 5 Other (Sp. | | ate | isposition (Name of cremetory or other pla wn Cemeter | | 2/10/96 | | | |
| important: if fem 27 is any injury or other tra once. | | 21. Signature of Funeral Service L | 1-1 | 0 | 22. Name and Addr A. Alan S | Seitz Ir. | Funeral | Home | | |
| | - | 23a. Part1. Enter the disease, or shock, or heart failure. List of | complications that call | had the death. Do not | 3818 Rola | and Avenue | Baltim | ore, M | d 212 | 11 Approximate |
| physicia is the bur | an/Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last | b c | Due to (or es a con Due to (or es a con Due to (or es a con | Aquenca of : | ective dises | 20 | | | |
| by the | Physician/M | Pert II. Other significant condition | ns contributing to deat | th but not resulting in th | e underlying cause gi | iven in Part I. | 23b. Did tob | / | | the cause of de |
| been sign should be | Completed by | | | | | 75.4 | 24a. Was an perform | | eve | re autopsy findin liable prior to apletion of cause eeth? |
| director, page 2 | Com | | | | | | 1 ☐ Yes | 10No | -10 | Yes 2□ No |
| | 100 | 25. Wes case referred to medical examiner? 1 Yes No | Hospitel: | -5 | Ott | 26. Place of Death | | | | |
| - m | tlon: To | 27. Manner of Death Naturel 5 Pending 2 Accident Investig | 28e. Date of (Month, | Injury 28b. Time Day Year) 28b. Time Injury | e of 28c. Inju | 4 LI Nursing Hor | ne 5 Residen 28d. Describe hov | | |) |
| d in by the | Certification: | 3 Sulcide 6 Could not determine | ned 28e. Pieca of | Injury - At home, ferm, etc. (Specify) | street, factory, offica | 2 | 28f. Location (Stre City or Town, | et and Number Stete) | er or Rural | Route Number, |
| | edicai C | 29a. Certifler 1 ☐ Certifying (Check only one) 2 ☐ Medical E | Physician: To the be examiner: On the basis | est of my knowledge, de s of examination and/or stated. | eeth occurred at the ti | me, date and place, a opinion, deeth occurre | and due to the cau ed at the time, det | use(s) and ma e and placa, a | nner as sta and due to | ited. the cause(s) |
| * S | 2 | / | | A | | | | | | |
| comple | | 29b. Signature end title of certifier | Bleetis | re ml. | 29c. Licens | se number 33072 | 296 | d. Dete signed | (Month, D | Pay, Year) |

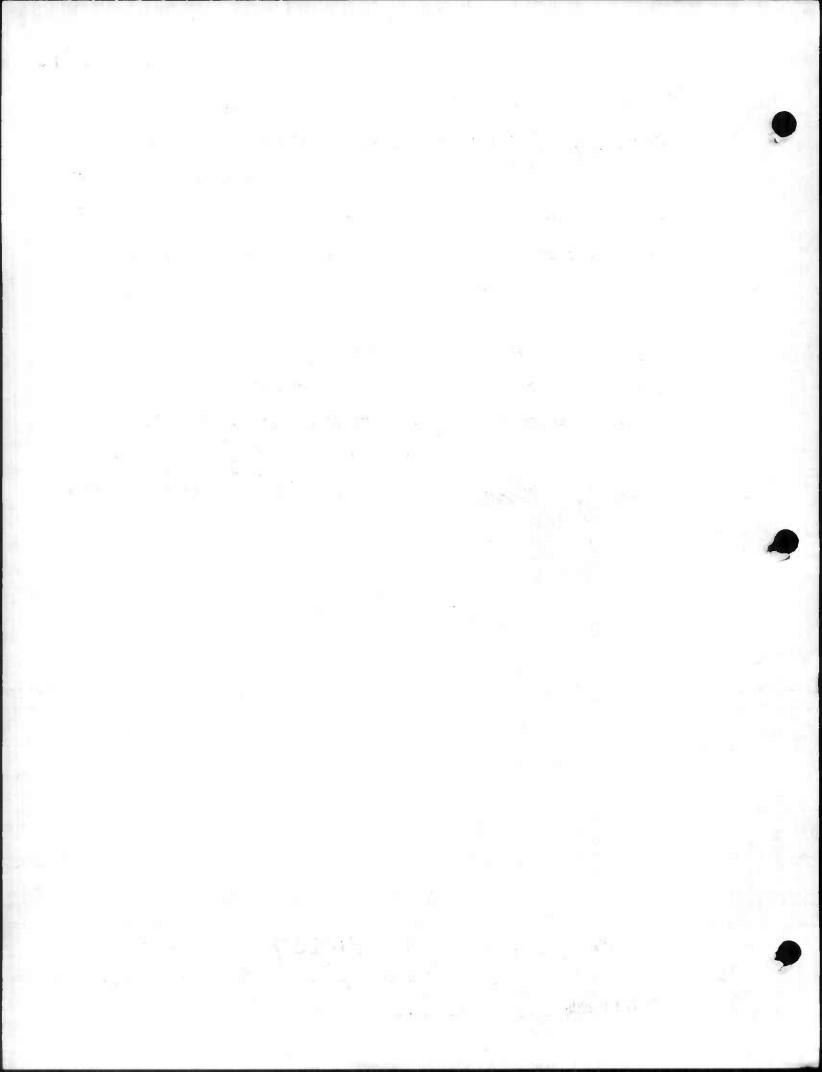
New 1 1 1 10

State of Maryland / Department of Health and Mental Hygiene 96 37017

| 100 | | Certificate of Death 1. Decedent's Name (First, Middle, Lest) | | | | | | Reg. No. 2. Dete of Death 3. Time of Death | | | |
|--|---|--|--|--|-------------------------|---|---|---|--|---------------|--------------------------------|
| Physic | | Florence Lewis | | | | | Month | R Day | 29% | 230 Am | |
| /Medi Examir | | The Francisco Marie Control of the C | | | | | City, Town, or Loc | | 4c. County | 110 | |
| 100 | | Maryland Creneral Huspital Baltimore | | | | | Stimore | City | | NIA | |
| Funeral Director | | 5. Social Security Number 6. Sex 1 Months Days Hours Min. 7. Age (In yrs. last birthday) Hunder 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Dey, Year) 9. Birthplace (Steam Country) UNKNO UN | | | | | | | (State or Foreign | | |
| show ad at | | 10a. State 10b. County | 10c. City, Town or Location | | | | 10d. Inside | | | | |
| r 28a-f sh | tor | MARYLAND NIA BALTIMORE CI | | | | FOIT | 7 / 1X Yes 2 [] | | | | |
| or 28 | Director | 10e. Street and Number | | | 10f. | Zip Code | | 10 | g. Citizen of V | What Country? | |
| 23a | rai | 449 MILTON | | | | 1201 | | U | USA Raca - American Indien, Black, White, etc. | | |
| hours after death with the Maryland ural, or items 23a or 28a-f show at Examine must be notified at | Funeral | 11. Marital Status | 12. Wes Decedent Ever in U,S. Armed Forces? | | 13. Was De If Yes, s | Was Decedent of Hispanic Origin? (Spelf Yes, specify Cuban, Mexican, Puerto | | ecify Yes or No- Rican, etc.) 14. R | | | |
| Evanir | by | 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced | 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates: | 1 Yes 2 No If Yes, Give Year or Dates: | | v | Specify: | Specif | | Y: BLACK | |
| natural adical Ex | Completed | 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 16e. Decedent's Usual Occu (Give kind of work done life. DO NOT use retire) | | | Decedent's U | ent's Usual Occupation | | | 16b. Kind of Business/Industry | | |
| hen w | mpl | | | | | | | | | | |
| other t | S | リルドNC WN 17. Father's Name (First, Middle, Las | 1) | | HO | MEMA | | (Eirot Middle M | OWN | .10/1 | E |
| ed of | Be c | | , | | | | 8. Mother's Name | | eiaen Sumeir | 18) | |
| and Menta is marked sumatic e | 7 | UNKNOWN 19a. Informant's Neme/Relationship | (Type Print) | 191 | Meiling Addr | | UNKNCW d Number or Rural | | City or Town | State 7in Co. | dol |
| 27 is r trau | | CHARLES CHESTA | - | | | | | | | | * |
| of Hear | | 20a. Method of Disposition | | 20b. Placa c | Disposition (| Neme of or other piece) | OURT, BI | Date 2 | Oc. Location - | City or Town, | Stete |
| nt: If iry or | | 1 Burlel 2 ☐ Cremation 3 € 4 ☐ Donation 5 ☐ Other (Special Control Co | | | 1 | | | -6-96 | SAITI | WART A | A DOLLA DAL |
| Department of Health and Mental Hyg Important: If item 27 is marked othe any injury or other traumatic event, once. | | 4 Donation 5 Dother (Specify) MT, ZION CEMETERY 12-6-96 BALTIHORE MARYLA 21. Signature of Fundral Service Licensee 22. Name and Address of Fecility JOSEPH H, BROWN JR. FUNERAL HOME, F JOSEPH H, BROWN JR. FUNERAL HOME, F 23a Forter the disease of Specify that several the death Postal Live No. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (| | | | | | | | TIME P. A | |
| SEES | | | | | | | | | | 0.017 | |
| 1. | | 23a. Enter the disease, or so shock, or heart failure. List only | plications that cause | d the deeth. Do | not enter the n | node of dylng, | such as cardiac or | respiratory arre | st, | Ap | proximate |
| ysician | | orrown, or rious tanare. Electorn, | A . | ine. | 2 . / | | | | | | ervel Between set end Deeth |
| Medicai kaminer | | Immediate Ceuse (Final disease or condition resulting In death) a. Coronary Artery Disease Due to (or as a consequence of): Diabetes Mellitus | | | | | | | | | |
| aiiiiiei | Ļ | | | | | | | | | | |
| air. | Medical Examiner | Diabets Mellitus | | | | | | | | | |
| ng physician end se the bunal-transit | | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Last Due to (or as a consequenca of): Due to (or as a consequenca of): | | | | | | | | | |
| sician bunis | alE | | | | | | | | | | |
| physis the | ba | | | | | | | | | | |
| | 2 | d | | | | | | | | | |
| agned by the ettendi d be deteched for use | Physiclan/ | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. | | | | | 23b. Did tobecco use contribute to the cause of death? | | | | |
| by the | hys | RESPITATORY Failure Secondary to Pulmonary | | | | | 1 Yes 2 No 3 Probably 4 Unknown | | | | |
| gned by the ettending physician end | by F | Despriatory 1 a | munc se | convak | 4 70 | 1 will | onary | | | | , |
| been si should | | Edema | | | | | | 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to | | | |
| | Completed | | | | | | | completion of death? | | | tion of cause |
| certificate has rector, page 2 | Con | | | | | | | 1 ☐ Yes | 2 0 No | 1 ☐ Ye | s 2 No |
| ector, | Be | 25. Was case referred to medical examiner? | | | | 2 | 6. Place of Death | (Check only one |) | | |
| this o | 2 | 1 Yes 2 No | Hospital: 1 (Anpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) | | | | | | | | |
| Atterd | Certification: | 27. Menner of Death 1 ☑ Netural 5 ☑ Pending | 28e. Date of Injury (Month, Day Year) 28b. Time of Injury at Work? 28d. Describe how injury occurred | | | | | | | | |
| E | cat | 2 Accident Investigation 3 Suicide 6 Could not be | 0 202 01-2-41-1-2-41-1-41-1-41-1-41-1-41-1-41- | | | | 28f neation /Street and Number or Divisi Pouts Number | | | | |
| eral Direct filled in by | PTE | 4 Homicide determined | 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) | | | 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) | | | | | |
| within 24 hours after dea To the Funeral Director completely lilled in by the | | 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) | | | | | | sea(e) and me | nner es etated | | |
| Para Para Para Para Para Para Para Para | 29b. Signature and title of cartifier 29d. Date signed (Month, D | | | | | | | and due to the | cause(s) | | |
| within 24 hours after To the Funeral Dire completely filled in b | | | | | | | | 1 - | | | |
| / | | Aleks Powhitmen M.D. 84 | | | | | 1286 | 386 11/26/9 | | | , |
| 5 | - | 30. Name end, address of person who | completed cause of c | leath (Item 23a) | (Type, Print) | | | | | | |
| | | HIEKSarde Po | OUZhitKOU | 1 M.16 | 1. 40 | mar | yland (| TENERA | L H | OSPITO | al |
| Sta | e | 31. Date filed (Month, Dey, Year) | 9 32 Registr | er's Signature | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene OC

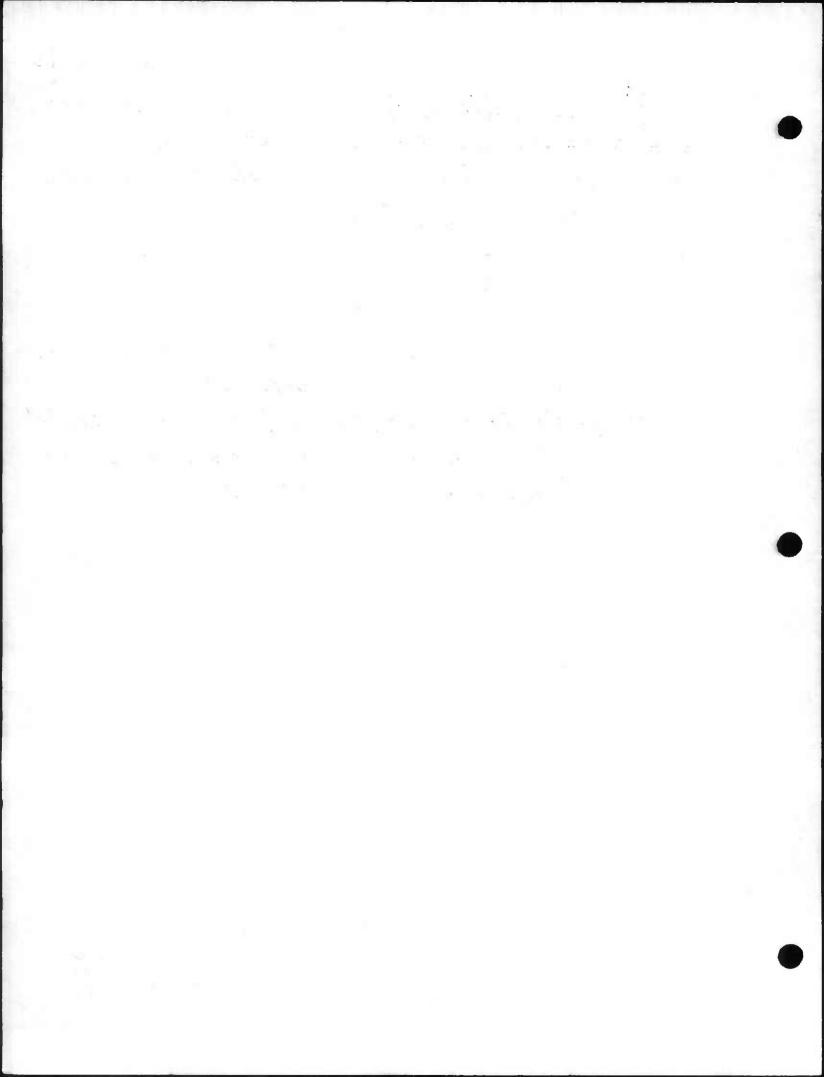
| | | | | | Certificate of | | | Reg. No. | 0 | 3/0/8 | |
|----------------------------|---|------------------|---|---|---|---|--------------------------|--------------------------------|--------------------------------------|---|--|
| П | Physic | ian | 1. Decedent's Neme (First, Middle, Last) | | | 2. Dete of Deeth Month Dev | | Year | 3. Time of Deeth | | |
| J | /Medi | cai | Hattie L. Little 4e. Facility Neme (If not institution, give street and number) | | 4b. City. Town, or I | De cembe | er 5 1 | 1996 | 9:00 am. | | |
| d | Exami | ner | 11 | 1 | 1405. | BALTO | OCATION OF Deets | 4c. County | | | |
| | Funerai Director | F | 5. Social Security Number 6. Sex 1 Age (In yrs. last birthday) 4 Age (In yrs. last birthday) 4 Age (In yrs. last birthday) 4 Age (In yrs. last birthday) 5 Yrs. 6 Sex 6 Sex 1 Age (In yrs. last birthday) 6 Sex 1 Age (In yrs. last birthday) 1 Months 1 Deys 1 H Under 1 Year 1 H Under 24 Hrs. 8 Dete of Birth (Month, Day, Year) 1 Ann 2 1 1 1 2 1 2 2 3 3 1 2 3 3 1 3 3 3 3 3 | | | | | | lece (State or Foreign try) SC | | |
| ore, Mai | yend was | Funeral Director | Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside (| | | | | | | 0d. Inside City Limits | |
| | n the Marylend r 28a-f show | | MD N/A BALTO | | | | | 1 Yes | | | |
| | vith th | | 10e. Street end Number | 10f. Zip Code | | | | | try? | | |
| | eath w | | 706 WICKLOW RD 11. Maritel Stetus 12. Wes Decedent Eve | r in II C | 21229 | | | | U.S.A. 14. Rece - American Indien, | | |
| | ours efter death v al', or items 23s Exemples must | by | 1 Never Married 2 Married 1 1 Yes 200 No If Yes, Give Yeer or Detes: | 1110,5. | 13. Wes Decedent of H If Yes, specify Cube 1 ☐ Yes ※IXNo | | o Rican, etc.) | | k, White, | etc. | |
| | "natural", | Completed | 15. Decadent's Education (Specify only highest grede completed) | 16a. D | 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) | | | 16b. Kind of Business/Industry | | | |
| | within ene. than | mpi | Elementary/Secondery (0-12) College (1-4or 5+) | | life. DO NOT use retired) HOUSEWIFE | | | | OME | | |
| | Hygient, I Hygin | Be Co | 5th N/A 17. Fether's Neme (First, Middle, Last) | Π | IOOSEWIFE | 18. Mother's Nem | ne (First, Middle, | | | | |
| | s 1 and 2 should be filed within 72 ho f Health end Mental Hygiene. Item 27 Is marked other than "natur other traumatic event, the Medical | To B | ALBERT BALLANGER | | | MAMMI | E DEAL | | | | |
| | 2 sho lend ls me | | 19e. Informent's Neme/Reletionship (Type, Print) | | Melling Address (Street | | | | | Code) | |
| | 1 and Health em 27 | | WILLIE BALLANGER GREEN 20e. Method of Disposition | Oh Plece of D | WICKLOW isposition (Name of | | | 21229 | | um Ctata | |
| | Peges net of the | | XOXBuriel 2 ☐ Cremetion 3 ☐ Removel from State | cemetery, | crematory or other place | Ly. | EC 10 | 20c. Location - | | W11, 51818 | |
| | 그들은 | | 21. Signature of Funded Service Licensee | 22. Neme end Addre | | 1996 ETTS FU | BALTO,MD FUNERAL HOME | | | | |
| | Depending any Irreport | | Yakren Britis | | 1129 N. | | | | | | |
| | Physician | | 23a. Pert1. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each line. | | | ng, such es cerdiac | or respiretory er | rest, | | Approximete Intervel Between Onset and Deeth | |
| | /Medicai Examiner | | Immediate Ceuse (Finel disease or condition resulting in deeth) Metabolic Acidosis o'ne hour | | | | | | | | |
| 50, | | Jer | | to (or es e cor | nsequenca of): | | | | | 411. | |
| | icete be executed physician and s the buriel-transit | Examiner | Sequentially list conditions. Due to (or es e consequença of): | | | | | | | | |
| | cian a | | Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): | | | | | | | years | |
| 68760, | tificete og physi es the | edic | | | | | | | | | |
| Вох | eath certif ettending I for use e | M/u | d. Dissem | inated | Indavas | cular L | oagulu | 70n | 1 | 4 days | |
| 100 | the ette | Physician/ | Pert II. Other algnificant conditions contributing to death but no | ot resulting in th | ne underlying ceuse giv | en in Pert i. | 23b. Did t | obecco use con | tribute to | the cause of death? | |
| P.0 | requires that the de been signed by the should be detached | | Diabetes, Asthma, E. | 0. | | Diseas. | 4.53 | 'es 2□No | 3 Prob | | |
| ds, | signe ld be d | d by | | 100000 | 116,14 | 013643 | | | 24b Wa | ra autonou findinge | |
| Division of Vital Records, | 2 8 6 | Completed | Hyperdension, Hepatitis | - | | | 24e. Wes e perfor | med? | con | re eutopsy findings illable prior to appletion of cause leeth? | |
| tal | | | 25. Wes case referred to medical | | | 00 Disease & David | 1 🗆 Y | | 1 🗆 | Yes 2 No | |
| í Vi | Physician: r this certific ral director, | To Be | exeminer? | 2 ER/Outpe | etient 3 DOA Oth | 26. Place of Deeth (Check only one) ont 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) | | | | | |
| 0 0 | ding Phys h. After this funeral d | | | | | | | | | | |
| sio | Attending ir deeth. actor: After by the fune | cati | 2 Accident Investigation | | M 1 | Yes 2□No | | | | | |
| Div | E Pite | Certification: | 4 ☐ Homicide determined 256. Placa or injury - building, etc. (S | 28f. Location (Street and Number or Rural Route Number, City or Town, State) | | | | | | | |
| | To the Hospital within 24 hours of the Funeral completely filled | edicai | 29a. Certifier (Check only one) 1 Certifying Physicisn: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end msnner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, and due to the csuse(s) end manner steted. | | | | | | | | |
| | To the comple | Me | 29c. License number 29d. Date signed (Month, Day, Year) | | | | | | | | |
| | | | * Kewellagen un House Start Physician P10227 12/5/86. | | | | | | | | |
| 5 | 2 | | 30. Name and address of person in completed cause of death (Item 230) (Type, Print) Howard W. Kogors MD Univof Maryland Hospital 22. S. Green St Baltimane MD 21201 | | | | | | | | |
| | Sta | te | 31. Dete (Nonth, Day, Year) 22. Registrer's 5 | | aryland Hosp | 184/ 82. | J. Weer | 174 D4/- | tmane | MD 21201 | |
| | Sta | | UEC 1 0 1996 | - | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 96

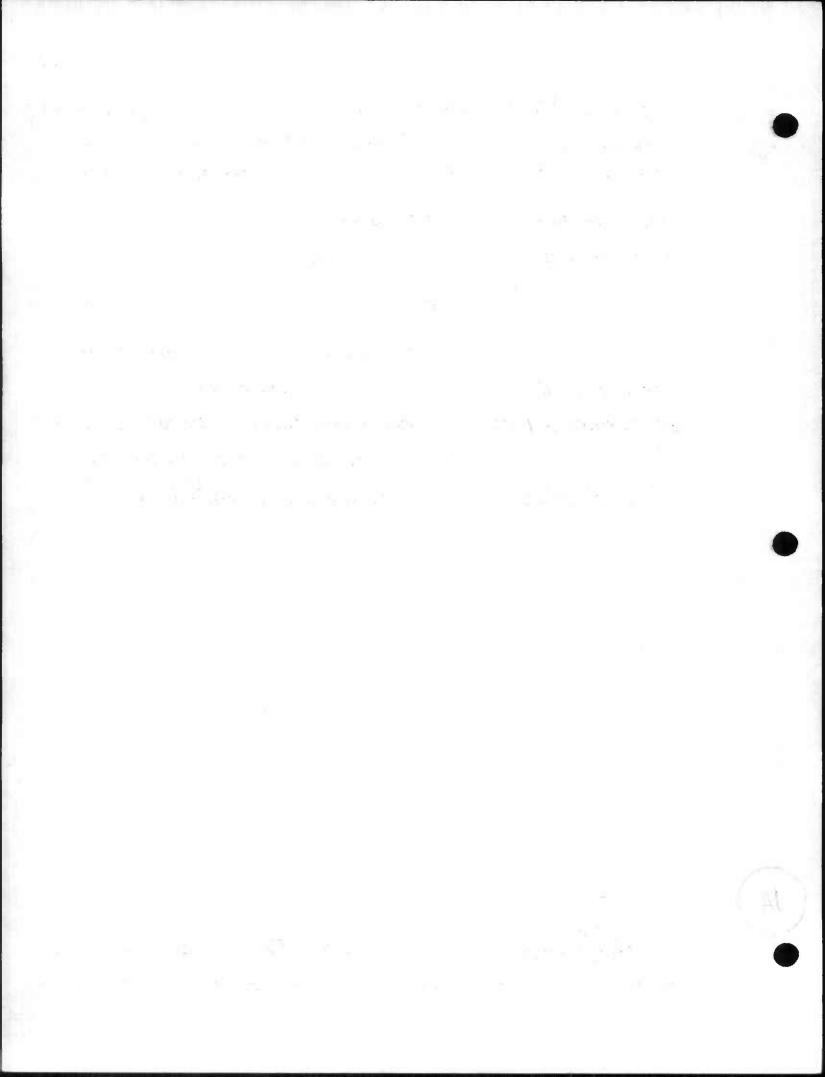
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| | | | | | Certifica | ite of Death | Reg | . No. | 0,013 |
|-----------|--|------------------|---|--|--|--|---|---|---|
| | Physic /Medi | | Decedent Name (First, Middle, La | St) GMAT | tapoky | | 2. Date of Death | 29 400g | 3. Time of Death |
| 3 | Exami | | 4e. Facility Name (If not institution, giv | | | | Location of Death | 4c. County of Dear | h |
| | | | GENESIS EIDET | CARE SEVE | | | | AAC | .0 |
| | Funeral Director | | 5. Social Security Number 6. S | M 2□F 7. Age (In yrs. | last birthday) If Und Month | lar 1 Yaar If Under 24 Hr s Days Hours Mir | | (ear) 90 8 Birt | thplace (State or Foreign |
| | Menylend -f ehow | | 10a. Stata 10b. County | | y, Town or Location | | | | 10d. Inside City Limits |
| | a-f ed | ctor | MD AACO | . 6 | IEN BU | ZNIE | | | 1 ☐ Yes 2 No |
| | ours ofter death with the Menylen all, or flems 23a or 28a-1 show Examiner must be notified at | Funeral Director | 10e. Street and Number 477 OLD ST/ | 4GE RD | 10f. 2 | 21061 | 10g | O. Citizen of Whet Co | untry? |
| | r death | ne | 11. Maritel Status | 12. Was Decedent Ever in U | ,S. 13. Was Dec | edant of Hispanic Origin? (becify Cuban, Maxican, Pue | Specify Yas or No- | 14. Race - Ame Bleck, White | |
| 5-0020 | | þ | 1 Nevar Married 2 Merried 3 Widowed 4 Divorced | 1 Yas 2 No If Yes, Give Yeer or Datas: | | 2 No Specify: | to moun, are., | Specify: W | 1 - 1 |
| | "natural", | ete | 15. Decedent's Ed (Specify only highest gra | lucation de completed) | 16a. Decedent's Us (Give kind of y | suel Occupation work done during most of we use retired) | orking 16 | 6b. Kind of Business/ | Industry |
| 2121 | s i end 2 should be filed within 72 hr If Health and Mental Hygiene, Item 27 is marked other than "natur other traumatic event, the Medical | Completed | Elementary/Secondary (0-12) | College (1-4or 5+) | | EMPLOYED | | ELTPES | RENUER |
| | Hygie ther | | 17. Father's Name (First/Middle, Last) | | OLLI | | ame (First, Middle, Ma | | RENDER |
| lan | Mental Mental arked o | To Be | WKNENA |) | | . 7 | nen | | |
| Maryland | 2 should be filed within and Mental Hygiene. is marked other than sumatic event, the M. | - | 19a. Informant's Name/Relationship (| Type, Print) | 19b. Mailing Addre | Street and Number or F | | City or Towh, State, i | Zip Çdde) |
| Σ | 1 end 2 Health a em 27 is | | FRANCES MATAG | KY DOUGHER | 0250 | TUMDEDE | HOLE Rd | MILLERSV | 1/EMD21108 |
| ore | | | 20a. Method of Disposition | | Place of Disposition (N emetery, gernatory of | ame of | Date 20 | c. Location - City or | |
| Ē | 0 = = 0 | | Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specifi | Hemoval from State | dy Cross | CEMETERY | 11 DEC96 & | 3 Altimo | re mo |
| Baltimore | permit. Page Department of Important: If any injury or once. | | 21. Signature of Furgeral Service Liber | St. 1. V | Rayne | and Address of Facility | recal Home | | |
| | _ | | 23a. Pert1. Enter the disaesa, of com shock, or heart failure. List only | plications that caused the dist | Do not enter the m | Cepin Huy S | ac or respiratory street | DURINE I'M | Approximete |
| | Physician /Medical Examiner | | Immediate Cause (Final disease or condition resulting in deeth) | a. Due to (c | thei | monia | | | Interval Batween Onset and Deeth |
| _ | be list | lpe | _ | b | MADU | atin | | | L velles |
| | eath certificate be axecuted attending physician end for use as the burial-transit | Examiner | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | Due to (g | as considuence of | 1: 0 | | 1 | 0- 10- |
| 68760, | s be a | | Cause. Enter Underlying Cause (Diseese or Injury that initiated events | c . | 1 Jones | ta | | | Twonly as |
| 89 | ificate g phy as the | Medical | resulting In death) Lest | Due to (o | Nas a Consequence of |); • | | | |
| Box | andin use | No. | • | d | | | | | |
| | the atter | Physician | Pert II. Other significant conditions of | ontributing to death but not res | ulting in the underlying | cause given in Part I. | 23b. Did tobs | ecco use contribute | to the cause of death? |
| P.0 | \$ 66 | hy | | | | | | | robably Manufiknown |
| Ś | 8 6 8 | by | | | | | | | |
| Record | v requires been sign should be | Completed | | | | | 24a. Wes an a performe | d? | Were autopsy findings available prior to |
| ec | 2 S S | nple | | | | | | | complation of cause of death? |
| | Page 1 | S | | | | | 1 ☐ Yes | 2. No | 1 ☐ Yes 2 ₴ No |
| Vital | Physicien: The this certificate ral director, page | Be | 25. Wes casa referred to medical axaminer? | | | | eath (Check only one) | | |
| of | Physic this c | P - | 1 Yes 22 No | Hospital: 1 Inpatient 2 | - | | Home 5 Residence | | cify) |
| | | lon | 27. Menner of Deeth 1 ■ Natural 5 ■ Pending | 28e. Dete of Injury (Month, Day Year) | 28b. Time of Injury | 28c. Injury et Work? | 28d. Describe how | Injury occurred | |
| 18 | Attending or daeth. ector: After by the fune | Icat | 2 Accident Investigation 3 Sulcide 8 Could not be | | M street facts | 1 Yes 2 No | 286 Location (Street | et and Number or Ru | und Pauta Alumbas |
| Division | 10年第三 | Certification: | 4 ☐ HomIcide determined | 28e. Piece of Injury - At he building, etc. (Specify | y) | ny, onice | City or Town, S | | irai nobie Number, |
| 1 | A forest | edical (| 29a. Certifier (Check only one) 2 Medical Exam | yelclan: To the best of my know iner: On the basis of exemination | wiedge, death occurre tion end/or investigetion | d et the time, dete end plec on, in my opinion, death occ | a, and due to the caus urred et the time, date | se(s) and manner as and pieca, and dua | stated. to the cause(s) |
| how | To the Ha | Me | 29b, Signature and title et peqitier | II ma | 2 | 96 License number | 29d | l. Deta signed (Monti | h, Day, Year) |
| | | | > City | 1112) | | DENCE A | / . | 12-10 | 7-96 |
| | | | 30. Name and address of pegady who | inhieron basise of deem floor | 23a) (Type, Print) | 130 | / | 1 | Rabin |
| _ | | | 7.16. | veh(er) ~ | DY | 4710 KR | NNINSTO | V/our | 2/226 |
| | Sta | ite | 31. Dete filed (Month, Day, Year) | Parked Age - North | and the | | / | 11 | 1116 |



State of Maryland / Department of Health and Mental Hygiene 96 37020

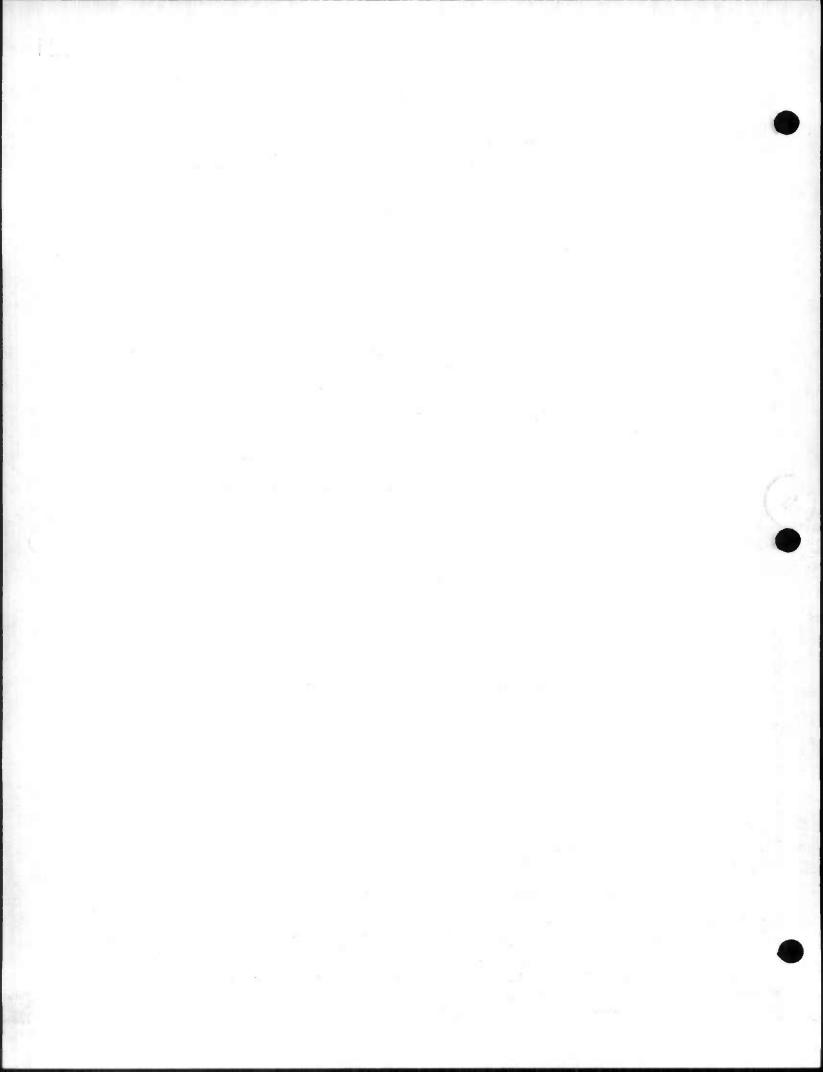
| | | | | | , | | Certific | ate of | | violitai i i | Reg. No. | 0 0 | 1020 |
|------------|--|---------------------|--|--|-------------|---------------------|-------------------------------------|-----------------------|---|---------------------------------------|---|-----------------------------------|--|
| | Dharain | | 1. Decedent's Neme (First, Middl | | | | | | | 2. Date of De Month | eth Dev | Year | 3. Time of Deeth |
| | Physic /Medi | | CHARLES | M CCUL | 10 | LH | Sr | , | | | BER-5 | 1996 | 14:34 P.M |
|) | Exami | | 4e. Facility Neme (If not institution | , give street and number |) | | | | 4b. City, Town, or | | | of Deeth | |
| | | | HONTONE | ST HOS | P IM | 2 | CENT | SR | RHADA | LLSTan | N BM | 1277 | MORE |
| Г | Funeral Director | | 5. Sociel Security Number 013-07-8355 | | ge (In yrs | | rthdev) If Un | der 1 Yea | r If Under 24 Hrs. Hours Min. | | th ay, Year) | | ece (State or Foreign hy) ふる。 |
| | | | Usuel Residence of Decedent | | | _ | | | | Jun. 1 | , 1/1/ | IVICA | 20. |
| | /land | | 10a. Stete 10b. County | | 10c. C | ity, Tow | vn or Location | | | | | 10 | d. Inside City Limits |
| | Man Man | P | Md. Balt | more | | Re | isterst | own | | | | ľ | 1 ☐ Yes 2 ☑ No |
| | 28e | 5 | 10e. Street and Number | | 1 | | 10f. | Zip Code | | | 10g. Citizen of | What Count | iry? |
| | 3a o | 0 | 105 E. Cherry | Hill Rd | | | | 211 | 36 | | 1 | JSA | |
| | death | Je. | 11. Menitel Stetus | 12. Wes Deceden | | J,S. | 13. Was De | | Hispanic Origin? (S ben, Mexican, Puert | pecify Yes or No | | ca - America | |
| 5-0020 | 72 hours efter death with the Maryland natural", or flerns 23a or 28a-f ehow diest Examiner must be notified at | by Funeral Director | 1 Never Married 2 💢 Merri 3 □ Widowed 4 □ Divorced | Armed Forces at 1 XYes 2 If Yes, Give Yeer or Detes | No | TT | | | ben, Mexican, Puert Specify: | o Rican, etc.) | Specify | ck, White, e ^{y:} Whi | |
| ö | "natural", | | 15. Deceden | | | 1 | . Decedent's U | suei Occu | upation | | 16b. Kind of B | | |
| 15 | In 72 | Completed | (Specify only higher | t grade completed) | - | - | (Give kind of life. DO NO | work done | e during most of wor | king | | | |
| 2121 | iana. than r | E | Elementery/Secondery (0-12) | College (1-4or | 5+) | | Parts N | lanaa | er | | Auto S | Sales | Co. |
| | Hygid offher ont, | BeC | 17. Father'e Neme (First, Middle, | Last) | | | | | 18. Mother's Ner | ne (First, Middle | , Meiden Suman | ne) | |
| Maryland | should be filed with nd Mental Hygiana. marked other than imatic event, the | To B | Joseph McCul | 2och | | | | | Laura | Cameron | | | |
| 37 | 2 should and Menis marke | - | 19e. Informent'e Neme/Rejetions | | | 191 | b. Meiling Addr | ess (Stree | et and Number or Ru | ıral Route Numb | er, City or Town | State. Zip | Code) |
| Ž | od 2 stranger traus | | Doris J. McCull | och / Wife | | | _ | | y Hill Ro | | | | d. 21136 |
| ē, | s 1 and 2 should be filed within 72 hc if Health and Mental Hygiana. Item 27 is marked other than "natur other traumatic event, the Medical | | 20e. Method of Disposition | yen y welle | 20b. | | of Disposition (i | | | Date | 20c. Location | | |
| Baltimore, | 8 = 5 | | 1 X Buriel 2 Cremetion 4 Donation 5 Other (S | pecify) | | | een Mer | n. Go | urdens 10 | -9-96 | Finksbu | rg, Mo | d. |
| Bal | permit. Pa Departmen Important: any Injury | | 21. Signature of Funeral Service | leni | | | | | ress of Fecility 11 eral Home | | sterstour | | |
| | | 1 | 23a. Pert1. Enter the diseese, or shock, or heart feilure. List | complications that cause | d the dee | th. Do | | | | | | | Approximate Interval Between |
| -88 | Physician | - | STOOK, OF HOUSE TORIGIO. LIST | only one cause on eech | mro. | | | | | | | 1 | Onset and Death |
| | /Medical | | Immediete Cause (Finei disease or condition | AG | 1 1 | A | h Wal | 415 | 141 / | NEAR | لمه در وسيورم | 1 | 1 Hour |
| | Examiner | | resulting in death) | a | Due to / | or as a | consequence | of). | 1110 | ,,,,,, | 11010 | | |
| | | ne | | (0) | 2010 | 1 | A-0 | 77-1 | 215 | EASE | | | YEARS |
| | outec nd ransi | Examiner | Sequentially list conditions | Ь. | Due to (| or es e | consequence | of): | y DIS | -1.50 | | | |
| ó | an ar rial-t | | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events | Ha | A FES | D | VS.ON | 1 | | | | | YEARS |
| 68760, | tificata be axecuted g physician and as tha bunal-transit | Physician/Medical | Ceuse (Diseese or injury thet initieted events | c | | | consequence | | | | | - | |
| - | in in it is a second of the se | Ped | resulting In death) Lest | | , | | | .,. | | | | į | |
| Box | | 2 | | d | | | | | | | | | |
| | 0 0 2 | Sicis | Pert II. Other significant condition | ns contributing to death | but not re | sultina i | in the underlyin | a cause o | iven in Pert I | 23b. Did | tobacco usa co | ntributa to | the cause of death? |
| P.0 | that the de ned by the a detached f | hys | | | | | | g occure g | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | ably 🍅 🍪 nknow |
| | as tha igned be del | by P | JEMPINENAS | UNSWY | K | 015 | ensc | | | | 100 10110 | 00,100 | |
| Records, | requir been s should | Completed t | | | | | | | | | an autopsy ormed? | ava | re autopsy findings illable prior to npletion of cause leath? |
| æ | | E C | | | | | | | | | Yes 25 Mo | | |
| Vital | inficata tor, pag | | 25. Was case referred to medical | | | | | | 00 81 | | | | Yes 2 No |
| 5 | 五 9 8 | o Be | examiner? | Hospitel: | | 1-00 | | 0 | 26. Place of Dee | | | | |
| ō | Physical distribution of the second of the s | - | 27. Menner of Deeth | 1 ☐ Inpat | | | Time of | 200M | 4 LI Nurskig F | | how injury occur | |) |
| sion | A Share | tior | 1 Accident 5 Pendin | (Month, D | y Year) | | Injury M | 28c. Inj | ork? ⊒Yes 2 ⊒No | | , | | |
| S | dear ctor: y the | Certification | 3 ☐ Suicide 6 ☐ Could | ot be | iury - At t | ome f | | | | 28f. Location | Street end Numi | ber or Rurei | Route Number |
| i | 9 8 0 | ert | 4 ☐ Homicide determ | building, e | c. (Speci | fy) | 21111, 011001, 100 | iory, onio | , | City or To | wn, Stete) | | , |
| ĪA | Hospital 24 hours Heby filled | Medical C | 29e. Certifier (Check only one) 1 Certifyin 2 Madical | Physician: To the best examiner: On the basis | of examine | owledge stion er | e, deeth occurr nd/or investiget | ed et the tion, in my | time, dete end plece opinion, deeth occu | , and due to the rred et the time, | cause(s) and madete end piece, | anner as sto | ated. the cause(s) |
| | and the | Me | 29b. Signeture and title of configuration | end menner s | IBIBO. | | | | nse number | | 29d. Date signe | | |
| _ | F # F 8 | | Social direction and the social socia | | | | ' | | | | | | |
| | \wedge | | 1000 | my | | | | D | 47587 | | DECEMB | on 5 | .1996 |
| | , / | | 30. Neare end eddress of person | | | | | | | | 7 . | | |
| | | | ROBERT FO. | E. gup. | Nig | 1 | MEST | Ho. | SPIML CE | ENTER | IMAL | DALLS; | TOWN MD |
| | Sta | | JEC 1 () 1996") | gunaz manin | ASS STON | tture | | | | | | | |
| | Registr | ar | | | | | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

| Concession Name First Models Acc Table The Table The Table T | _ | | | | | | Certifica | | | wentarry | Reg. No. | | |
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| Bay View Medical Center Provided Source Secretary Medical Center So | V. | /Medi | ical | | | | | | th City Tourn o | | | | 1:30 PM |
| 212 1 0 2482 IDM 30F 77 Vis Months Days Hours In Disposed No. 2 19 2 19 2 19 2 19 2 19 2 19 2 19 2 1 | 1 | Exami | ner | Bay View Medical | | | | | Baltimo | ore | | of Death | |
| 100. State 100. Conty 100. State 100. Conty 100. State 100. Conty 100. State 100. State and humber 100. Stat | | | | 212 10 2482 | | | Month | | | . (Month, De | h v. Year) 19 | 9. Birthpl Count Mary | ace (Stete or Foreign ly) Land |
| Cyrus Stewart 19th Microment's Name/Periodicable (Type, Print) 19th Mailron Address (Street on Number of Prum Route Number, City or Town, Stelle, Zip Code) 19th Microment's Name/Periodicable (Type, Print) 19th Microment's Name/Periodicable (Type, Print | | bue * | | | | 10c City Tow | m or Location | | | | | 140 | Ad Include Other I levike |
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| Cyrus Stewart 19th Microment's Name/Periodicable (Type, Print) 19th Mailron Address (Street on Number of Prum Route Number, City or Town, Stelle, Zip Code) 19th Microment's Name/Periodicable (Type, Print) 19th Microment's Name/Periodicable (Type, Print | 2-(| 72 h | etec | 15. Decadent's Edu (Specify only highest gred | rcation le com <i>pleted)</i> | 16e | . Decedent's Us | uel Occup | etion during most of we | orkina | 16b. Kind of B | usiness/Ind | ustry |
| Cyrus Stewart 19th Microment's Name/Periodicable (Type, Print) 19th Mailron Address (Street on Number of Prum Route Number, City or Town, Stelle, Zip Code) 19th Microment's Name/Periodicable (Type, Print) 19th Microment's Name/Periodicable (Type, Print | 2121 | ed within ygiene. er then t, the Ma | Compl | Elementary/Secondery (0-12) Unknown | | i+) | | | 1) | | At Ho | ome | |
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| Charles S. Zeiler & Son Inc. 9 6224 Eastern Ave. Balto., Md. 9 6224 Eastern Ave. 9 6224 Eastern Ave. Balto., Md. 9 6224 Eastern Ave. Balto., Md. 9 6224 Eastern Ave. Balto., Md. 9 6224 Eastern Ave. Balto. 9 6224 Eastern Ave. | imore | | | 1X Buriel 2 ☐ Cremetion 3 ☐ F | | | | | | | | | |
| Physician Medical Examiner Physician To be best of my breat of medical constraints and process of person who completed cause of certain endors meeting in the time of meeting in death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death in the underlying cause given in Pert I. 25c. Wes case referred to medical examiner in Check only one) Physician Medical Exam | | permit. Departr Imports any inje | | 21. Signeture of Funeral Service Licens | Belle |) | Charle | es S. | Zeiler | | | | |
| Physician (Modicial Examination (Modicial Ex | | | | 23a. Pert1. Enter the disease, or compl | icel hs thet caused | the death. Do | not enter the mo | 24 Ea | stern Av | re. Balto | ., Md. | | Approximete |
| ModelCal Examiner Sequentially ist conditions Sequentially i | | Physician | | | | | | | | | | | Intervel Between Onset and Deeth |
| Due to (or se a consequence of): Sequentially list conditions, favy, leading to immediate cause. Enter Underlying cause given in Pert I. | 7 | /Medical | | Immediete Ceuse (Finel diseese or condition | Sudde | en Den | 4h - 51 | Spe | cted 1 | Pulmon | asu | į | 1 40 |
| Due to (or se a consequence of): Sequentially list conditions, favy, leading to immediate cause. Enter Underlying cause given in Pert I. | | Examiner | L | resulting in deeth) |) | Due to (or es e | consequence of |): | | Emil | 20/115 | | , ,,, |
| Sequentially list conditions, deques an autopsy findings are sufficiently and conditions and the course of the Underlying cause. Either Underlying acuse. Either Underlying | | be sit | oju | | BRON | CH 1715 | | | | - University | 50, 00 | | 3 DAYS |
| Course (Disease or Influry in the limited awaris resulting in deeth) Lest Due to (or es e consequenca of): | _6 | and and sel-trar | xan | Sequentielly list conditions, if eny, leeding to immediate | | Due to (or es e | consequenca of | : | | | | ł | |
| The control of the co | 260 | siciar buri | cal | cause. Enter Underlying Ceuse (Disease or Injury that Initiated events | 2 | | | | | | | | |
| Pert ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknow | × 68 | entificate ding phy se es the | Medi | resulting in deeth) Lest | | Due to (or es e o | consequenca of) | | | | | | |
| 24e. Wes en autopsy performed? | m | etten for us | clan | | | | | | | | | | |
| 24e. Wes en autopsy performed? | o. | y the | lysi | | | | n the underlying | cause give | en in Pert I. | | | | |
| 25. Wes case referred to medical examiner? 25. Wes case referred to medical examiner? 26. Please of Death (Check only one) 27. Menner of Deeth 1 | S, | gned b | | · Hypertensi | en | | | | | 101 | ee 2⊠No | 3 Prob | ably 4 ☐ Unknow |
| 25. Wes case referred to medical examiner? 25. Wes case referred to medical examiner? 26. Please of Death (Check only one) 27. Menner of Deeth 1 | cord | w require been significations to the state of the state o | leted l | · Hypercholes | terolen | na | | | | | | eval | leble prior to |
| 25. Wes case referred to medical examiner? 25. Wes case referred to medical examiner? 26. Please of Death (Check only one) 27. Menner of Deeth 1 | Ä | he la te has age 2 | mo | | | | | | | 1□∨ | 08 2010 | | |
| 1 Yes 2 No No No No No No No | īg | lan: Trifica | | | | | | | 26. Plece of De | | 74 | | 165 20 140 |
| State D35/70 12/9/96 D35/70 | <u>-</u> | nysici ils ce | 0 | | lospital: 1 🗆 Inpatie | nt 2 ER/Ou | tpetient 3 D | OA Othe | | | | er (Specify) | |
| State D35/70 12/9/96 D35/70 | 0 0 | ath. ath. r: After the funeration | | 1.☑Neturel 5 ☐ Pending | 28e. Dete of Injur (Month, Day | y Yeer) 28b. 1 | | | et c? | 1 | | | |
| State D35/70 12/9/96 D35/70 | DIVIS | al or Atte s efter des i Director d in by th | Sertifica | | 28e. Plece of Inju building, etc | ry - At home, fa . (Specify) | rm, street, fecto | y, offica | | | | er or Rural | Route Number, |
| State D35/70 12/9/96 D35/70 | | Hospit 24 houn Funera Jetely fille | | Wedical Examin | er: On the basis of | exeminetion end | , deeth occurred d/or investigation | et the tim | e, dete end pleca inion, deeth occu | a, end due to the coursed at the time, of | ause(s) and me ete end plece, s | nner es ste and due to t | ted. he ceuse(s) |
| State D35/70 12/9/96 D35/70 | | To the | | 29b. Signature and title of certifier | 1 | 1 | 29 | c. License | number | 2 | 9d. Dete signed | Month, D | ay, Year) |
| 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 808 - 810 | | | | 1 tena | Sle. | 2/1 | - | 73 | 5/70 | | 12/0 | 3/91 | , |
| State 31. Dete filed (Month, Day, Year) 1. 32-Registrar's Gianeture 1. 10000 | | 9 | 1 | 30. Neme end eddress of person who co | mpleted cause of de | eth (Item 23e) (| Type Print) | | | | - | 1/1 | 2 |
| State 31. Dete filed (Month, Day, Year) 32. Registrar's Geneture | | | | 808-810 S. CC | DNKLINO | 87. | BAC | 10, | MD. | 21224 | / | | |
| | | Sta | te | | A. 32 Registra | r's Gigneture | • | | | | | | |

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Q 5 37022

| | | | | | | Certificate | of Death | | Reg. No. | U | 31022 |
|-------------------|---|------------------|---|--|-----------------------|--|--|--|---|-----------------------------|---|
| | Physic | an | 1. Decedant's Nama (First, Middla, L | | | | | 2. Data of De Month | eth Day | Year | 3. Tima of Death |
| | /Medi | | | WARD MEGEE | , SR. | | | Decemb | | 996 | 11:00PM |
| 1 | Examir | ner | 4e. Fecility Neme (if not institution, g 3112 East Ave. | iva street and number) | | | Balt | or Location of Deet imore | Bal | of Death | re |
| | Funeral Director | | 5. Social Security Number 215–30–9916 Usuel Rasidanca of Dacedant | Sex 7. Age 1 M 2 □ F | (In yrs. last birt | | fear If Undar 24 Heys Hours M | lin. 8. Data of Bir (Month, Da Sept • 22 | th (1934) 2, 1934 | 9. Birthpi Count Mary | iaca (State or Foreign try) Land |
| | yland | | 10a. State 10b. County | | 10c. City, Town | or Location | | | | 10 | Od. Inside City Limits |
| | e Mer | ctor | MD Baltin | ore | Bali | timore | | | | | 1 ☐ Yas 27 No |
| | th with th | Funeral Director | 10e. Street and Number 3112 East Ave. | | | 10f. Zlp Co | da 21234 | | 10g. Citizen of W | | lry? |
| 21215-0020 | within 72 hours efter death with the Meryland ene. than "natural", or hems 23s or 28e-f show he Medical Exercine must be recified at | by | 11. Meritel Stetus 1 □ Never Married 27 Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent E Armed Forces? 1 Yes 2 N If Yas, Giva Yaer or Datas: | | 13. Wes Daceden If Yes, specify 1 Yes 25 | of Hispanic Origin? Cuben, Maxican, Pu No Specify: | (Specify Yes or No earto Rican, etc.) | 14. Rece Blec Specify | - America k, Whita, a | |
| 15-0 | 72 h | etec | 15. Decedant's l (Specify only highast g | | 16a. | Decedant's Usual C | ccupation lone during most of a etired) | working | 16b. Kind of Bu | sinass/Ind | ustry |
| 121 | d within jene. Then | Completed | Elemantary/Secondary (0-12) | Collega (1-4or 5- | | | | | Baltimo | | ity |
| | Hygi ther mt, | | 17. Fathar's Nama (First, Middla, Las | () | Cor | nmunicati | ons Techn: | ICIAN Nama (First, Middle, | Fire De | | |
| lan | | To Be | George Edward M | | | | Anna | Bahnline | | , | • |
| Maryland | d 2 sh th end 7 is m traum | | 19a. Informant's Name/Ralationship I. Jacquelyn Me | | | | treet and Number or Ave., Balt | | | | Code) |
| ore, | 2 2 2 | | 20a. Mathod of Disposition | 7- | 20b. Place of cematar | Disposition (Nama y, cremetory or othe | of r piace) | Data | 20c. Location - | City or Tox | wn, Stata |
| im | Pages ment of ant: If its ury or o | | 1 ☐ Burial 2 【 Cremetion 3 : 4 ☐ Donation 5 ☐ Other (Spec | | | Mount Cre | | 12/9/96 | Baltimo | re, M | iD |
| Baltimore, | pemit. Pege Department of important: If any injury or once. | | 21. Signature of Funeral Service Lice | Alt 0 - | | ALTENBU | ddress of Fecility RG FUNERAI | · | | | |
| | | | 23a. Fart 1. Enter the disease, or con shock, or heart failure. List onl | folications that caused | tha daath. Do n | ot antar tha moda of | cford Rd., dying, such as cere | Baltimo diac or raspiratory a | re, MD rrest, | 21214 | Approximata |
| | Physician | | | , sho soudd on addr in | | | | | | 1 | Intarval Between Onset end Deeth |
| | /Medical Examiner | | Immediata Causa (Final disease or condition rasulting in death) | a CARDI | OPULL | MARY | ARRES | 1 | | | 5 MIN |
| | 13.00 | er | | | Dua to (or as a c | onsaquance of): | | | | 1 | |
| | d d ensit | Examiner | Secure Nella list and divine | b. ATHEL | 20.5CE | onsequence ot): | | | | - 1 | YRS |
| ó | an an | | Sequentielly list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury | . DIABI | | , | LITUS | | | | YRS |
| x 68760, | n certificate be executed anding physician and use as the buriel-trensit | /Medical | Causa (Disaasa or Injury that initiated evants rasulting In death) Last | | oue to (or as e co | | 0,107 | | | | |
| Box | atter | Iciar | Part II. Other significant conditions | nontribusion to docate had | | Maria de Alfred Cons | U stall (College | 201 011 | N. C. | | as sees that |
| P.0 | thet the led by th detache | by Physician/ | ranti. Other arginizati continuis | Contributing to death ou | not rasulting in | tha undarrying caus | a givan in Part I. | | Yes 2 No | / | the-cause of death? |
| of Vital Records, | ew requires been so | Completed b | | | | | | 24a. Was | an autopsy ormed? | con | ra autopsy findings illable prior to inpletion of ceuse death? |
| <u>=</u> | T star | Con | | | | | | 10, | Yas 2010 | 10 | Yes 2□ No |
| | Physician: The this certificate ral director, pag | Be | 25. Was casa retarred to medical axaminar? | Hospital: | | | Others | Death (Check only o | , | | |
| | 5 00 | 1: To | 1 ☐ Yas 2 ☑ No 27. Manger of Death | 1 ☐ Inpatien | | | | Home 5 Aasi | dance 6 Oths | |) |
| 0 | Attending in death. | ation | 1 Natural 5 ☐ Panding 2 ☐ Accidant Invastigation | (Month, Day | | jury M | Injury at Work? 1 Yas 2 No | EGG. Dasonibo | now injury coourt | ~ | |
| Division | 구설들은 | Certification: | 3 Suicida 6 Could not l 4 Homicida datamined | 28a. Place of Injurbuilding, atc. | | m, straat, tactory, o | fice | 28t. Location (3 City or Tox | Street and Number wn, Stata) | or Or Aural | Routa Number, |
| 0 | | edical | 29a. Certifiar (Check only one) 12 Certifying P. 2 Medical Exa | nysician: To the best of miner: On the basis of a end mannar state | examination and | daath occurred at t /or invastigation, in | na tima, data and pla my opinion, daath oo | ica, and dua to tha courred at tha tima, | causa(s) and maddata and place, a | nnar as sta nd dua to | ated. tha causa(s) |
| 10 | To the | W | 29b. Signature and title of certifier | 10 | _ | 29c. L | cense number | | 29d. Date signed | (Month, E | Day, Year) |
|), | (n) | | Thechod | 10/018 | an. | 0 | D1863 | 6 | DEC | - 6 | , 1996 |
| | <u></u> | | 30. Nama and addrass of person who | completed causa ot da | ath (Itam 23a) (| Type, Print) | 8100 | TG HARI | FORD | RO | BAUTO |
| | Sta Registra | | 31. Data filed (Month, Day, Year) | 32. Registrar | 's Signature | R | | | | | 727 |

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 37023

| | | | | | | Certificate | e of Deat | h | Reg. I | No. | 01020 |
|-------------------|--|----------------|---|--|-----------------------------|---|--|---|------------------------------|----------------------------------|--|
| | Physici | an | Decedent's Name (First, Middle, Last | st) | 0.0 | 0 . | | 2. Date | of Death | Day Yo | 3. Time of Death |
| 4 | /Medi | | Garthenia | | L. | 1c Bri | de | 11 | - | 30 9 | 16 3 AM |
| | Examir | ner | 4e. Fecility Neme (If not institution, give | street and number) | | | 4b. City, | Town, or Location of | Deeth | 4c. County of [| Death |
| | | | Cherrywood | Healtho | ove_ | 1 1011 | Keis | sterstoc | on ! | Salt | more |
| т | Funeral | | 5. Sociel Security Number 6. S | ex 7. Age | (In yrs. last birt | hday) If Under Months | Days Hours | er 24 Hrs. 8. Date Min. (Mon | of Birth th, Day, Yea | ar) 9. | Birthplace (State or Foreign (Country) |
| | Director | | Usuei Residence of Decedent | | 90 | 113. | | 10- | 22- | 09 0 | EVELANDER |
| | and w | | 10a. State 10b. County | 1 | 10c. City, Town | or Location | | | | | 10d. inside City Limits |
| | Mary 4 eh | ō | MD n/a | | Pa 1 | timore | | | | | 11∑XYes 2□No |
| | the 28s | Director | 10e. Street and Number | | Dal | 10f. Zip | Code | | 10a. | Citizen of Wha | t Country? |
| | A o o | | 3714 Hillsdale R | hen | | | 21207 | 7 | | USA | , |
| | Jeath Frank | Funeral | 11. Meritel Stetus | 12. Was Decedent Ev | rer in U,S. | 13. Wes Deced | | orlgin? (Specify Yes can, Puerto Rican, et | or No- | | American indien, |
| 0 | r he | F | 1 Never Married 2 Married | Armed Forces? 1 ☐ Yes 2 ② No | | | | | tc.) | Biack, V | White, etc. |
| 02 | ar', o | Ď | 3 ☑ Widowed 4 ☐ Divorced | If Yes, Give Year or Dates: | | 1□ Yes 1 | KINO Specia | fy: | | Specify: | Black |
| 21215-0020 | 72 hours after death with the Maryland "natural", or items 23a or 28a-f show sides! Examinet must be notified at | Completed | 15. Decedent's Ed (Specify only highest gra | iucation | 16a. | Decedent's Usue (Give kind of wor life. DO NOT us | Occupation | ant of warding | 16b. | . Kind of Busin | |
| 2 | 2 2 | ple | Elementery/Secondary (0-12) | College (1-4or 5+) | | life. DO NOT us | e retired) | ost or working | | | |
| | T3 50 be | Co | 8th Grade | | | Domest | tic | | Pr | ivate | Family |
| Pu | be filed ital Hyg d other event, | Be | 17. Father'a Name (First, Middle, Last) | | | | 18. Mot | ther's Name (First, I | Aiddle, Maid | len Sumame) | |
| y a | should be nd Mental marked c | 2 | Thornton Burt | | | | Emma | | | | |
| Maryland | 0 0 0 0 | | 19a, Informent's Name/Relationship (7 | 'ype, Print) grando | daugn _{19b.} | Malling Address | (Street and Num | ber or Rural Route | Number, Cit | y or Town, Sta | te, Zip Code) |
| | C = 20 F | | Sylvia Johnson | | | 14 Hills | | | cimore | | 21207 |
| 0 | 8 0 7 7 | | 20a. Method of Disposition 1 Burlal 2 Cremation 3 D | Removal from State | cemeter) | Disposition (Name), crematory or of | her place) | Date | 20c. | Location - City | y or Town, State |
| altimore, | men men lant: | | 4 Donetion 5 Other (Specify |) (| Arbutu | s Memor | | Dec 4 | 1th Ba | ltimor | e County, MD |
| Bal | permit. Pag Department Important: If any injury o | | 21. Signature of Funeral Service Ligen | 500 | | 22. Name and | Address of Fed | Nutter Falls Pky | Funer | al Hom | es, Inc. |
| _ | 20 = 6 Q | | I toung a. | Pollui | | Balt: | imore, M | faryland | 21216 | 5 | |
| | | | 23a. Part1. Enter the disease, or comp shock, or heart fallure. List only | plications that caused the | ne death. Do n | ot enter the mode | of dying, such a | as cardiec or respira | tory arrest, | | Approximate interval Between |
| | Physician | | V | | | | | | | | Onset and Deeth |
| 1 | /Medical Examiner | | Immediate Cause (Fine) disease or condition resulting in death) | a GAST | ric | Curc | ine m | a | | | 3 mith |
| | | er | | Di | ue to (or as a c | onsequence of): | | | | | |
| | nsit | Examiner | | b | | | | | | | |
| -6 | The law requires that the death certificate be executed tte has been signed by the attending physician and page 2 should be detached for use as the burial-transit | Exa | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | Du | ue to (or as e c | onsequence of): | | | | | |
| 68760, | slcia bur | cal | Cause (Disease or Injury thet Initieted events | C | .0.10 (01.00.00 | | | | | | |
| 89 | rifficat ng phy as th | Medical | resulting in death) Last | 00 | e to (or es a co | onsequenca of): | | | | |) 1 |
| Box | attendin I for use | N/ | | d | | | | | | | |
| | death e atte | Physician/I | Part ii. Other aignificant conditions co | ontributing to death but | not resulting in | the underlying ca | use given in Par | rt i 23t | . Did tobac | co uee contri | bute to the cause of death? |
| P.0 | that the dended by the a | hys | | | - | | | | 1□ Yee | | Probably 4 Unknown |
| | es the igned be de | by F | 1-17 per tevis | 10- | | | | | | | |
| of Vital Records, | v raquira baen siç should t | | regle? | 15.05 0 | . 0 | 0 | | 24a | . Was an au | | 4b. Were autopsy findings available prior to |
| S | e law n has be ge 2 sh | Completed | - Vince | J. 63. C. 2 | _ (0.0 | | | | | | completion of cause of death? |
| 8 | The late he | E O | | | | | | | 1 ☐ Yea | 20 No | 1 ☐ Yes 2 ☐ No |
| ita | ysician: The | Be | 25. Wes case referred to medical examiner? | | | | 26. Pia | ice of Death (Check | only one) | | |
| 2 | 5 00 | 10 | 1 Yes 2 No | Hospital: 1 Inpatient | 2 ER/Out | patient 3 DO | A Other: 4 🗗 | Nursing Home 5 |] Residenca | 6 Other (| Specify) |
| | ding Ph h. After th funeral | | 27. Menner of Death 1 ☑ Natural 5 ☐ Pending | 28a. Dete of injury (Month, Day Y | (ear) 28b. T | lme of 20 jury | Bc. injury at Work? | 28d. Des | cribe how Ir | njury occurred | |
| Sio | Attending ir death. ector: Afte by the fune | catl | 2 Accident investigation | | | М | 1 Yes 2 | □No | | | |
| Division | i or Attendate after deat Director: J in by the | Certification: | 3 ☐ Sulcide 6 ☐ Could not be determined | 28e. Plece of Injury building, etc. (| - At home, far (Specify) | m, street, factory | , office | 28f. Loca City | itlon (Street or Town, St | and Number of ate) | or Rural Route Number, |
| | urs a rall of illed i | | | | | | | | | | |
| | the Hospital hin 24 hours the Funeral npletely filled | edical | 29e. Certifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exam | veician: To the best of r liner: On the basis of ex | kamination and | deeth occurred a Vor investigation, | it the time, dete in my opinion, de | end piace, and due to eeth occurred at the | to the cause time, date a | i(s) and menne and place, and | or as steted. due to the cause(s) |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral | Med | 29b. Signature and title of certifier | and manner atate | u. | 29c | License numbe | r | 29d I | Date signed /A | fonth, Day, Year) |
| | £≱¥8 | | k 0 0 | 1 () | | | | | | | |
| | | | 30. Name and address of person who o | nompleted cours of d | th (learn co-) | | 2712 | | | 2/3/11 | |
| | | | July Winks | A TO | | Type, Print) | Ren | tatown | , ~ | 21121 | |
| | Sta | te | 31. Date filed (Month, Day, Year) | 32 Begistrar's | s Signature | | | | , , | | |
| | Registr | | DEC 1 0 1996 | 1 a Durdson | Manage | 6 | | | | | |

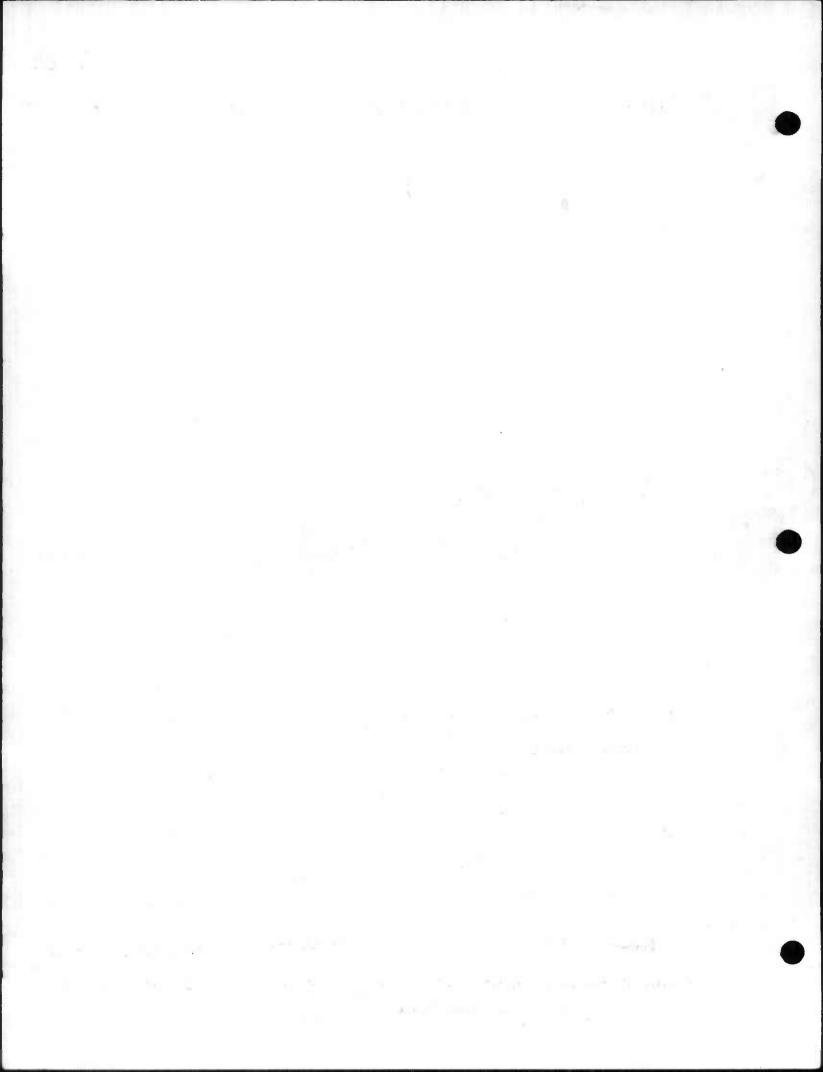
State of Maryland / Department of Health and Mental Hygiene 37024 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** MCNEIL Month 11:35 PM AVID NOV 20 1996 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner WASHINGTON ADVENTIST PARK MD. PRINCE GEORGES CO HOSPITAL TAKOMA If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthplace (State or Foreign Country) **Funeral** 8. Dete of Birth (Month, Day, Year) 1₽M 2□F Months Yrs. Director 578-8485-26 36 JAN 15 1960 WASHINGTON Usual Residence of Decadent the Manyland 10e. State 10b. County r than "naturel", or items 23e or 28a-f ahow the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits 1- Yes 2 □ No DC. WASHINGTON DC. DC Direct 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 20783 8104 15 AVE U.S.A Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates: 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 HMarried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ 3 Widowed 4 Divorced Specify. BLACK Completed 15. Dacedant's Education
(Spacify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry than Elamentary/Secondary (0-12) Collage (1-4or 5+) 12 TH CONTRACTION BUILDING INDUSTRY other 17. Father's Neme (First, Middle, Last) Be 18. Mother's Nama (First, Middle, Maidan Sumeme) Pages 1 and 2 should be nent of Health and Mantal ia marked LEO MCNEIL CATHERINE HILLARD 19a. fnformant's Name/Relationship (Type, Print) SISTER 19b. Mailing Address (Straat and Number or Rurel Routa Number, City or Town, State, Zip Code) Department of Health a Important: If Item 27 is any injury or other tracents. BRENDA OLFUS 2# L ST N.W 2# L ST N.W WASHINGTON 20001 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) M.D NAT. MEMORIAL PK11-27-96 LAUREL MD. 22. Name and Address of Fecility 6234 3rd ST N.W WASHINGTON 21. Signeture of Funeral Service Licansee STATE FUNERAL SVC TRI 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Physician /Medical Immediata Cause (Finat PULMONARY TUBER CULOSIS 3 WEEKS disease or condition rasulting in death) Examiner Due to (or as a consequanca of) Examin The law requires that the death certificate be executed attending physician and for use as the burial-trar Sequantially list conditions, if eny, laading to trimediate cause. Enter Underlying Cause (Diseese or Injury Due to (or as e consequenca of) Box 68760. Physician/Medical that Initiated evants resulting In death) Last Due to (or as e consequence of): signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown ACQUIRED IMMUNODEFICIENCY SYNDROME Records, þ Completed 24b. Were eutopsy findings evailable prior to complation of cause of daeth? 24e. Wes an eutopsy performed? RESPIRATORY FAILURE page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Attending Physician: Be 25. Was casa rafarred to medical examinar? 26. Place of Deeth (Check only ona) Hospital: 10 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Manpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Mennar of Death 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Division After 1 Natural 5 Pending Investigation i Director: Affi 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicida To the Hospital within 24 hours of To the Funeral Completely filled the Hospital ix Certifying Physician: To the best of my knowledge, death occurred et tha time, date and pleca, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and menner stated. 29a. Certifier edical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) M.D D 35941 Dom NOVEMBER 21 1996 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) MATHUR # 401 50 W. EDMONSTON DR. ROCKILE MD 20852 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State

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Registrar

DEC 09 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth **Physician** Month Carolyn W. Moreland 30 1996 Nov 1625 /Medicai 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5 Social Security Number 7. Age (In yrs. last birthday) **Funeral** Birthplece (State or Foreign Country) 1 ☐ M 25 F 577 44 3841 Yrs. Director Dec 27 1933 Wash DC Usuel Residence of Decedent 10a Stete 10h County 10c. City, Town or Location 10d, inside City Limits 28a-f show must be notified at Director Md Anne Arundel ShaDY Side 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ģ 1170 Maple Ave 20764 USA items 23a death Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. filed withIn 72 hours after 1 Never Married 2 Married altimore, Maryland 21215-0020 ò 1 Yes 3√ No Specify: by Specify: White 3 Widowed 4 Divorced 'natural', Completed 16e. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 la marked other than 'any injury or other traumatic event, if a Me any injury or other traumatic event, if a Me Elementery/Secondery (0-12) College (1-4or 5+) 12th Executive Secretary Food Corp. 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Roger T. Wood Louise Wood 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Lewis O. Moreland 1170 Maple Ave., Shady Side, Md 20764 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State 12/4/96Davidsonville, Md 4 ☐ Donetion 5 ☐ Other (Specify) Lakemont Cemetery 22. Name end Address of Fecility 21. Signature of Funerei Service Licansee, Hardesty Funeral Home, P.A., 12 Ridgely Ave., Annapolis, Md 21401 23a. Part1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each lips. Onset end Deeth Physician /Medical Immediete Ceuse (Finel disease or condition resulting in death) Examiner Examiner olele The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieled events resulting In deeth) Lest burial-tran Due to (or es e consequence of): P.O. Box 68760, Olulhas Physician/Medicai use as the Due to (or es a consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records, by Completed 24e. Wes an eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of cause of death? page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No this the funeral 27. Menner of Deeth Certification: 28b. Time of 28c. Injury at Work? After ! 28d. Describe how Injury occurred 5 Pending investigation 1 Neturei To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical Examiner: On the bast of my knowledge, deeth occurred at the time, date end pleca, end due to the ceuse(s) end menner as steted.

Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end pleca, end due to the cause(s) end menner stated. Medical (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

Registrar

MARL 31. Date filed (Month, Day, Yeer)

32. Registrer's Signeture

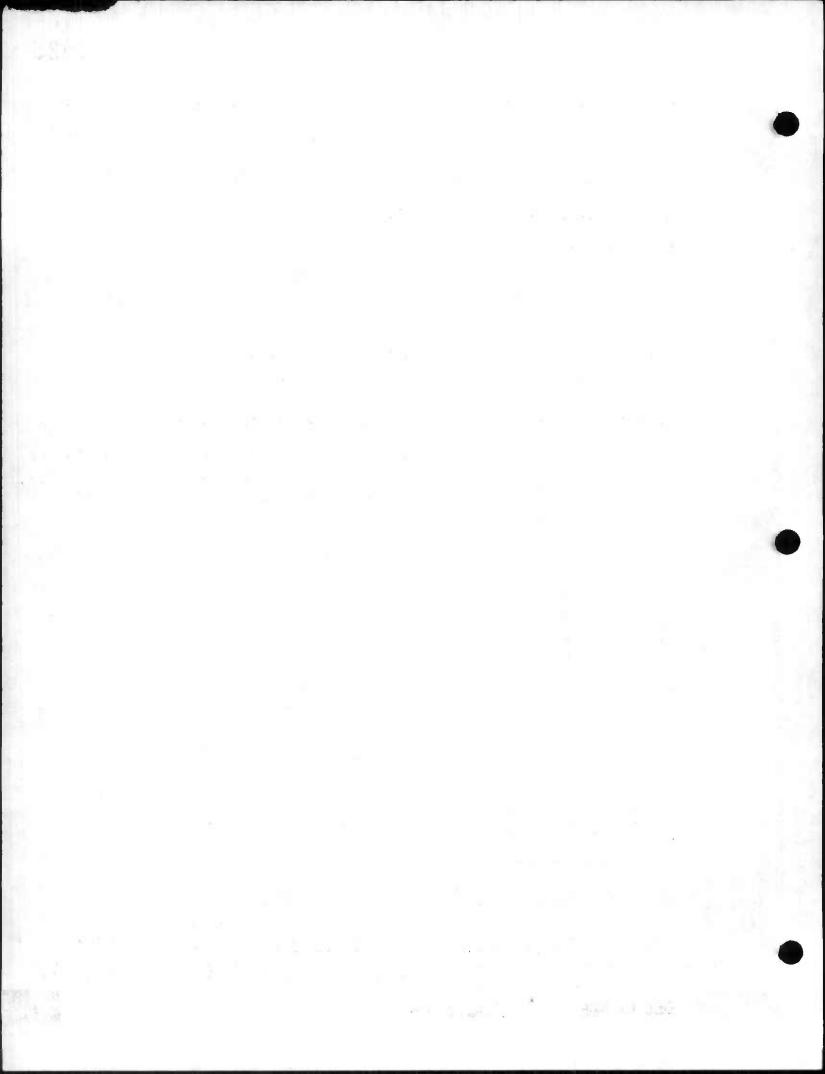
Holachu h

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

Will

m.0

Riogely AVE ANN. MO 21401



State of Maryland / Department of Health and Mental Hygiene 96 37026

| | | | | | | Certificat | e of | Death | | R | eg. No. | | 0,010 |
|---|---|----------------|---|--|-----------------|---|---------------------|------------------------------|-------------------------|---|----------------------------------|---------------------------|--|
| | Physic | ian | 1. Decedent's Name (First, Middle, L. | ast) | | | | | | 2. Date of Deat Month | - | Year | 3. Time of Death |
| | /Medi | | Anthony Bert | | | | | | | Dec 7 | 1996 | 1001 | 12;15AM |
| E | Examii | ner | 4a. Facility Name (If not institution, gi Southern Md G | | nital | | | 4b. City, To | | ocation of Death | 4c. County | of Death | |
| _ | | | | | yrs. last birti | | 1 Year | | | | | 0.014 | |
| Dir | uneral rector | | | M 2□ F 5 | | rs. Months | Days | Hours | Min, | 8. Date of Birth (Month, Day, Feb 8 | Year) | | place (State or Foreign stry) |
| yland | how | | 10a. State 10b. County | | . City, Town | | | | | | | 1 | 0d. Inside City Limits |
| Ma | | ctor | Md Anne A | rundel | Edge | ater | | | | | | | 1 ☐ Yes 2 No |
| 5-0020 72 hours efter death with the Maryland | al', or items 23a or 28a-1 show Examiner must be notified at | al Director | 10e. Street and Number 1609 Marlboro | Rđ | | 10f. Zip | 21 (| 37 | | 1 | 0g. Citizen of V USA | What Coun | ntry? |
| r dea | E E | Funeral | 11. Marital Status | 12. Was Decedent Ever in Armed Forces? | in U,S. | 13. Was Dece | dent of I | lispanic Ori | igin? (Spe | ecify Yes or No- Rican, etc.) | | e - Americ | |
| d within 72 hours efter giene. | raf, or it | by | 1 ☐ Never Married 2 ☐ Married 3 ☐ Wildowed 4 ☑ Divorced | 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: | | 1 ☐ Yes | | Specify: | | r noan, etc.) | | white, white, whi | |
| 2 2 | natural. | Completed | 15. Decadent'a E (Specify only highest gr | ducation ede com <i>pleted)</i> | 18e. I | Decedent's Usu Give kind of wo | el Occup rk done | ation during mos | t of worki | ing | 16b. Kind of Bu | usiness/Inc | dustry |
| within ene. | than We | du | Elementary/Secondary (0-12) | College (1-4or 5+) | | Give kind of wo life. DO NOT u tendar | | d) | | | Gas S | :+ a + 4 | on |
| | d other event, th | | 7th 17. Father's Name (First, Middle, Last | 0 | 710 | cendar | - | 18 Mothe | arie Name | e (First, Middle, N | | | 1011 |
| ylan ould be Mentel | D > | To Be | Charles Muscol | | | | | | | Turner | aloen Suman | 10) | |
| nd 2 sh | ls me | - | 19a. Informant's Name/Relationship | Type, Print) | | | | | | Edge Na | | | |
| Dallinore, Normality Peges 1 end Separtment of Health | othe | i | 20a. Method of Disposition | | b. Placa of I | Disposition (Nar | ne of | | - | Date | 20a Logation - | City of To | um State |
| Pege lent o | 7. H | | 1 ☐ Burial 2 ☑ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special | | | crematory or c | | / | 1 | 12/9/9 | Baltim | ore. | ма |
| permit. Peg Department | r Inju | | 21. Signature of Juneral Service Lice | | | | | | у На | rdestv | Funer | alI | Home, P.A. |
| 0 28 | Eas | | V Charl | 2000 | | | | | | , Anna | | | |
| | | | 23a. Part1. Enter the disease, of conshock, or heart failure. List only | pleations that caused the d | leath. Do no | | | | | | | | Approximate |
| | lcian | | | The state of the s | 0.00 | | | | | | | | tritervel Between Onset and Death |
| | dical niner | | Immediate Cause (Final disease or condition | . God | TORA | L12E | N | SE | PS | 25 | | | 2 DAYS |
| Exam | | _ | resulting in death) | Due t | o (or as a co | prisequence of): | | | | | | | |
| pel | nsit | Examine | | RIGH | TL | UNG | P | NEU | MO | NA | | 1 | 2 DAYS |
| axecu | el-tra | Exar | Sequentially list conditions, if any, leading to Immediate | Due t | o (or as a co | onsequence of): | J | | | | | | |
| ficete be ex | g physicien end es the buriel-transit | edical | cause. Enter Underlying Cause (Disease or injury that initieted events | G | 100 00 0 00 | | | | | | | - | |
| ertificate be execut | es th | Medi | resulting in death) Last | Due it | o (or as a co | nsequence of): | | | | | | | |
| 0 5 | for use a | | | d | | | | | | | | <u> </u> | |
| the death | hed fr | Physician | Part II. Other significant conditions of | ontributing to death but not | resulting In t | the underlying c | ause giv | en in Part I. | | 23b. Did tol | bacco use cor | ntribute to | the cause of death? |
| thet the | deteched for a | | PHURAL E | EFISIM | | | | | | 1 □ Ye | s 2 No | 3 Prob | ably 4 Unknown |
| 0 0 8 | 5.2 | d by | | | | | | | | 04- 11/ | | 24h Wa | |
| he law require | should | Completed | RESPIRAT | ORY SUI | 1200 | 5 | | | | 24e. Was en | | ava | ore eutopey findings hilable prior to ripletion of cause |
| . 0 . | page 2 | d L | 11.10. | | | | | | | | | | deeth? |
| - F 6 | or, pa | | 25. Was case referred to medicai | IA. | | | | 00.01 | | 1 Te | | 1 | Yes 2□ No |
| | director, | To Be | exeminer? | Hospital: 1 Inpatient 2 | ER/Outp | eatient 3 DC | A Oth | or. | | n (Check only one me 5□ Resider | | na /C// | |
|) = = | 5 700 | | 27. Manner of Death | 28a. Date of Injury | 28b. Tir | me of 2 | Bc. Injur | v at | - | 28d. Describe ho | | | 7 |
| ath. | the fur | atio | 1 Natural 5 ☐ Pending 2 ☐ Accident Investigation | |) Inji | M | Wor 1 □ | Yes 2□1 | No | | | | |
| or Attendent deat | by | Certification: | 3 Sulcide 6 Could not be determined | 28e. Place of injury - A building, etc. (Spe | t home, fam | n, street, factory | , office | | 2 | 28f. Location (Str. City or Town, | | er or Rural | Route Number, |
| ospital or hours effe | ni beli | | | | | | | | | | | | |
| Hospital 24 hours e Funeral | completely filled | edical | 29a. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam | ysician: To the best of my ininer: On the basis of exam | nowiedge, o | death occurred a | in my o | ne, date and pinion, deat | d plece, a h occurre | and due to the car ed at the time, de | use(s) and ma te end piace, e | nner es sta and due to | ated. the cause(s) |
| To the Fu | aldwo | men I | 29b. Signature and little of certifier | and manner stated. | 1 | | | e number | | | d. Date signed | | |
| 1 | - g | | 7.0 | > VALL | 1/41 | | | | 2/ | | | | |
| | \sim | - | 30. Neme and address of person who | completed cause of death (1 | V 23a) (T | una Print' | 1 | 33 [- | 2 | 7 | | 0/ | -96 DOPF-ND |
| · · | 1 | | LUCIOS. VILLA. | | # | 2 ST. PA | TRI | uc's ! | DIZEN | E SUIT | E-302 | WAL | DORF-WY) |
| | Stat | te | 31. Date first (Month, Day, Year) | 39. Registrar's Sig | nature | -[1] | | | | - 5411 | | | |
| Re | egistra | ar | DEC T 0 1339 | gulla Davids | n-Rang | | | | | | | | |

SPECIAL PROGRAM SERVICE TO THE ANALYSIS MANY SERVICES. the things where it is a simple the second the second and the state of t

State of Maryland / Department of Health and Mental Hygiene

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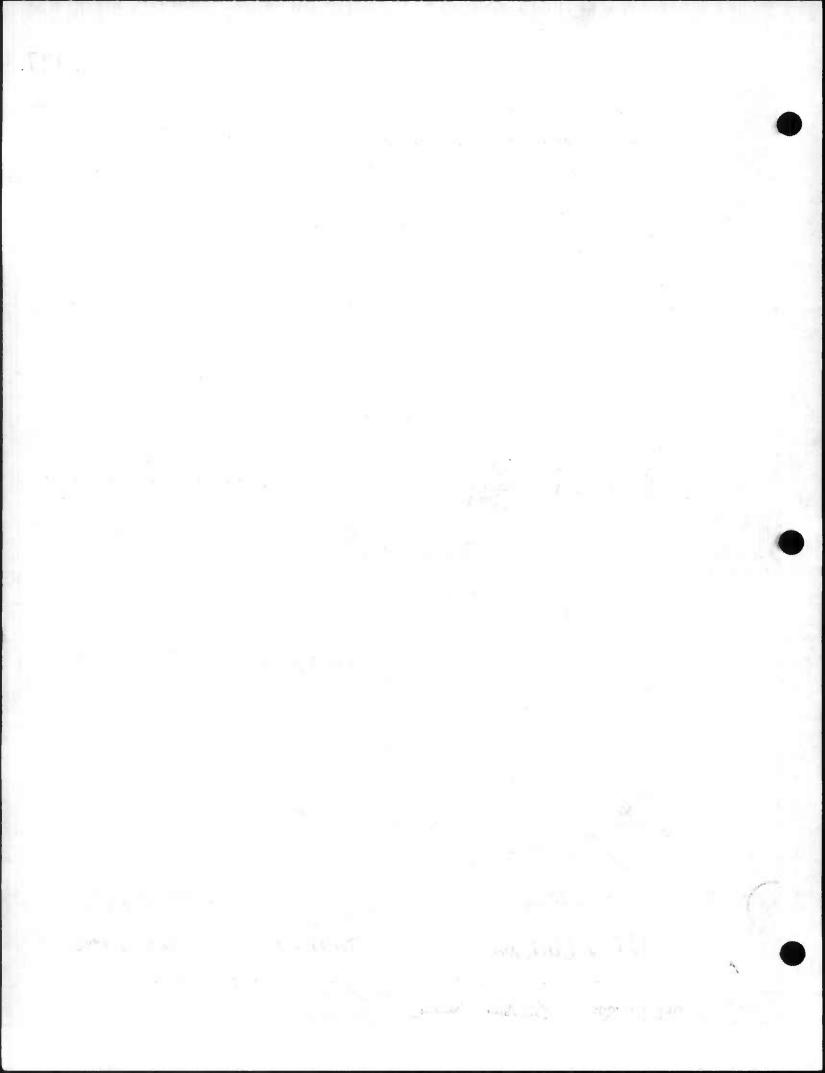
| 1. Decedent's Name (First, Middle, La | | | | | | | | | Reg. No. | | |
|--|---|--|---|--|--|---|--|---|--|---|--|
| 1. Decedent s Name (First, Middle, Ea | ist) | | | | | | | 2. Date of D | | Year | 3. Time of Deet |
| Clara | Ε. | | Ma | arsha | 11 | | | 12 | 04 | 96 | 6:49pi |
| 4a. Fecility Name (If not institution, giv | e street end nur | m <i>ber</i>) | | | 4 | | | | eth 4c. Cou | nty of Deatl | 1 |
| Meridian Long | Green | Nursing | Hor | me | | Ва | lti | more | N | a | |
| | | | | If Under Months | 1 Year Days | If Under 2 Hours | 24 Hrs. Min. | 8. Date of E (Month, L | lirth De <i>y, Year)</i> | 9. Birtl | npiace (State or Forduntry) |
| 219-28-9582 | | 96 | Yrs. | | | | | 09-0 | 4-28 | | VÁ |
| 10a. State 10b. County | | 10c. City, | Town or Lo | ocation | | | | | | | 10d. inside City Lim |
| MD n/a | 1 | | RΔ | LTIMO | RF | | | | | | 1 |
| 10e. Street end Number | • | | | 1 | | | | | 10g. Citizen | of What Co | 7,7, |
| 1338 BROENI | NG HI | GHWAY | | | | 1224 | | | | | STATES |
| 11. Marital Status | 12. Wes Dece | dent Ever in U,S. | 13. | Was Decede | ent of H | ispenic Orig | gin? (Spe | city Yes or N | lo- 14. R | laca - Amei | Ican Indien, |
| 1 X Never Married 2 Married | | | | _ | | | , Puerto | Rican, etc.) | | | |
| 3 ☐ Widowed 4 ☐ Divorced | Year or De | etes: | | 1 Li Yes 2 | (-X No | Specify: | | | Spe | cify: | BLACK |
| 15. Decedent's Ed | ducation ade completed) | | 16a. Dece | dent's Usual | Occupa | ation | of worki | ina | 16b. Kind of | Business/I | ndustry |
| Elementery/Secondery (0-12) | | -4or 5+) | life. | DO NOT use | e retired | 1) | 01 1101111 | 9 | 11.0.00 | | - 00 |
| | - | • | LA | BOKER | <u> </u> | | | | | | ERS CO. |
| | | | | | | 18. Mothe | | | | eme) | |
| | | | 40h 14-20 | | (0) | | | | | 0 | |
| JOSEPH MARSH | IALL | | 13 | 38 E | 8 R O | ENING | H | IGHWA | Y, BA | m, Stere, 2 | DRE, MD |
| 20a. Method of Disposition | | 20b. Plac | e of Dispo | osition (Nem | e of | | 1 | | | | |
| XXBurial Cremation 3 - | Removal from | state | | | | | CAR | n 12 | | | |
| | 1 / 1 / |) , , , , | | | | | | | | | |
| 1/100000 | T 4 | WAY A T | 0 | | | | Ва | | | | |
| 23a Pan Peter Wallactor or own | Clications that a | all | | | | | | | | th A | |
| shock, or heart failure. List only | one cause on e | ech line. | DO HOL BIH | ter trie mode | Of dynn | y, such as t | Jarulac C | ii respiretory | arrest, | | Approximate Interval Between Onset and Death |
| immediate Ceuse (Final | | D | . 1.0. | | | | | | | 1 | _ |
| disease or condition resulting in death) | a | | | | | | | | | i | Days |
| | | | | | | | | | | | (1 |
| Sequentially list conditions | b | | | 1 | | | | | | 1 | |
| if any, leeding to immediate cause. Enter Underlying | | 10.00 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | 1 | 2415 |
| that initiated events | C | | | uence of): | | | | | | | |
| Todaking in doubly East | | Musl | | Feral | 1116 | NIL | 7.0. | | | 1 | UNK. |
| | d | 119 200 | Prot | 1.20 | 104 | BLJO | (()(2) | 1 | | | |
| Part II. Other significant conditions or | ontributing to de | ath but not resultin | ng in the u | nderlying ca | use give | en in Pert I. | | 23b. Die | d tobacco uss | ontribute | to the causs of dea |
| | | | | | | | | 10 | Yes 2□ No | 3 Pr | bably Sunkn |
| | | | | | | _ | | | | | |
| | | | | | | | | 24e. Wa per | s an autopsy formed? | 8 | Vere eutopsy finding vailable prior to ompletion of cause |
| | | | | | | | | | 0 | 0 | f death? |
| | | | | | | | | 1 | Yes 2 No | 1 | ☐ Yes 2☐ No |
| 25. Was case referred to medical examiner? | Hospite! | | | | 10 | | - | | | | |
| 10 105 2000 | 1 🗆 Ir | | | | 1 | 4 Da Nur | | | | | ify) |
| 1 Natural 5 ☐ Pending | (Monti | h, Dey Year) | b. Time of Injury | | | | | zed. Describe | now Injury occ | urred | |
| 3 ☐ Suicide 6 ☐ Could not be | | of injury - At home | form et- | | | 192 ∠□□ | | ORF Location | (Street and No. | nher or D. | rel Route Alumbas |
| 4 ☐ Homicide determined | buildin | g, etc. (Specify) | , iarin, str | eer, ractory, | DOME | | 4 | | | , inser or Mu | ai noute (Vumber, |
| 29e, Certifier 1 Certifying Phy | velcian: To the l | hest of my knowle | dae deeth | occurred of | the tim | o date and | I place o | and due to the | 00000/5\ 054 | mennores | eteted |
| (Check only one) | niner: On the ba | sis of examinetion | end/or Inv | vestigation, I | n my op | oinion, deati | h occurre | ed at the time | , date and place | e, and due | to the ceuse(s) |
| | | | | 29c. | License | number | | | 29d. Date sign | ned (Month | , Day, Year) |
| 29b. Signeture and title of cartifier | | | | | | | | | | 1-17-5 | |
| 29b. Signeture and title of cartifier | | | | 7 | >1- | 1151 |) | | Dec | - | 1991 |
| 290. Signeture and title of cartifier The land Cl 30. Name end address of person who c | ut mo | of don't fire or | le) (Tree | - | 0/7 | 1150 |) | G I | Dec | - 6 | 1994 |
| | Meridian Long 5. Social Security Number 219-28-9582 Usual Residence of Decedent 10a. State 10b. County MD 10c. Street end Number 1338 BROENT 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 7 th 17. Father's Neme (First, Middle, Last, JAMES MARS) 19e. Informant's Name/Relationship (JOSEPH MARS) 20a. Method of Disposition Nothing and Comment of Secondery (Specific Comments) 21. Signetial 2 Cremation 3 Comments 22. Pant Enter the disease, or commendate Councillation of Secondery (Specific Councillations) 23e. Pant Enter the disease, or commendate Councillation of Secondery (Specific Councillations) 1 Seconder (Specific Councillations) 23e. Pant Enter the disease, or commendate Councillation of Seconder (Specific Councillations) 25. Was case referred to medical equals (Disease or Injury that initiated events resulting in death) 25. Was case referred to medical examiner? 1 Natural 2 Councillations of Councillations of Councillations of Councillations (Councillations) 26. Was case referred to medical examiner? 27. Manner of Death 1 Natural 2 Councillations (Councillations) 28. Was case referred to medical examiner? 29. Certifier 1 Contifying Ph. | Meridian LongGreen 5. Social Security Number 219-28-9582 Usual Residence of Decedent 10a. State 10b. County MD 10e. Street end Number 1338 BROENING HI 11. Marital Status 12. Wes Dece Armed Foo 14 Yes, Gib 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) T. Father's Name (First, Middle, Last) JAMES MARSHALL 19e. Informant's Name/Relationship (Type, Print) JOSEPH MARSHALL 20a. Method of Disposition 10. Surial 2 Cremation 3 Removal from 3 Churial from 5 Churial Churial Service Lineane 23e. Pa/12 Enter the disease, or complications that conditions are controlled to the shock, or heart failure. List only one cause on elementary in death) 23e. Part II. Other significant conditions contributing to define the suiting in death) Last 25. Was case referred to medical examiner? 1 Yes 2 Doo 27. Manner of Double 1 Churial C | 5. Social Security Number 219-28-9582 Usual Residence of Decedent 10a. State 10b. County MD 10c. City, MD 10c. Street end Number 1338 BROENING HIGHWAY 11. Marital Status 1\(\text{Niver Married}\) 2 Married 3 \(\text{Widowed}\) 4 \(\text{Divorced}\) burses 15. Decedent Education (Specify only highest grade completed) Elementery/Secondery (0-12) JAMES MARSHAL 19e. Informant's Name/Relationship (7ype, Print) JOSEPH MARSHAL 20a. Method of Disposition Weburial 10c Certifier 10c City, 10c City, 11c City, 11c College (1-4or 5+) 11c College (1-4or | Meridian LongGreen Nursing Hot 5. Social Security Number 219-28-9582 Usual Residence of Decedent 10a. State 10b. County MD 10c. City, Town or Lit MD 10c. Street end Number 1 3 3 8 BR OENING HIGHWAY 11. Marital Status 1 Narital Narital Status 1 Narital Status 1 Narital Status 1 Narital Statu | Meridian LongGreen Nursing Home 5. Social Security Number 219-28-9582 Usual Residence of Decedent 10a. State 10b. County MD 10c. City, Town or Location MD 10c. Street end Number 1338 BROENING 11. Marital Status 12. Wes Decedent Ever in U.S. Amed Forces? 13. Was Decedent Year and Forces? 14. Year and Forces? 15. Was Same Pendent Year and Forces? 15. Was Case Palue Bellow Later on Year And Year A | Meridian LongGreen Nursing Home 5. Social Security Number 219-28-9582 10M 2XIF 219-28-9582 10M 2XIF 296 Yrs. H Under 1 Year Months Days 10c. City, Town or Location | Meridian LongGreen Nursing Home 5. Social Security Number 219-28-9582 Usual Residence of Decedent 10e. State 10e. County MD n/a BALTIMORE 10c. City, Town or Location MD n/a BALTIMORE 10c. State 10c. County MD n/a BALTIMORE 10c. State 10c. State 10c. County MD n/a BALTIMORE 10c. State 10c. State 11. Marital Status 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispenic Original State 10. State Marital Status 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispenic Original States 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispenic Original States 13. Was Decedent of Hispenic Original States 13. Was Decedent of Hispenic Original States 14. Specify Color Mighest grades completed) 15. Decedent's Education (Specify only highest grades completed) 16. Decedent's Usual Decupation (Specify only highest grades completed) 17. Father's Neme (First, Middle, Last) 18. Monther 19. Informant's Named-Relationship (Type, Print) 19. Specify Color States 19. Named Forest Stat | Merridian LongGreen Nursing Home S. Social Security Number 219-28-9582 10 M 20 F | 46. Celly, Town, or Location of Des Meridian LongGreen Nursing Home 5. Social Security Number 219-28-9582 | ### As Facility Name of the of installution, pive shreet and number? Secial Security Name of the Color Section of Deem Secial Security Name of the Color | 46. Folially Name (Incit mishbor), agree arrow and number) Merridian LongGreen Nursing Home 5. Social Security Number 219–28–9582 10M 2EF 7. Agr Thy yr. last brinday 1 Europe 1 North 1 House 2 Hrs. a Casas of Brinday 1 Social Security Number 1 Condition March 100. Contry 1 Occ. Cety Town or Location BALTIMORE 100. Contry MD 100. Contry MD 100. Street and Number 1 338 BROENING HIGHWAY 1 2. Was Decoders Fair in U.S. 11 Wes Decoders Fair in U.S. 12 Wes Decoders Fair in U.S. 13 Wes Decoders Fair in U.S. 12 Wes Decoders Fair in U.S. 12 Wes Decoders Fair in U.S. 13 Wes Decoders Fair in U.S. 12 Wes Decoders Fair in U.S. 12 Wes Decoders Fair in U.S. 13 Wes Decoders Fair in U.S. 12 Wes Decoders Fair in U.S. 12 Wes Decoders Fair in U.S. 13 Wes Decoders Fair in U.S. 14 Wes Decoders Fair in U.S. 15 Wes Decoders Fair in U.S. 16 Wes Decoders Fair in U.S. 16 Wes Decoders Fair in U.S. 18 Wes Decoders Fair i |

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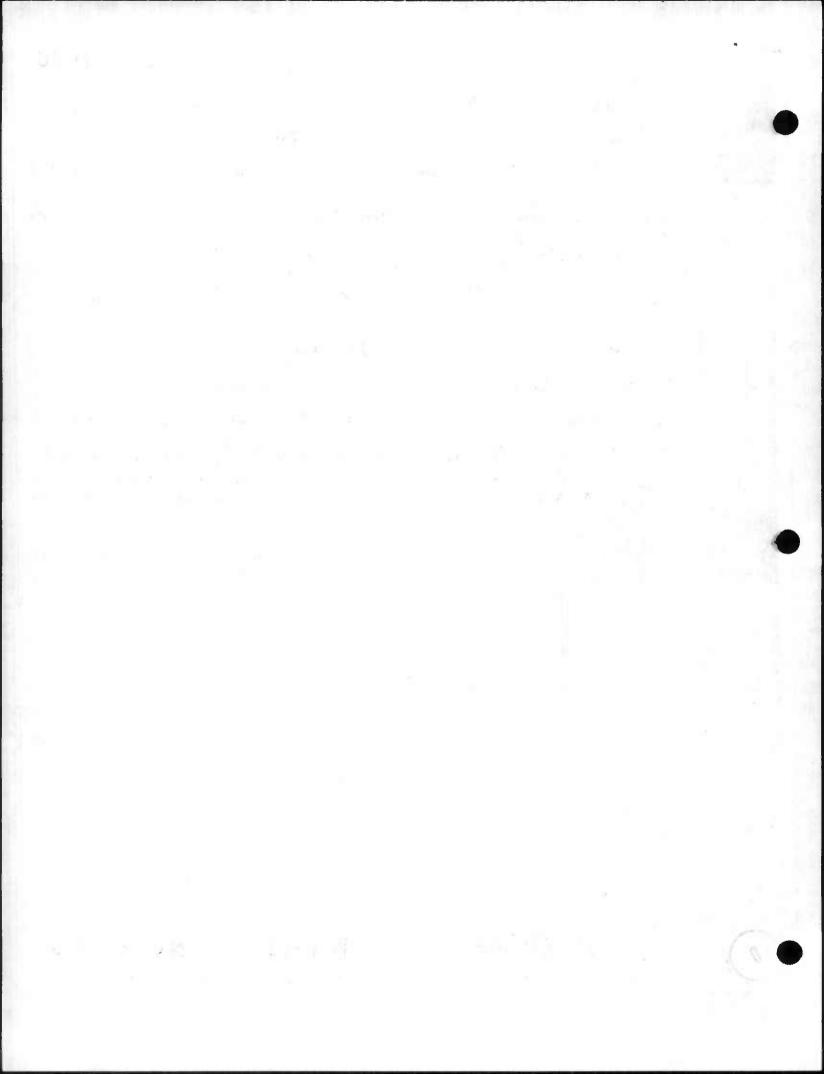
Registrar

DEC 1 0 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

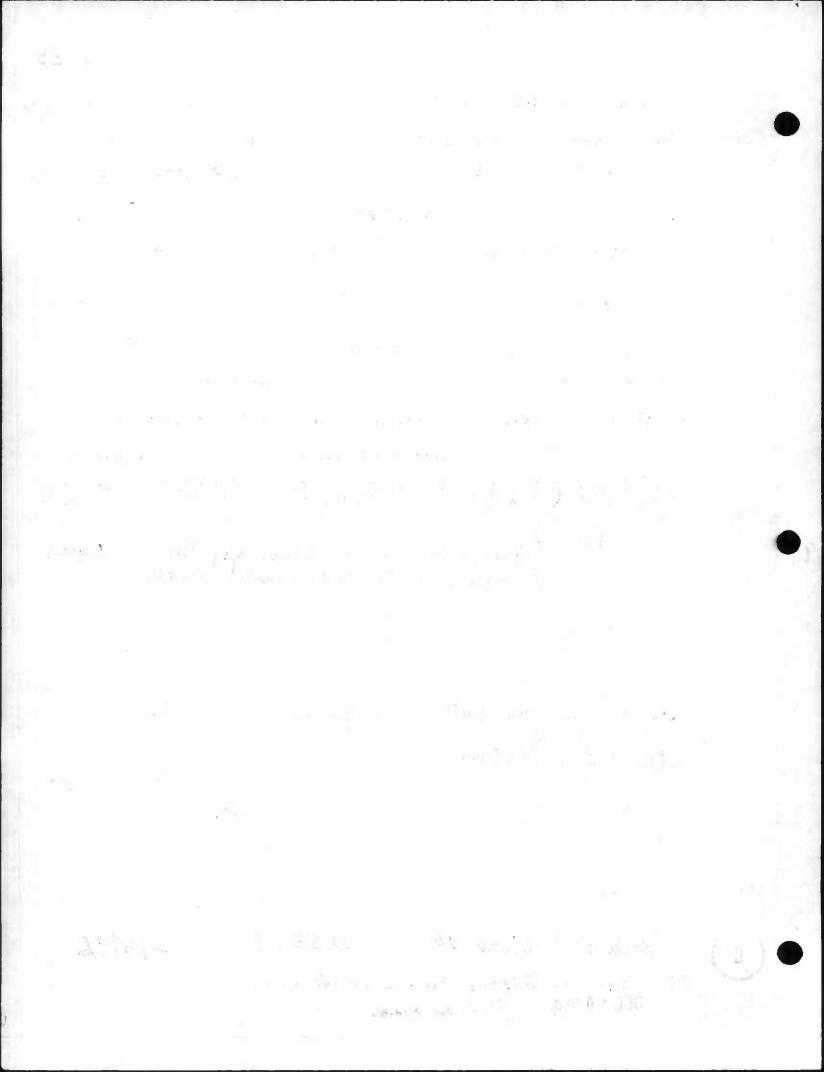
| Physici | an | 1. Decedent's Name (First, Middle, Last) Victoria L. Nelson | of Death | | Dey Year | 3. Time of Death |
|---|-------------------|--|---|---|--|---|
| /Medic Examin | cai | Victoria L. Nelson 4e. Fecility Neme (If not institution, give street and number) University Hospital | 4b. City, Town, or Lo | | 4c. County of Death | 3:45 pm |
| Funeral Director | | 5. Social Security Number 217 82 1779 6. Sex 1 Months 7. Age (In yrs. last birthday) Months | and the second second second | 8. Date of Birth (Month, Day, Ye January 18 | 9. Birth (960 | place (State or Foreigntry) MATY And |
| death with the Marylend ms 23s or 28s-f show thought be notified at | tor | Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location Maryland Baltimore Perry | HAII | | | 10d. Inside City Limit |
| 23a or 28 | Funeral Director | 10e. Street and Number 27 Beyda Ct. | 2123 Lo | 10g. | Citizen of What Cou | |
| or its | by | 1 Never Married 2 Married 1 Yes 2 No | nt of Hispanic Origin? (Sp y Cuban, Mexicen, Puerto No Specify: | ecify Yes or No- Rican, etc.) | 14. Raca - Ameri Black, White Specify: | |
| iene. than "natural", | Completed | Elementary/Secondery (0-12) College (1-4or 5+) | done during most of work | ing 16b | Insuration | |
| z should be fried within end Mental Hygiene. is marked other than raumatic event, the Mental Hygiene. | To Be C | 17. Father's Name (First, Middle, Last) Columbus John Carter | 18. Mother's Name | e (First, Middle, Maid nnette S | den Sumame) | |
| m 27 | | Sharon Rider 3815 Perryh 20a. Melhod of Disposition (Name | of | Baltimore 1 | Maryland Location - City or T | 21236 |
| pormit. Tages I and Department of Health Important: If Itam 27 any injury or other troops of the part | | 4 Donation 5 Other (Specify) Evans Funeral Chap | Address of Fecility EVA | 9 1996 F | | ies |
| g physicia es the bur | ledicai Examiner | Immediate Cause (Final disease or condition resulting in death) a. Calloh lastoma Mull Due to (or as a consequence of): Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): | ation s | yndro | me | |
| y the ettendin | Physician/M | d | ise given in Part I. | | | to the cause of deat |
| e de de | Completed by P | | | 1 Yes 24a. Was an au performed | utopsy 24b. W | Vere autopsy findings valiable prior to ompletion of ceuse death? |
| s certificate he director, pege | Be | 25. Was cese referred to medical examiner? | | 1 ☐ Yes | 201 No 1 | ☐ Yes 2☐ No |
| this ral di | Certification: To | 2 Accident investigation M | 1 | me 5 Residence 28d. Describe how Ir | | fy) |
| 24 hours efter death. Funeral Director: After etely filled in by the fune | | 3 ☐ Sulcide 4 ☐ Homicide 28e. Place of injury - At home, farm, street, factory, obuilding, etc. (Specify) 29a. Certifier 29a. Certifier 29a. Certifier | the time, date and place, | 28f. Location (Street City or Town, St | e(s) and manner as | helet |
| 2 2 d | Medical | one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in and manner stated. | n my opinion, death occurred to the control of the | red et the time, date a | and plece, end due to the signed (Month, | o the cause(s) |
| 15 | | 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Evic A. Potts MD 22 5. Green | St. Baltim | ore MD | 21201 | 1170 |
| Stat Registra | | 31. Date filed (Month, Day, Year) DFC 1 0 1996 32. Registrar's Signature | | | | |



State of Maryland / Department of Health and Mental Hygiene 96 37029

| | | | | | | Ce | rtificate of | Death | F | Reg. No. | 0 | 01023 |
|---------------------|--|-------------------|--|--|----------------------------|-------------------------|---|--|---|----------------------------------|------------------------------------|--|
| | Physic /Medi | | Dacedant's Neme (First, Middle, L BRUCE FRED | | HIFER | | | | 2. Data of Dea Month DEC • | ith | 96 | 3. Tima of Deeth 5: 17 on |
| | Exami | | 4a. Facility Nama (If not Institution, g | | | es.) | | 4b. City, Town, or BALTI | | 4c. County | of Death | |
| | Funeral Director | | 185-20-5124 | Sax 7. 1⊠M 2□F | Aga (In yrs. last 69 | birthday) Yrs. | If Undar 1 Yaar Months Deys | | 8. Data of Birth (Month, Day 06/22/ | 1927 | 9. Birthp Cour PEN | olaca (Stata or Foraign ntry) NSYLVANIA |
| | e Maryland Sa-f show | Director | Usual Rasidance of Dacadant 10a. Stata 10b. County MD N | /A | 10c. City, To | | ocation MORE | | | | 10 | 10d. Insida City Limits 1 Yes 2 No |
| | 23e or 20 | ral Dire | 10e. Straat and Number 1413 STONEWO | DD AVENU | E | | 10f. Zip Coda 2 1 | .239 | | 10g. Citizan of U • | What Cour | ntry? |
| 020 | 72 hours after death with the Maryland natural; or items 23e or 28a-f show deal Examiner must be notified at | by Funeral | 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced | 12. Wes Decede Armed Forca 12 Yas 2[If Yas, Giva Yaar or Data | s? ∃No | | Was Dacedant of f Yas, specify Cut 1 ☐ Yes 2 ☐ No | Hispenic Orlgin? (S ban, Maxican, Puart Specify: | pecify Yes or No- o Ricen, atc.) | | ce - Americ ck, Whita, y: B1 | |
| Maryland 21215-0020 | d within giene. r then | Completed | 15. Decedant's E (Spacify only highest gr Elamantary/Secondary (0-12) 12th | ducation ada completed) Collaga (1-4c | | (Giva lifa. l | dant's Usual Occu kind of work done DO NOT usa ratin acher | ipation a during most of wor ad) | king | 16b. Kind of B | | dustry |
| /land | Mental Hygistreed other stic svent, II | To Be C | 17. Fethar's Name (First, Middla, Las Bruce Phifer | 1) | | | | | na (First, Middla, a Palme | | na) | |
| | nd 2 sho aith and 27 is me r treum | | 19a. Informant's Name/Ralationship Gwendolyn M. | | 1 | | | on St., | | | | |
| Baltimore, | ant of nt: If it | | 20e. Mathod of Disposition 1 Burial 2 Crametion 3 L 4 Donation 5 Other (Special Content of the | (y) | 20b. Place cema Whit | of Dispo lary, cran | sition (Name of natory or other place arsh Me | morial | 1 | 20c. Location | | |
| Ball | pemit. Pa Departmar Important: any injury | | 21. Signature of Euneral Service Lice 23a Part Lanter the disease or cor | D. 14 | ett | L 40 | 600LIBE | DYETT RTY HEI | GHTS AV | E., B. | L HO | . 21207 |
| | Physician /Medical Examiner | · · | 233. Pan Anter the disease or con- traction of heart failure. List only Immediate Causa (Final disease or condition rasulting in death) | | 1 | | | l Cardy alle car | | | | Approximata Intarval Batween Onset end Daath Sylans |
| ox 68760, | sath certificate be executed strending physician and for use as the burish-transit | n/Medical Examine | Sequantially list conditions, if eny, leading to Immediata ceuse. Entar Undarlying Cause (Dissessa or Injury that initiated avants rasulting in death) Last | b | Dua to (or as | a conseq | uance of): | | | | | |
| P.O. Bo | that the death od by the siter detached for a | Physician/ | Part II. Other eignificant conditions | | but not resulting | in tha ur | ndarlying ceusa gi | ven in Pert I. | | 1 | | o the cause of death? |
| rds, P | a gap | þ | Colonic adl | ugua ! | with | Nece | eut pa | strail | 1 □ Y | in eutopsy | 24b. Wa | bably 4 ☐ Unknown ara autopsy findings |
| Records, | c. The law requicate has been cate has been c, page 2 should | Completed | atrial fel | ullati | M- | | | | perfor | med? | of | allable prior to mplation of cause daath? |
| of Vital | hysician: his certifica il director, il | To Be C | 25. Was cesa refarred to medicel axaminar? 1 Yas 2 No | Hospital: 1 Inpa | tiant 2 ER/ | Outpatien | t 3 DOA Ot | 26. Piaca of Daa har: 4 ☐ Nursing H | th (Check only on | 1 | | |
| Division | or Attending P after death. Director: After I In by the funers | Certification: | 27. Manner of Deáth Valuturel 5 Panding 2 Accidant 1 1 1 3 Sulcide 4 Homlcida Homlcida 4 Homlcida Panding 5 Panding 1 1 2 3 2 1 3 3 3 3 4 Homlcida Panding 5 Panding 6 Could not be datarmined | e 28a. Place of I | lay Year) | Time of Injury | 28c. Inju Wo M 1 | ry et irk?]Yas 2□No | 28f. Location (St City or Town | reat and Numb | | il Routa Number, |
| 5 | ne Hospita n 24 hours ne Funeral pletely fillec | edical C | 29a. Certifier (Check only one) Certifying Pl | yeician: To tha bes niner: On tha basis and mannar s | of axamination a | ga, daath and/or Inv | occurred at tha ti astigation, in my | ma, data and piece, opinion, daath occur | end dua to tha cared at tha tima, d | ausa(s) and ma ata and place, | annar es st and dua to | lated. tha causa(s) |
|) | (q | 2 | 29b. Signatura and titla of certifiar | Tishe | u m |) | 29c. Licans | 15317 | L 2 | 9d. Data signe | d (Month, 1 | Day, Year) |
| | Sta | | 30. Nama and addrass of person who 72 S. Greens 31. Data filad them Day, Year hou | complated causa of 2 32. pegis | | | , | n's 2120 | | | | |
| | Registr | | DEC 1 0 1991 | 9 grain | Davidson | Rand | 100 | | | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Q C

| | | | | | C | ertificate of | Death | | Reg. No. | 0 3 | 1030 |
|----------------------------|---|----------------|---|--|----------------------------------|--|---|---|------------------------------------|-----------------------------------|---|
| | 4. 1. | | 1. Decedent's Name (First, Middle, Las | ^ | | | | 2. Deta of De | | | 3. Tima of Deeth |
| | Physic /Medi | | EDMUND G | · KOE | TTO | BER | | DEC. | 04 | 9 C | 8:190 |
| | Exami | | 4e. Facility Name (If not Institution, give | Contract of the Contract of th | | | 4b. City, Town, or | | | | |
| | | | Good Samaritan H | | | | Balti | | | /A | |
| | Funeral Director | | 5. Social Security Number 6. S 217-09-6131 | 7. Aga (In) | yrs. last birthde Yrs | Months Days | | 8. Dete of Bir (Month, P) Aug • I | 7, 1918 | 9. Birthplace Country) Mary | e (Stata or Foreign land |
| | and and | | 10e. State 10b. County | 10c | . City, Town or | Location | | | | 10d. | fnside City Limits |
| | Mary 1 sh | ō | MD N/A | | Ralt | imore | | | | | 1√2 Yes 2 No |
| | r 28a | Director | 10e. Street end Number | | | 10f. Zip Code | | T | 10g. Citizen of \ | What Country? | ? |
| | h witi | | 6005 Wakehurst | Way | | 2] | L239 | | USA | | |
| | deat | Funeral | 11. Marital Status | 12. Wes Decedent Ever i | in U,S. 1 | 3. Wes Decedant of I | Hispanic Origin? (| Specify Yes or No | - 14. Rec | e - Amarican I | |
| 21215-0020 | 72 hours after death with the Maryland naturer, or items 23s or 28s-f show final Examiner must be nutified at | by | 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced | 1 ⊠ Yas 2 □ No If Yes, Give Year or Datas: WW | | 1 ☐ Yes 2 🖾 No | | tto Thous, ato.y | Specify | | |
| 5-0 | | etec | 15. Dacadant's Ed (Specify only highest gra | | 16a. De | cedant's Usuel Occu ive kind of work dona b. DO NOT use retire | pation during most of we | orking | 16b. Kind of B | usiness/Indust | try |
| 121 | | Completed | Elamantery/Secondary (0-12) | College (1-4or 5+) | | ales Manac | • | | Auto S | upply | |
| | be filed withintal Hygiene. d other than event, it is | | 17. Father's Neme (First, Middle, Last) | | | ares manag | | eme (First, Middle | | | |
| an | 日間のラ | To Be | Edward Roettger | | | | | L. (unkı | | , | |
| Maryland | SPEE | 1 | 19e. Informant's Neme/Raletionship (7 | Type, Print) | 19b. Me | eiling Address (Straai | t and Number or F | Rural Route Numb | er, City or Town, | Steta, Zip Co | ide) |
| | d d d d d d d d d d d d d d d d d d d | | Richard F. Roett | ger | 280 | 09 E. Stra | athmore A | Ave., Ba | ltimore, | MD 2 | 1214 |
| ore, | of Healt item 2 other | | 20e. Method of Disposition | | | sposition (Neme of cremetory or other ple | ice) | Dete | 20c. Location - | City or Town, | State |
| Ĕ | Pages nent of I ant: If its | | 1 ☐ Buriel 2 【 Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | | | ount Crema | | 2/9/96 | Baltim | ore, M | D |
| Baltimore, | permit. Pages Department of F Important: If Ne any Injury or of | | 21. Signature of Funeral Service Licen | see / | | 22. Neme and Addre | | HOMB D | | | |
| • | 80 = 20 | | 1. Kenge | Ultura | | ALTENBURG | runeral | Baltimo | ·A· | 21214 | |
| г | | | 23a. Part / Enter the disease, or companion, or heart failure. List only of | pilcetions that caused the cone cause on each interest | death. Do not | enter the mode of dyl | ng, such as cardia | ac or respiratory a | irrest, | | pproximete tervai Between |
| | Physician | | / | 1.5 | | | | | | On | nset and Death |
| П | /Medical Examiner | | Immediate Cause (Finel disease or condition resulting in deeth) | · CARDIA | c Arr | NIST | | | | | -JMICOMP |
| | - LAGITIMIO | 76 | resulting in deeth) | | to (or as a con | | | | | | |
| | nsit | Ē | | b. ISCHOTIC | | DIGHTOPM | M | | | | 5 yrs |
| Ć, | the death certificate be executed by the attending physician and sched for use as the burial-transit | Examiner | Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Disease or Injury | | o (or es a con: | | 4 0 700 | | | i | 74 |
| 68760, | sicia bur | Ca | thet initiated events | c. CORUNA | o (or es e cons | | GASE | | | - | 20 YRS. |
| 9 | rtifical ng phi as th | Medical | rasulting In deeth) Last | 340. | 0 (0. 00 0 00 | , oquanio 01, | | | | | |
| Box | eath cer attendir I for use | an | | d | | | | | | | |
| | the att | Physician/ | Pert ff. Other significant conditions co | ontributing to death but not | rasulting In the | underlying cause gi | ven in Pert I. | 23b. Dfd | tobacco use co | ntribute to the | e cause of death? |
| 0 | | Phy | Hypr curus | MOLEMIA | | | | 10 | Yes 2 No | 3 Probabi | ly 4 Unknown |
| | w requires that been signed b should be deta | þ | 11 11 11 11 11 11 11 | | | | | | | | |
| 0 | requi | etec | | | | | | 24e. Wes | en eutopsy ormed? | availal | autopsy findings bie prior to letion of causa |
| 360 | has e 2 | Completed | d | | | | | | - | of dea | th? |
| <u></u> | iclen: The I certificate he rector, page | | | | | | | 10 | Yes 2 No | 1 □ Ye | es 2 No |
| Division of Vital Records, | yaiclen: Is certific director, | o Be | 25. Was case raferred to medical axaminer? 1 ☐ Yes 2 ☑ No | Hospitei: | | Ott | har | eeth (Check only | | | |
| ō | 등 등 등 | 7: To | 27. Manner of Deeth | 1 ☐ Inpatient : | 28b. Time | Hent 3L DOA | 4 Li Nursing | Home 5 ☐ Ras 28d. Dascribe | how Injury occur | | |
| ion | Attending Physicien: r death. ector: After this certific by the funeral director, | ation | 1 Naturel 5 Pending Investigation | (Month, Day Year | r) Injur | | rk?]Yes 2 ☐ No | | | | |
| Vis | or Attending latter death. Director: After in by the fune | 110 | 3 ☐ Sulcide 6 ☐ Could not be detarmined | 28e. Plece of Injury - A building, etc. (Sp | At home, ferm, | street, fectory, office | | | Street and Numb | er or Rural Ro | outa Number, |
| $\bar{\Box}$ | s afte | Certification: | 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | building, etc. (Sp | oury) | | | Ony or 10 | mi, Otoloj | | |
| | Hospital or Att 24 hours after d Funeral Direct peterly filled in by | edical | 29e. Certifiar (Check only one) 1 Certifying Phy 2 Medical Exam | rsician: To the best of my iner: On the bests of exam and mannar steted. | knowledga, da ninetion end/or | ath occurred at the ti Investigation, in my | me, dete end plec opinion, deeth occ | ea, end dua to the curred et tha tima, | ceusa(s) end ma dete and placa, | anner as state and due to the | d. e cause(s) |
| | 128 | × | 29b. Signatura and titla of certifier | 1 | | 29c. Licans | sa number | | 29d. Dete signe | d (Month, Dey | r, Year) |
| | (Q) | | Buye W. In | m-MW. | | D | 17346 | | 12/ | 5/96 | |
| | | | 30. Neme and address of person who o | complated cause of deeth (| item 23a) (Typ | pe, Print) | A.I. | | | t | / |
| M | N. | | GEORGE W. MORAN | 1 | | 18MORIM | HOSPIT | m K | MITO. | MD: | 21218 |
| | Sta | | 31. Dete filed (Month, Dey, Year) | 32. Registrer's Si | _ | | | (|) | | |
| Dia | Registr | | DEC 1 0 1996 | Julia David | on-Admid | 183 | | | | | |

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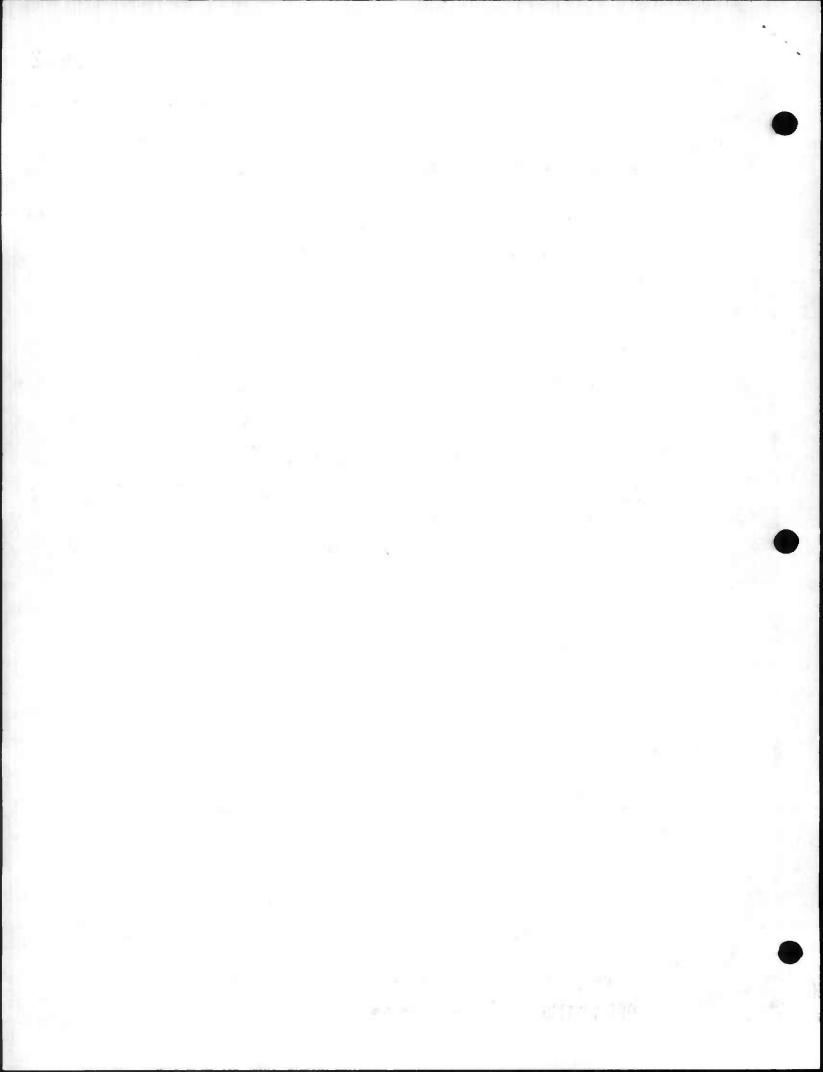
State of Maryland / Department of Health and Mental Hygiene 96 37031

| | | | | | | | | | Death | | | Reg. No. | | |
|--------------------------------------|---|--|--|--|--|--|--|--|---|-----------------------------|---------------------------------|--|---|--|
| nysic | | D 1 | me (First, Middle, L | (/12G | INIA | REC | KEN | 2 | | | 2. Date of De Month | - | Year / | 3. Time of Death |
| Medi | | 00- | | | | | | | h City To | um or Lo | ocation of Deetl | 1.0 | 1774 | |
| xamiı | ner | | (If not institution, gi | | umoer) | | | 4 | | | | 4c. Gour | nty of Death | |
| | | | ES HOSPIT | | | | Milledes | 4.1/1-11 | | IMOR | | | I/A | |
| nerai | | 5. Sociel Security | | Sex 1 □ M 2 □ XF | | yrs. lest birthday) Yrs. | If Under Months | Days | If Under Hours | Min. | 8. Date of Bir (Month, De | y, Yeer) | 9. Birth | plece (State or Forei |
| etor | | 213-32-9 | 9462 | | 61 | 118. | | | | | NOV 1 | 7,1935 | | YLAND |
| | | Usual Residence | of Decedent 10b. County | | 100 | . City, Town or Lo | nation | | | | | | | |
| edical examiner inust be notified at | - | | | | 100 | . Oily, TOWITO LC | ocation | | | | | | | 10d. Inside City Limit |
| | cto | MD | N/A | | | BALTIMO | ORE | | | | | | | 1 ☐ Yes 2 ☐ N |
| | Director | 10e. Street and N | umber | | | | 10f. Zip | Code | | | | 10g. Citizen o | f What Cou | intry? |
| | alc | 2703 WEG | GWORTH LA | NE | | | | 212 | 30 | | | U.S. | Δ | |
| | Funeral | 11. Marttel Status | | 12. Was Dec | cedent Ever | in U,S. 13. | Was Deced | | | gin? (Spe | ecify Yes or No Rican, etc.) | | ace - Ameri | ican Indian, |
| | E E | 1 Never Ma | rried 2 Married | Armed F 1 ☐ Yes | 2 No | | | | n, Mexicar | n, Puerto | Hican, etc.) | В | iack, White | , etc. |
| | by | | 4 ☐ Divorced | If Yes, G Yeer or I | ive ^ | | 1□ Yes 2 | No No | Specify: | | | Spec | eify: | WHITE |
| | | | 15. Decedent's E | Education | | 16a Dece | dent's Usua | t Occupa | ation | | | 16b. Kind of | Rusiness/Ir | ndustry |
| | Completed | | ecify only highest gi | rede completed | | (Give | kind of wor DO NOT us | k done d | during mos | t of worki | ing | 100. 11110 01 | D0311103311 | iddetry |
| | E | Elementary/Sec | | College | (1-4or 5+) | | | | | | | DOM: 0 | DOME | 0 11000 |
| | | 12TH GRA | First, Middle, Las | ·11 | | FINAL | NCIAL | CLEI | | ula Mama | /Final Adiabatic | | | S HOSPITA |
| | Be | | | "'/ | | | | | IO. MOTHE | n s Name | (First, Middle, | Welden Sum | 91710) | |
| | 2 | MELVIN M | MATTHEWS | | | T | | | GENE | VIEV | E | | | |
| | | 19e. informant's N | Name/Relationship | (Type, Print) | | 19b. Mailin | ng Address | (Street e | and Numbe | er or Aure | al Route Numb | er, City or Tow | m, Stete, Zij | p Code) |
| | | ROBERT R | RECKER (H | USBAND) | | 2703 | WEGWO | RTH | LANE | - B | ALTIMOR | RE, MD | 212 | 30 |
| | | 20a. Method of Di | | | 20 | b. Plece of Dispo cemetery, crer | | | | 1 | Date | 20c. Location | | |
| | | | 2 □ © remation 3 [5 □ Other (Speci | | 31919 | HESAPEAR | | | | 1 | 2/0/06 | DUT MO | | |
| 4 | | | uperal Service Lice | - | 1 | | 2. Name end | | | | 2/9/96 | BELTS | VILLE | , MD |
| 000 | | 1/1/ | 01 | 1/= | # | HÜ | JBBARD | FUI | NERAL | HOM | E, INC. | | | |
| ~ | | 1/6 | um// | 1 mi | 2 | 4 41 | LO7 WI | LKE | NS AV | ENUE | -BALTIM | ORE. M | D 21 | 229 |
| | | 23a Part 1. Enter | the disease, or oon art failure. List only | mplications that | caused the c | leath. Do not ent | ter the mode | of dying | g, such es | cardiac o | or respiratory a | rrest, | | Approximate Interval Between |
| n | | | | , | | | | | | | | | | Onset and Death |
| ı | | | | | | | | | | | | | | |
| | | Immediate Cause | (Finet | 0 | RIP | 1000 | . 1 | 2.0 | 100 | | | | | 1 m |
| | | Immediate Cause disease or conditi resulting in death | ion | a. /2 | LESPI | RATER | y fo | arl | une | | | | | 1 ong |
| | er | disease or conditi | ion | | | NATO R | | arl | une | | | | | 1 one |
| | miner | disease or conditi resulting in death | ion) | | ung | Metan | lany | arl | une | | | | | 1 may |
| | xaminer | disease or conditi resulting in death | ion) | | ung | | lany | ail | une | | | | | 1 march |
| | al Examiner | disease or conditi resulting in death | ion) | ь | ung | Mie fay | lany | arl | une | | | | | 1 my 12 month 3 years |
| er | | disease or conditi | conditions, mediate lertying or Injury | ь | greas | Mie fay | land quence of): ~Ce R | arl | une | | | | | 1 manh 3 years |
| | | disease or condition resulting in death) Sequentially list or it any, leading to it cause. Enter Und Cause (Disease or thet initiated even | conditions, mediate lertying or Injury | ь | greas | Mie fay o (or as a consec t Car | land quence of): ~Ce R | arl | une | | | | | 10 mg 12 month 3 years |
| | n/Medical | disease or condition resulting in death) Sequentially list or it any, leading to it cause. Enter Und Cause (Disease or thet initiated even | conditions, mediate lertying or Injury | ь | grean grean | Mie fay o (or as a consec t Car | land quence of): ~Ce R | arl | une | | | | | 10 mg 12 month 3 years |
| | n/Medical | disease or conditing in death, seculting in death, seculting in death, seculting is any, leading to incause. Enter Und Cause (Disease of the Initiated even resulting in deeth) | onditions, mmediate lerlying of Injury ts Last | c | grean Due to | o (or as a conseq o (or as a conseq | Pand quence of): | | | | 23b. Did | tobacco usa c | contribute | 1 my 12 month 3 years |
| | n/Medical | disease or conditing in death, seculting in death, seculting in death, seculting is any, leading to incause. Enter Und Cause (Disease of the Initiated even resulting in deeth) | conditions, mediate lertying or Injury | c | grean Due to | o (or as a conseq o (or as a conseq | Pand quence of): | | | | | | | to the causs of death |
| | Physician/Medical | disease or conditing in death, seculting in death, seculting in death, seculting is any, leading to incause. Enter Und Cause (Disease of the Initiated even resulting in deeth) | onditions, mmediate lerlying of Injury ts Last | c | grean Due to | o (or as a conseq o (or as a conseq | Pand quence of): | | | | | tobacco uas c Yss 2□ No | | to the causs of death |
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| a or 28a | | 10e. Street and Number | 11 - 1 | | | 10f. Zip (| Code 2123 | 4 | | 10g. Citize | n of What Cou | ntry? | - |
| Important: If item 27 is marked other than "natural", or items 23s or 23s-4 show any injury or other traumatic event, the Hadisal Examiner must be notified at other. To Re Commissed by Europeal Disposery. | by runera | 11. Marifel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced | 12. Was Decede Armed Force | s? ⊒ No | 1 | Wes Decede f Yes, specif | ent of Hispanic O ify Cuben, Mexica No Specify | | eclfy Yes or No Rican, etc.) | | . Race - Ameri Bleck, White | | |
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| or traumatic | | 19a. Informant's Name/Relationship Dor13 M. 5 | (Type, Print) m 1 th | | | Address | (Street and Numi | 4 | CArney. | | | 2 (234 | |
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Dey 3, 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month **Physician** SCHILLING Barbara December 1996 4:50 pm /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Franklin Square Hospital Center MUNder 24 Hrs.
Hours Min. Baltimore If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) **Funeral** Months Deys 1 M 2 KF 21336 9059 Usuet Residence of Decedent Director 1-16,1938 MARYIANO the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Medical Examinar must be notified at 1 Yes 2 No Director MARYLAND HARFORD FOREST Hiz 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2517 AVS U.S.A Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or Items 23. Funerai 21050 14. Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 ☐ Yes 2014 If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☑ Merried 200 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12YRS AT Hors House wife 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be IROXILL BERNADETTE BRAWDER HARRIETT KARL ZIWIZ 19e. Informant'a Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ScHILLING SR MARYLAND GSORGS 2517 FOREST HU other t 102HURST 20b. Place of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Date P 220 1⊠ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete injury or permit. Page Department of Important: If any Injury or once. 1996 ROSEDALS GARDERS OF FAITH 4 ☐ Donetion 5 ☐ Other (Specify) 1 JARYLAND LIGAHO 21. Signeture of Funeral Service Licens 22. Name end Address of Fecility

EVAN FUNERAL BELRIR, P.A. 3 NEWPORT DRIVE MARYLAND 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiretory errest shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Bronchiectasis 10 Years Examiner Due to (or as a consequence of). Examiner attending physician and for use as the burial-transit that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medicai Due to (or es a consequence of): signed by the atte Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, by been si 24b. Were autopsy findings evallable prior to completion of cause of deeth? 24a. Wes an eutopsy performed? Completed s certificate has b director, page 2 s 1 ☐ Yes 2 ☐ No 1 Yes 2 No 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☒ No lumeral director, Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 🔯 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Attending Ather 1 Natural 2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No Director: 3 Suicide 6 Could not be Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) or A 4 Homicide Other Hoperal 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. Medical 29a. Certiflei 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D33627 December 4, 1996 armen 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Carmen Salvaterra M.D. 8114 Sandpiper Circle Baltimore, Maryland 21236 31. Date filed (Month, Dey, Year) 32. Registrer'a Signeture State DEC 1 0 1996 in Davidson-Randell

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6

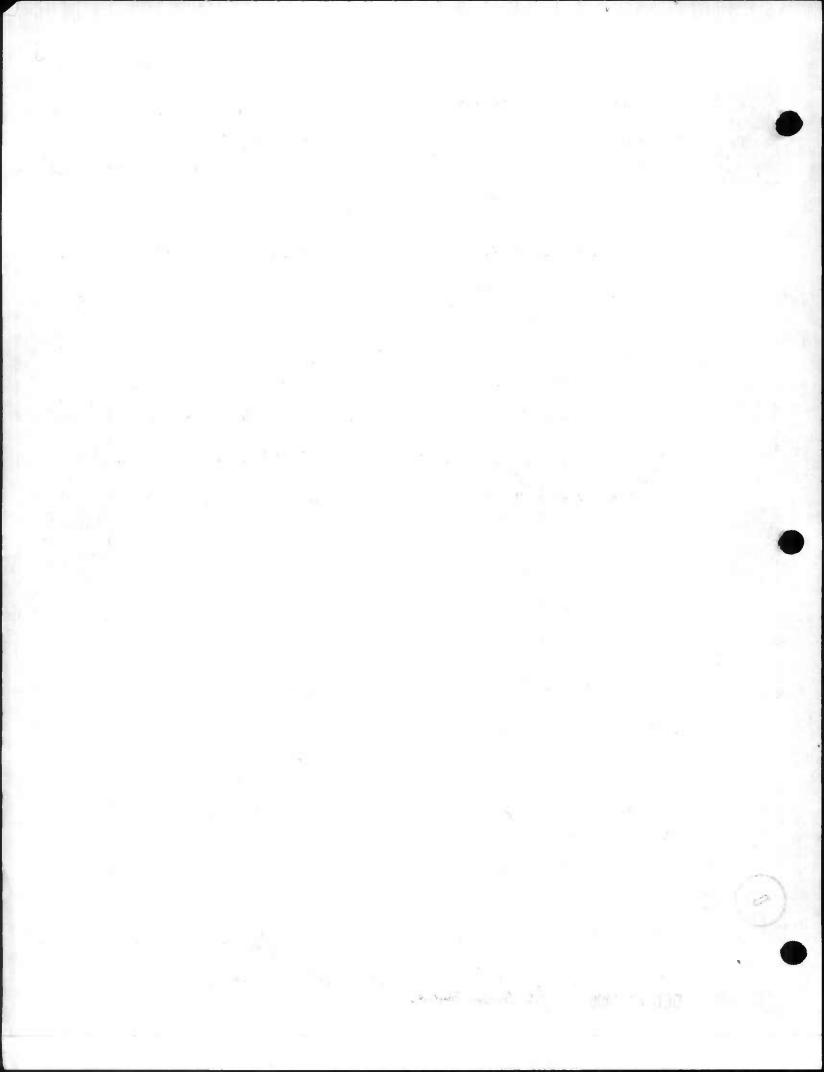
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| | Funeral Director | | 5. Social Security Number 6. S 409 44 5011 1 Usual Residence of Decedent | M 2 F | Yrs. last birthdey) If Under 1 Y | eys Hours Min. | 8. Dete of Birth (Month, Day, You | 932 | Country | e (Stete or Foreign | |
| Baltimore, Maryland 21215-0020 | /land | | 10a. Stete 10b. County | 10c. | City, Town or Location | | | | 10d. | . inside City Limits | |
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| | or 28 | Sire | 10e. Street end Number | <u>_</u> | 10f. Zip Co | de | 10g | Citizen of \ | What Country | 7 | |
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| | | by Funeral Director | 11. Meritei Status | 12. Wes Decedent Ever in Agreed Forces? | 13. Wes Decedent | of Hispenic Origin? (S Cuban, Mexican, Puert | pecify Yes or No- o Rican, etc.) | | e - American ok, Whits, etc | | |
| | S aft | | 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced | Armed Forces? 1 Yes 2 □ No 7 If Yes, Give Yeer or Detes: | 1 Yes 20 | No Specify: | | Specify | Bla | ck. | |
| | 72 hours "natural", | | 15. Decedent's Ed | | 16a. Decedent's Ueuel O | ccupation | 16 | b. Kind of B | usiness/Indus | etry | |
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| | C/ 0 10 10 | | 19a. Informent's Neme/Reletionship | Type, Print) h.17H (WIF) | 19b. Melling Address (Si | | A / | ity or Town, | State, Zip Co | ode) | |
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| | 00-2 | | 1 Buriel 2 ☐ Cremetion 3 ☐ | Removel from Stete | cemetery, cremetory or other | | 12/12/01 | Owner | 2000 1000 | 11- 1.0 | |
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| Ba | Dep part | | D. (| b Cool | | 10/000 | ret fui | Very | 41 20 | RVICE | |
| | | | 23s. Part1. Epier the disease, or comp | metions thet caused the d | eeth. Do not enter the mode of | dying, such es cardiad | L AVE | 1344 | d Mis | pproximata | |
| | Physician | | shock or heart failure. List only | Ine ceuse on each line. | | | | | | itervei Between Inset end Deeth | |
| | /Medical | | Immediate Cause (Finel disease or condition resulting in death) e. Aspiration Pneumonia Due to (or as a consequence of): | | | | | | | | |
| | Examiner | | | | | | | | | | |
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| | rificete be executed ng physician and es the burial-transit | Examiner | Sequentially list conditions, if eny, leeding to immediate | Due to | | | | | | | |
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| I Records, P.O. | death e atte | | Part II. Other significant conditions or | ontributing to death but not | resulting in the underlying caus | a given in Pert I. | 23b. Did tobs | CCO USO CO | ntributs to th | ne cause of death? | |
| | uires that the der signed by the a lid be deteched f | | | • | | | | 2□ No | | oly 4 Unknown | |
| | es the | | AIDS | | | | | | | | |
| | To the Hospital or Attending Physician: The law requires that the death ce within 24 hours elected: After this certificate has been signed by the attendit completely filled in by the funeral director, page 2 should be deteched for use | | Hypertension | | | | 24a. Wes en e performe | | availa | sutopsy findings | |
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| | | Be | 25. Wes case raferred to medical exeminer? | Hospital: | | | ath (Check only one) | | | | |
| | | 2 | 1 Yes 2 No 27. Manner of Death | Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) | | | | | | | |
| | | Certification: | 1 Neturei 5 ☐ Pending | 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. tnjury et Work? 1 □ Yes 2 □ No | | | 28d. Describe how injury occurred | | | | |
| | Atten r deal ctor: by the | fica | 3 ☐ Suicide 6 ☐ Could not be | 28e. Piece of Injury - At home, ferm, street, fectory, office | | 28f. Location (Street and Number or Rural Route Number, | | | | | |
| | offer of in b | ent | 4 Homicide | building, etc. (Specify) | | | City or Town, Stete) | | | | |
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| | the Hin 24 the Fu | Medical | one) Chapter only one) Chapter one) Chapter only one) Chapter | | | | | | | | |
| | To T | 2 | 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) AS 2402321-EC 9008 December 9, 1996 | | | | | | | | |
| | - X | | | | | | | | | | |
| | [7] | | 30. Name and address of person who co | | tom 23a) (Type Print) | imore IV | | | | | |
| | Sta | 10 | 31. Deta Glod (Month Day Year) | alle AVVV | | ivuore 10 | urylana | 4 | (1) | | |
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State of Maryland / Department of Health and Mental Hygiene

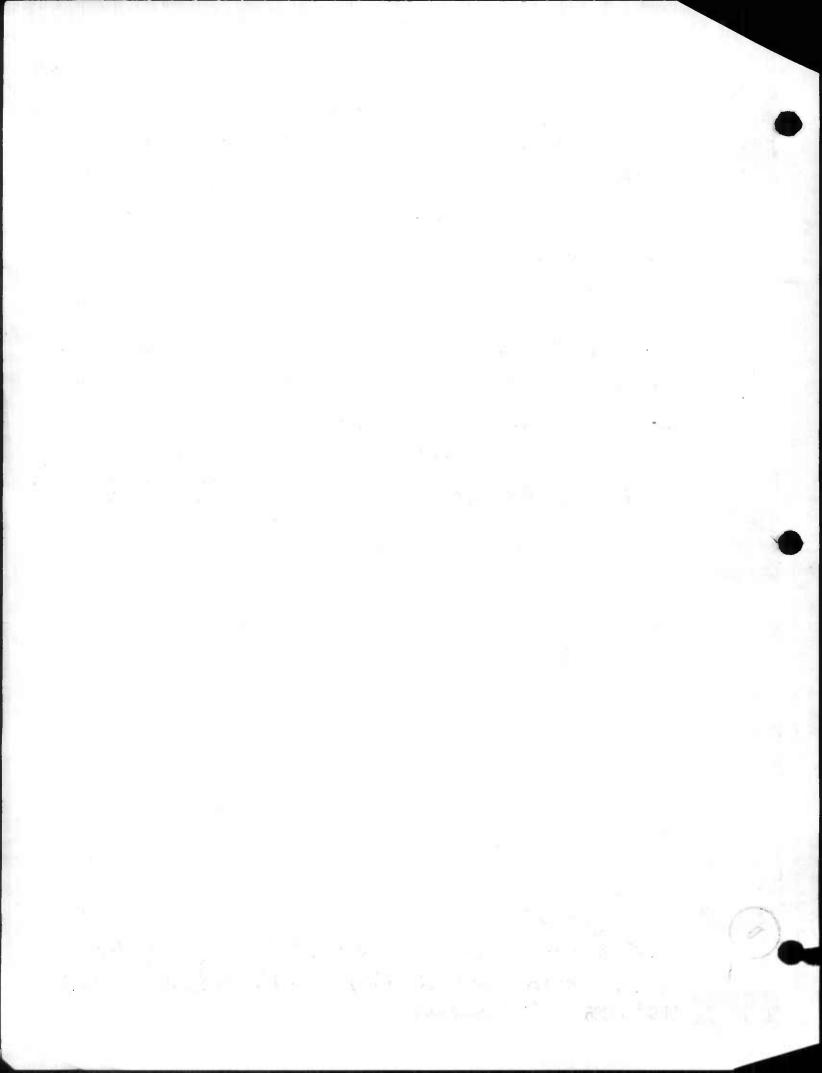
Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Dev Yeer **Physician** Month RONALD SAUNDERS 6,1996 10:20PM December /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner n/a BALTIMORE THE JOHNS HOPKINS HOSPITAL 7. Age (In yrs. lest birthdey) If Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth NOV 22, 1961 5. Sociei Security Number 6. Sex 9. Birthpiece (State or Foreign **Funeral** 1 💢 NX 2□ F Deys Hours 217-86-3737 35 BACTIMORE, MD Yrs. Director Usuei Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Modical Exeminar must be notified at MD n/a BALTIMORF 1 X Wes 2 No Director 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 912 N. CHESTER S T. 21205 UNITED STATES by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Raca - Amaricen Indien, Bieck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Iten any Injury or other traumatic event, the Madical Evantmen 1 ☐ Never Married 2 ☐ Marriad 21215-0020 1 Yes 2 NX Specify: Specify: 3 □ Widowed 4 \ ivorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) 10 th COOK TRUCK PLAZA Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Surname) Be HOWARD SAUNDERS ANN PERRY 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) SAUNDERS ANN 912 CHESTER ST., BALTIMORE, MD #05 Baltimore, 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removel from State
4 Donetion 5 Other (Specify) VOSHELL MEMORIAL GAR. 12-11 DUNDALK, MD 21. Signatore of Funeral Service Licens 22. Name end Address of Fecility WM. C. MARCHFH.-1101 E. NORTH AVENUE 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on aach line. Intervel Between Onset end Daath **Physiclan** /Medical Immediete Ceuse (Finel ANOXIC BRAIN INJURY diseese or condition rasulting in deeth) 12 hours Examiner Due to (or es e consequence of): Attending Physician: The law requires that the death certificate be executed buniel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760, Physician/Medical Due to (or es e consequence of) ed by the a' Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown signed b þ 24b. Wara autopsy findings evaileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? After this certificate 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Medicai Certification: 28b. Time of 28c. Injury et Work? 1 Natural 5 Pending death. 1 Yes 2 No 2 ☐ Accident investigetion by the ector: 3 Suicida 6 Could not be datermined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date end piece, end due to the causa(s) and manner as steled.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, daeth occurred at the time, date end piece, end due to the cause(s) end menner steled. 29e. Certifier (Check only one) 29b. Signature and title of contilled 29d. Date signed (Month, Dey, Year) M6 118/RES-000 December 6 1996 30. Nema end eddress of parson who completed causa of deeth (Item 23e) (Type, Print)
THE JOHNS HOPKINS HOSPITT HOSPITAL' Monica Shaw July 30 minutes standed Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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| | | | 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 1652 Gorsuch Avenue Baltimore Na | | | | | | | | | |
| | | | 5. Soclei Security Number 219-22-9026 Usual Residence of Decedent 6. Sex 1 M 2 F 7. Age (In yrs. last | | | Months Days Hours Mir | | | | Birthplace (State or Foreign Country) MD | | |
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| | | Director | Md Na Baltimor | | | | re | | | | X X Y Yes 2 No | |
| | | | 10e. Street and Number | 10f. Zip Code | | | 10g. Citizen of | What Cour | ntry? | | | |
| | | Funeral | 1652 Gorsuch Avenue 11. Marital Status 12. Wes Decedent Ever In U.S. | | | 21218 13. Was Decedent of Hispanic Origin? (Specify Yes or I | | | USA 14. Race - American Indian. | | | |
| 21215-0020 | | þ | 1 Never Married 2 Narried 3 Widowed 4 Divorced | Armed Forces? 1 ☐ Yes 2 ☑ No It Yes, Give Year or Dates: | med Forces? It Yes, spec Yes, Give 1 □ Yes 1 ar or Dates: | | t Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes A No Specify: Ident's Usual Occupation | | | Black, White, etc. Specify: Black 16b. Kind of Business/Industry | | |
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| | ges 1 and 2 should t of Health and Men if Item 27 ie merke or other traumatic | | Claude St 20a. Method of Disposition | treet Si | | 2 Gorsu sition (Name of natory or other plan | ch Aven | ue bal | timore 20c. Location | | | |
| mo | permit. Pages 1 a Department of He Important: If Item any Injury or othe | | X□ Burial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Special | Tremoval non State | Cemetery, crem | | MTERY | 12-10 | BALTII | | | |
| Baltimore, | | | 21. Signafur of Funeral Service Licensee 22. Name and Address of Facility WM.C. March FH 1101 E. North Avenue | | | | | | | | | |
| | | | 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate interval Between | | | | | | | | | |
| | Physiclan /Medical Examiner | | Immediete Cause (Final disease or condition resulting in deeth) | RRSpire | boxy | Anne | , | | | | Mary Per | |
| 68760, | Meate be executed physician and is the burial-transit | edical Examiner | Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): | | | | | | | | | |
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| Record | the law requir ate has been s page 2 should | Completed | Chronic Reval Frilyne | | | | | 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? | | | | |
| = 1 | | | | | | | | 10 | res 20/No | 10 | ☐Yes 2☐No | |
| Vital | certificate irector, pag | o Be | 25. Was cese reterred to medical examiner? | Hospital: | 7500 | 2 DOA Oth | 26. Place of Dea | 1 | | | | |
| | Physician: w this certific eral director. | n: To | 1 inpatient 2 LEH/Outpatient 3 LDOA 4 Nursing Home 5 Hesidence 6 LiOther (Specify) | | | | | | | | V) | |
| sior | r death, actor: After by the fune | catio | Natural 5 ☐ Pending Investigation | | Injury | | Yes 2 □ No | | | | | |
| 5 | lospital or Atta | Certification: | 3 Suicide 4 Homicide 3 Suicide 4 Homicide 4 Homicide 4 Could not be determined 28e. Place of Injury - At home, term, street, factory, office building, etc. (Specify) 28t. Location (Street and City or Town, State) | | | | | | | l Number or Rural Route Number, | | |
| | | edical | 29e. Certifier (Check only one) Certifying Ph | ysician: To the best of my kn ninar: On the basis of examin and manner stated. | owledge, deeth ation and/or Inv | occurred et the tin estigation, in my o | ne, dete and plece pinlon, death occur | , end due to the rred at the time, | ceuse(s) and mi | anner as st | leted. the ceuse(s) | |
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| | IX | | 30. Name end address of person who | completed ceuse of deeth (Ite | m 23a) (Type, F | Print | 20 11 | | | | , - | |
| | C. | | 31. Dete filed (Month, Day, Year) | 32. Registrar's Sign | ACOCK! | 1-1-5 | 754/7 | more | mu | 3 | 1518 | |
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If Under 1 Year

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| State of Maryland / Department of Health and I Certificate of Death | Mental Hygiene | 96 | 3703 |
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| /Medical |
| Examiner |

THOMAS REBA 4e. Fecility Neme (If not Institution, give street end number)

1. Decedent's Name (First, Middle, Last)

Month DEC.

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If Under 24 Hrs. 8. Date of Birth
Hours Min. Month, Dey

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

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9. Birthplece (State or Foreign Country)

10d. Inside City Limits

Nes 2 No

4425 GARRISON BLVD. 5. Social Security Number

10b. County

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4b. City, Town, or Location of Deeth BALTIMORE

1996 4c. County of Deeth NIA

10g. Citizen of Whet Country?

U.S.

16b. Kind of Business/Industry

Funeral Director

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Department of Heath e Important: If Item 27 Is any Injury or other tra

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After this

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filled in by the funeral Certification:

The law requires that the death certificate be axecuted

Records, P.O. Box 68760,

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29b. Signa

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Pages 1 and 2 should be Health end Mental

Baltimore, Maryland 21215-0020

217-30-3373 Usual Residence of Decedent 10e. State 10

Director 10e. Street end Number Funeral 11. Maritel Stetus

NIA memor 1 Never Merried 2 Married

Blud 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give

7. Age (In yrs. lest birthday)

65

Yrs.

10c. City, Town or Location

Ba

10f. Zip Code 21215

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1□ Yes 20 No Specify:

14. Race - American Indian, Black, White, etc. Specify: 1ac

(Specify only highest grade completed) Elementery/Secondery (0-12)

3 ☐ Widowed 4 ☑ Divorced

College (1-4or 5+) 1613.

(Give kind of work done during most of working life. DO NOT use retired) WOVICE

16e. Decedent's Usual Occupation

18. Mother's Name (First, Middle, Meiden Sumeme)

17. Father's Neme (First, Middle, Last)

wad 1973, Informent's Neme/Reletionship (Type,

15. Decedent's Education

an- Vaushte. Method of Disposition

1804 -cm laur 20b. Plece of Disposition (Name of cametery, cremetory or other play mem

Balto 20c. Location - City or Town, Stete

1 Byriel 2 Cremation 3 Removel from Stete 4 Donetion 5 Other (Specify) 21. Signature of Funerei Service Licensee

Rome Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each line.

22 Name end Address of Fecility laza 300 WELDUST

Immedie Ceuse (Finel

a Hypertensive Arteriosclerotic Cardiovascular Disease

Approximete rvel Bety Onset end Death

diseese or condition resulting in deeth)

Due to (or es e consequence of)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest

Due to (or es e consequence of):

Due to (or es a consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of death?

INSPECTION 1 Yes 2 No

1 ☐ Yes 2 ☐ No

25. Wes cese referred to medical 1 Ves 2 No

27. Menner of Deeth

1 Neturel 2 ☐ Accident

3 Suicide

4 Homicide

5 Pending investigation

6 Could not be determined

28e. Dete of Injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

O.C.M.E

Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

DEC.

7, 1996

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner as steted.

2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. 29c. License number 29d. Dete signed (Month, Dey, Year)

26. Piece of Deeth (Check only one)

30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print)

Laron Locke M.D.

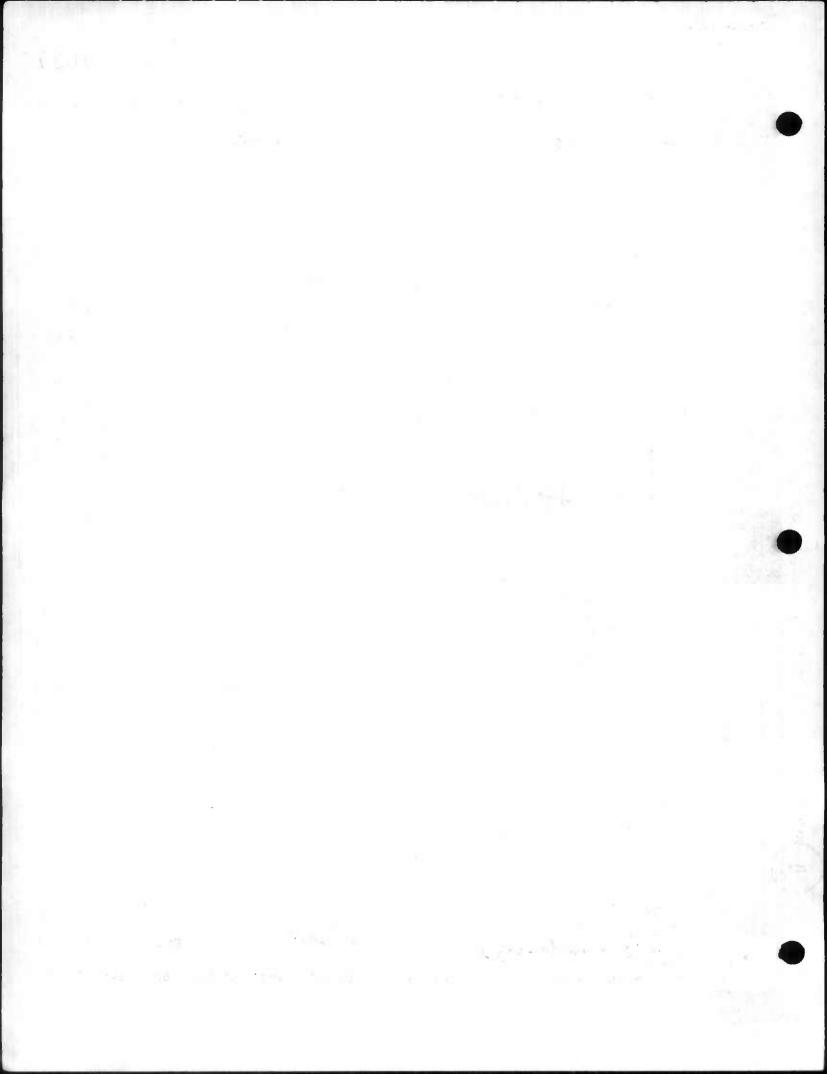
re and title of certif

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Dey, Year)

DEC 1 0 1996





State of Maryland / Department of Health and Mental Hygiene

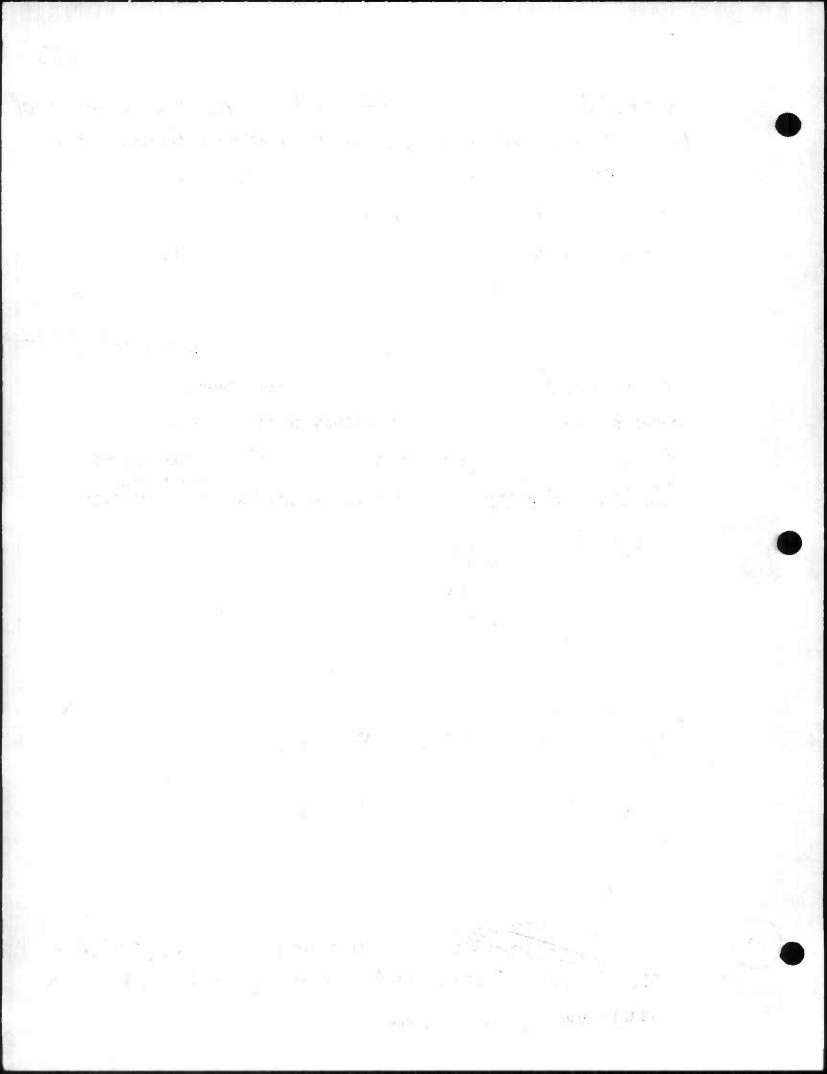
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death GLADYS TILLE Month 2 **Physician** 10:25 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Genesis Elder Care - Homewood Nsg Center Baltimor e Baltimore City if Undar 1 Year if Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1 □ M 2√2 F 217-16-1530 Director MD AUG 4, 1921 Usuai Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location show 10d. inside City Limits traumetic event, the Madical Examiner must be notified at MD N/A BALTO XXYes 2□ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 3819 KILBURN RD 21133 itema 23a U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas ※ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "naturel", or iten eny injury or other traumetic event, tra Medical Examines once. Black, White, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: BLACK à 3 ☐ Widowed 4 ☒ Divorced Specify Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry BALTO. CITY PUBLIC Elementary/Secondary (0-12) College (1-4or 5+) SCHOOL SYSTEM 12th CLERK 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be BOOKER PERKINS LYDIA BROOKS 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) CAROLYN ADAMS 3819 KILBURN RD BALTO, MD 21133 20a. Method of Disposition 20b. Piace of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, Stata DEC 6 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Other (Specify) 1996 ARBUTUS, MD ARBUTUS MEM PK 21. Signature of Funeral Service Licensee. 22. Name and Address of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 alucia lla 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dylng, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Physician /Medical Immediata Cause (Final diseese or condition resulting in death) Examiner Due to (or as a consequence of): Examiner sician and buriel-transit The law requires thet the death certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or as a consequence of) physician s the buriel P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 9 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 YUnknown page 2 should be de Records, þ 24b. Were autopsy findings available prior to completion of ceuse of deeth? Completed 24a. Was an autopsy performed? 2 No certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No of Vital Hospital or Attending Physician: '24 hours effer death.' Funerel Director: After this certifica director. Be 25. Was cese referred to medicel axaminer? 26. Place of Death (Check only one) Other: 4₩ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 27. Manner of Death 28c. Injury at Work? Medicai Certification: 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Division 5 Pending investigation 1 Netural 1 Tes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 24 hours 29a. Certifier Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) and manner as steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To th 29b. Signature and title of continu 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed leted cause of death (Item 23a) (Type, Print)

a 3007 E Northern Parlum 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State

DHMH 16 Bay 6/95

Registrar

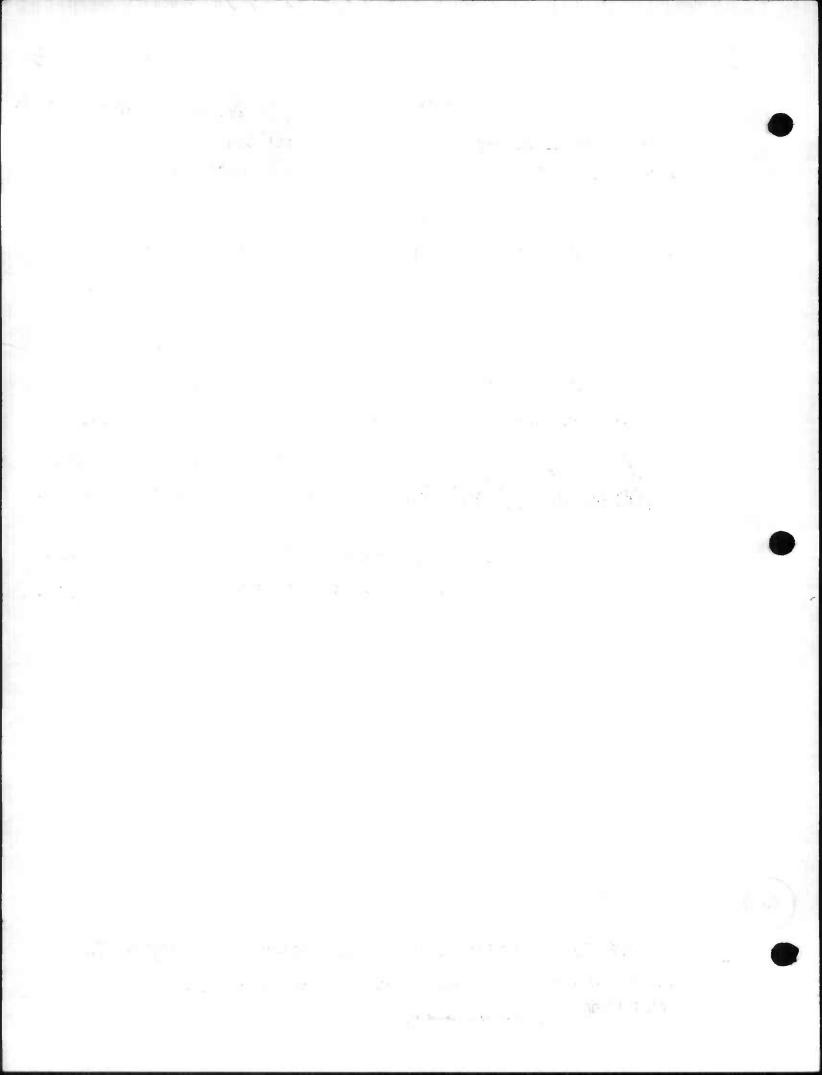
DEC 1 0 1996



State of Maryland / Department of Health and Mental Hygiene O.C.

| | | | | | arylar | | | | Death | | Reg. No. | 5 3 | 1039 |
|------------|---|-------------------------------|---|---|----------------------|----------------------------------|-----------------------|-------------------------------------|--|---|------------------------------------|---------------------------|---|
| | Physici /Medic | | Decedant's Nama (First, Middle HAROLD | , Lasi) G . | TUR | NER | | | | 2. Data of De Month Decemi | Day | Year 1996 | 3. Tima of Death 3: 25 AM |
| | Examir | | 4a. Facility Nama (tf not Institution, | giva street and number |) | | | | 4b. City, Town, or | | | | |
| | | | Mercy Medica | | | | William | las d Vasa | Baltim | | Na | | |
| | Funeral Director | | 5. Social Security Number 220-36-9564 Usual Rasidence of Decedant | 6. Sex 7. A 1 ☑ M 2 □ F | ga (In yrs. 56 | last birthday) Yrs. | Month | lar 1 Yaar s Days | If Undar 24 Hrs Hours Min. | 8. Data of Birl | Y.4-40 | 9. Birthp Coun | laca (Stata or Foreign try) A • |
| | /land | | 10a. Steta 10b. County | | 10c. Cit | y, Town or Lo | cation | | | | | 1 | 0d. Inside City Limits |
| | death with the Maryland ms 23a or 28a-f show crust be notified at | to | Md n | / a | | BALTI | MOR | Ε | | | | | X□XYas 2□No |
| | or 28 | Sire | 10e. Street and Numbar | | | | 10f. 2 | Zip Coda | | | 10g. Citizan of V | | * |
| | ath w | rai | | TE C.OURT | | | | | | | UNITED | | ATES |
| 21215-0020 | or the | Completed by Funeral Director | 11. Marital Status 1 Nevar Married 2 Marrie 3 Widowed 4 Divorced | 12. Was Decedant Armed Forcas' ad 1 Yas 2 X if Yas, Giva Year or Detas: | Evarin U ? IXo | | | cedant of I becify Cub 2 🖾 No | Hispanic Origin? (S an, Maxican, Puar Specify: | Specify Yas or No to Rican, atc.) | - 14. Rac Blac Specify | ck, Whita, | an Indish, atc. BLACK |
| 5-0 | | eted | 15. Decedent' (Specify only highest | s Education t grade completed) | | 16a. Deced | iant's Us | sual Occup work done | oation duning most of wo d) | rking | 16b. Kind of Bu | usinass/Ind | dustry |
| 121 | d within 72 jene. r than "nat | Idmo | Etementery/Secondary (0-12) | Collega (1-4or | 5+) | | | u <i>se retire</i> TOR | d) | | F.D | . А . | |
| | be filed hal Hygind other event, to | CO | 12 th 17. Fathar's Nama (First, Middle, L | ast) | | 1113 | | 101 | | ma (First, Middle, | Maiden Suman | 10) | |
| lan | 0 2 0 9 | To Be | FREDERICK | TURNER | | | | | | MARGARE | T COL | BERT | 100 |
| Maryland | s 1 and 2 should f Health and Men tem 27 is marke other traumetic | | 19a. tnformant's Neme/Ralationsh | lp (Type, Print) | | | _ | | and Number or R | | | | |
| | 1 and 2 Health em 27 inther tra | | GWENDOLYN | BAILOR | | 391 | | | ON HURS | | | | |
| Baltimore, | permit. Pages 1 a Department of Hee Important: If item any injury or othe | | 20a. Mathod of Disposition XX Buriai /2 Cramation | 3 Ramoval from Stata | (| Place of Dispo cemetery, cren | natory o | r other pla | | Data | 20c. Location - | | |
| Ë | permit. Pa Departmen Important: any injury ance. | | 4 Donayon 5 Other (Sp 21. Signature of Funeral Service L | | C | EDAR | HIL | | CEMETER | Y 12-10 | ANNE | ARU | JNDEL CO. |
| Ba | Depa Impo any li | | 21. Signature of Junarai Sarvice L | The Ship | AH | | | | ARCH F | H1101 | E.NOR | ТН | AVENUE |
| | Physician | | 23a. Part Erkerine diseasa, or shock, of haart failura. List o | comp Salis Huir Sulf Nely ona ceusa on aach i | d in deal | h. Do not ent | ar tha m | oda of dyi | ng, such as cardia | c or respiratory a | rrest, | | Approximata Intarval Between Onsat and Death |
| | /Medical Examiner | | Immediata Causa (Final disaasa or condition rasulting in daath) | . CNS | LY | MPM | mo | 3 | | | | 1 1 | matho |
| 1 | Examine: | 4 | rasuling in daa(n) | N 13 | | or as a conseq | uence o | rf): | -0 - | 6 | | | |
| | uted 1 ansit | edical Examiner | | b. MUSUL | REC | or as a conseq | - | - | SEPIGE | ncy sy | NON | ٤ | yrs. |
| oʻ | icate be executed physician and s the burial-transit | Exa | Sequentially list conditions, if any, lasding to immadiata causa. Entar Underlying Csusa (Disaasa or injury that initiated evants | | Dua to (c | as a conseq | uerice o | 1). | | | | | 0 |
| 68760, | ifficate be g physici as the bu | lical | Csusa (Disaasa or injury that initiated evants resulting in death) Last | c | Due to (o | r as a conseq | uance of | f): | | | | | |
| | E 0 0 | | | d | | | | | | | | | |
| Вох | death cer e attendir d for use | Slan | | | | | | | | | | | |
| P.O. | the de | Physician/N | Part II. Other significant condition | ne contributing to death t | out not ras | ulting in tha u | ndarlying | g causa gi | van in Part I. | | 10 | | the cause of death? |
| | that ned b | by Pt | | | | | | | | 1 | Yes No | 3 Prol | bably 4 Unknown |
| Records, | w requires that the death cert s been signed by the attendin 2 should be detached for use. | Completed b | | | | | | | | 24a. Was | an autopsy imed? | av | are autopsy findings allable prior to mpletion of cause death? |
| R | The la | EO. | | | | | | | | 10 | Yas No | 10 |]Yas 2□No |
| Vital | ysicism: The law is certificate has b director, page 2 s | Be | 25. Was cesa rafarred to medicel axaminar? | | | | | | | ath (Check only o | one)STELLA | MAR. | IS AT MERCY |
| 50 | > 00 | ို | 1 ☐ Yas 2 No | Hospitel: 1 Inpati | | ER/Outpatien | t 3🗆 I | DON | | 1 | | | HOSPICE |
| n C | iding Ph th. After th | lon: | 27. Mennar of Death 1 Natural 5 □ Panding | | lry ny Year) | 28b. Tima of Injury | М | 28c. Inju Wo | ryat rk? ∣Yas 2 □ No | 28d. Dascribe | how injury occur | red | |
| ivision of | 9 = | Certification: | 2 Accidant invastig | ot be | iury - At h | oma farm str | | | 1185 2 1140 | 28f. Location (| Street and Numb | er or Rura | il Route Number, |
| á | for after | ert | 4 ☐ Homicida datarmin | building, a | c. (Specif | γ) | out, ruot | .,, | | City or To | | | |
| 0 | To the Hospital or Ather within ZHTSurs after des To the Funeral Director completely filled in by the | edical | 29a. Cartifiar 1 Certifying (Check only one) 2 Medicat E | Physicism: To the best examiner: On the basis of and manner st | of axamina | wledga, death tion and/or Inv | occurre astigation | ed at the ti | me, date end place opinion, daath occ | e, and due to the urred at tha tima, | ceuse(s) and me data and place, | enner es si and dua to | teted. o tha ceuse(s) |
| _ | Within To the comp | Me | 29b. Signatura and titla of certiflar | 00 | | | 2 | 9c. Licans | sa number | | 29d. Data signe | d (Month, | Day, Year) |
| | | | Kender | 10/8 au | resi | 2us | | D | 2564 | 3 | 12/5 | 579 | 4 |
| | 4 | | 30. Nama and addrass of person w | | - | | | | | | | 1 | |
| | | | DR. KENDALL FAL | | | | LLEY | (RD | TOWSON, | MD 2120 | 4 | | |
| | Sta Registr | | 31DECTION (Month Pay Year) | Suha Janda | rar's Signa | atura | | | | | | | |

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month James Thurman Vines 8 1996 12;05AM Dec /Medical 4a. Facility Nama (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1204 Oak Hill Place T-A Annapolis Anne Arundel 5 Social Security Number If Under 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) Birthplace (Steta or Foreign Country) **Funeral** Days Hours 1/1 M 2 T F 424 10 8743 Director 82 Yrs. Dec 2 1914 ALA Usual Residence of Dacedent the Maryland 10a Stata 10h County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f ehow other traumatic event, the Madical Exampler man be notified at 10d. Inside City Limits Anne Arundel Annapolis Md Director 1 ☐ Yes 🏌 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21403 1204 Oak Hill Place T-A Funerai death 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 72 hours after 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Spacify only highast grade completed) Elamantary/Secondary (0-12) College (1-4or 5+) Millright Steel Mill 12 17. Fathar's Name (First, Middle, Last) 18. Mother'a Nama (First, Middle, Melden Sumeme) Be Pages 1 and 2 should be 1 nent of Health and Mental James Vines Nettie Matson 0 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 and 2 a
Department of Health ar
Important: If item 27 is
ony injury or other trau Sarah H. Vines 1204 Oak Hill Place T-A, Annapolis Md 20c. Location - City or Town, State 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Date 1 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 12/9/96 Balto., Md Metro Crematory 21. Signature of Funeral Service Licensea 22. Name and Address of Facility Hardesty Funeral Home, P.A. Annapolis, Md 21401 12 Ridgely Ave., Momas 23a. Part 1. Enter the disease, or complications that caused the death. shock, or haart fallure. List only one cause on each line. Approximate nterval Between Onsat and Death **Physician** Lund Finlund /Medical Immediate Cause (Final diseasa or condition rasulting In death) Examiner Examiner attanding physician and for use as the bunal-transit law requires that the death certificate be axecuted Saquentially list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disease or injury that better the cause of th Due to (or as a consequence of): P.O. Box 68760. Physician/Medical that Initiated events rasulting in death) Last Due to (or as a consequence of): ed by the a Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed l Records, by Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of causa of death? page 2 s certificate has The 1 Yas 2 No 1 ☐ Yas 2 ☐ No Be 25. Was case referred termedical examinar? 26. Place of Death (Check only one) Certification: To 1 Yes 2 No Other: 4☐ Nursing Home 5☐ Residence 8☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 1 ⊟Natural Date of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Panding Invastigation 1 Yas 2 No 2 Accident 6 Could not be detarmined 28a. Placa of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

Division of Vital or Attending Physician: To the Hospital or Attending within 24 hours after death. To the Funeral Director: Aftr

> State Registrar

Medical

DEC 1 0 1996

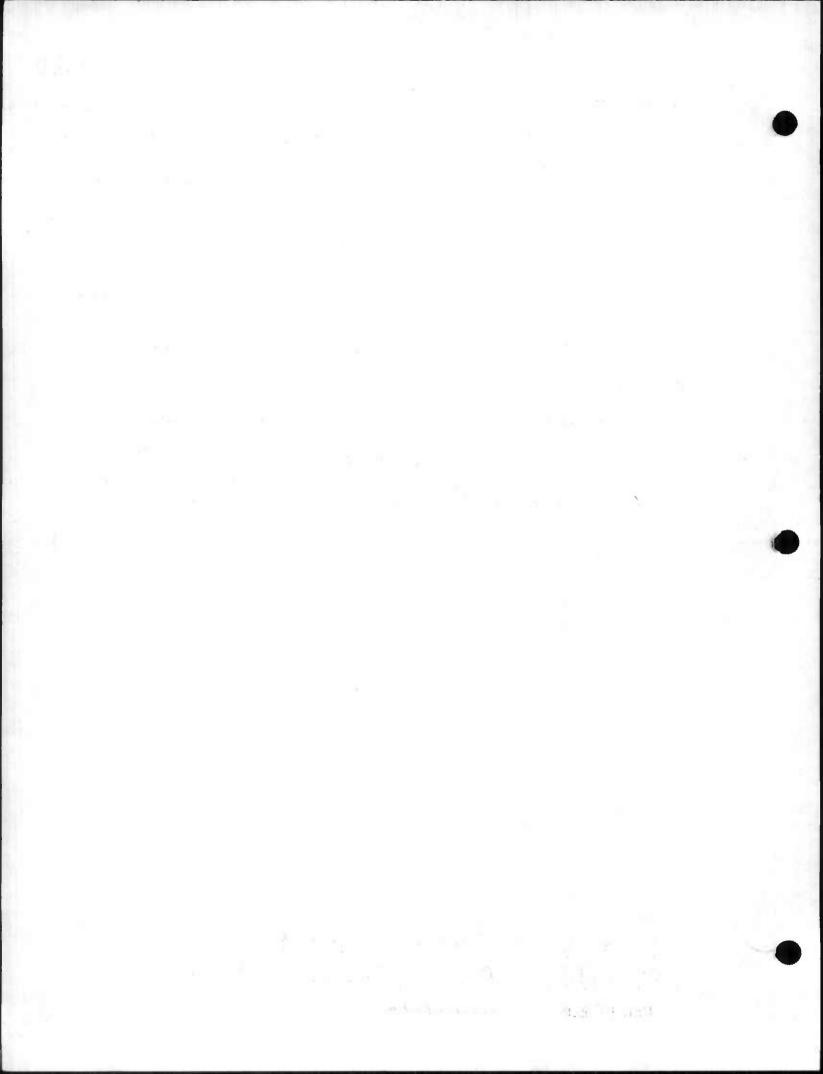
29a. Cartifian

(Check only one) 29b. Signatur

Registrar's Signature

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

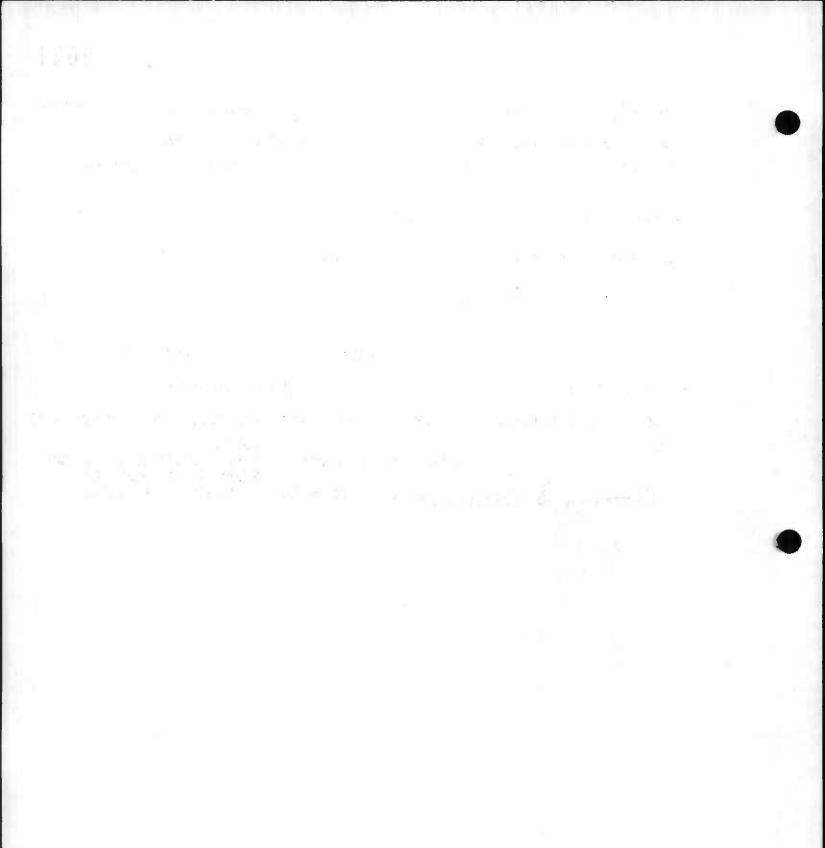
29d. Data signed (Month, Dey, Year)



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State of Maryland / Department of Health and Mental Hygiene 0 6 2 7 0 1 1

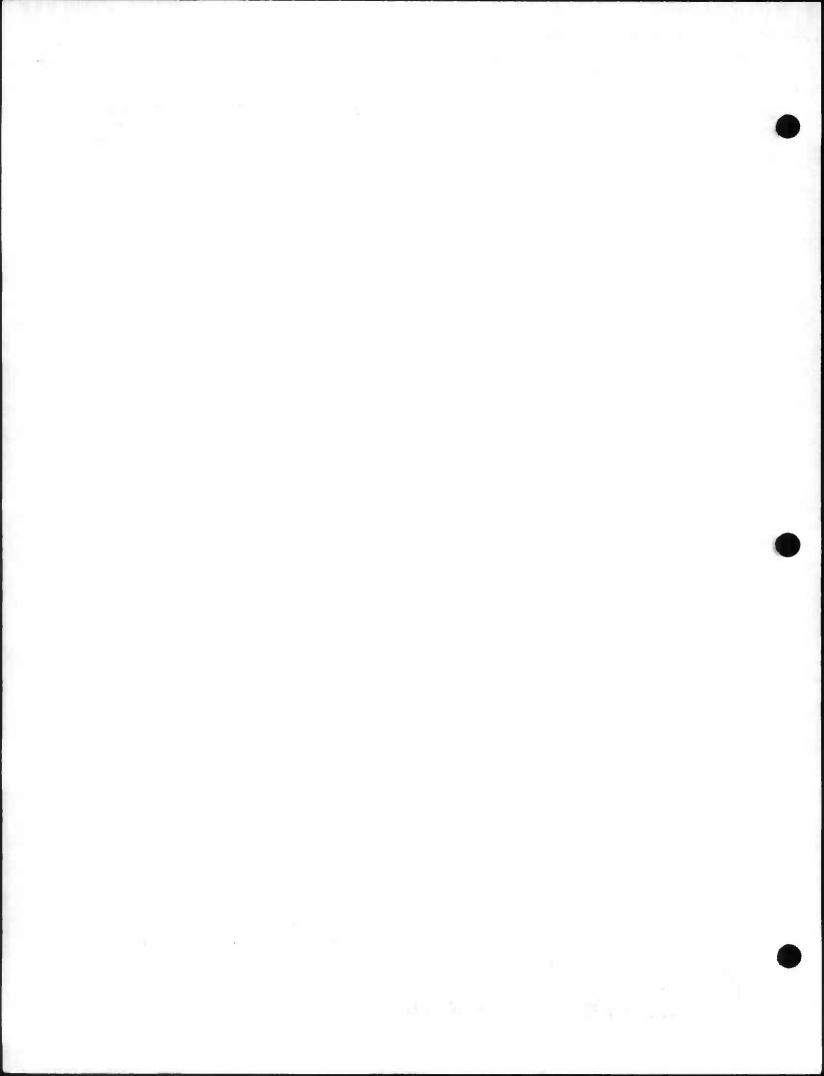
| | 1 | . Decedent'a Neme (First, Mid | die, Last) | | | Ce | niica | te of | Death | 2. Date of D | | 0 | 3. Time | ot Deeth |
|---|-------|---|--|--------------------------------|--------------------------------------|--|-------------------------|-------------------|---|--------------------|-------------------------------|---------------|--|----------------|
| Physician | _ | WILLIAM | | WILLI | F | | | | | Decemb. | Dey | Yeer 1996 | 700 | MA |
| /Medical | 4 | e. Facility Neme (If not instituti | | | | | | | 4b. City, Town, or | | - 1 | | - 1 | 1(10) |
| Examiner | | | | | , | | | | | | | ty of Death | | |
| | 4. | 886 WASHINGTO | - | | | | - Water | 4 1/ | BALTIMO | | N/A | | | |
| Funeral Director | 5 | Social Security Number 218-03-2537 | 6. Sex | | ge (In yrs. 76 | lest birthday, Yrs. | Months | Days | | | ey. 1920 | 9. Birthp | lace (Stete LYAND | or Foreig |
| | - | Isuai Residenca of Decedent | | | 1 | | | | | | | | | |
| or 28a-f show | | 0a. Stete 10b. Coun | У | | | y, Town or L | | | | | | 10 | 0d. Inside (| |
| be notified Director | ž M | IARYLAND N/A | | | BAL | TIMORE | 2 | | | | | | 1 X Ye | s 2 N |
| 7.28 Fe | 1 | 0e. Street and Number | | | , | | 10f. ZI | p Code | | | 10g. Citizen of | f Whet Coun | try? | |
| S | 7 | 886 WASHINGT | זווסם ואכ | EWADD | | | 21 | 230 | | | UNITED | CTATE | S | |
| th and Mental Hygiena. 7 is marked other than "naturel", or items 23e or 28e-f show traumatic event, the Medical Examiner must be notified at traumatic event, the Medical Examiner must be notified at traumatic event. | 5 1 | 1. Marital Status | | es Deceden | Ever In U | S. 13. | | | Hispanic Orloin? (5 | Specify Yes or N | | aca - America | | |
| 1 M | 5 | 1 ☐ Never Married 2 ☐ Ma | A | rmed Forces | ? | | | ** | Hispenic Origin? (S ean, Mexican, Puer | to Rican, etc.) | BI | ack, White, | | |
| by F | 2 | 3 Widowed 4 Divorce | d If | TyYes 2 ☐ Yes, Give | 140 | | 1 🗆 Yes | 2 No | Specify: | | Spec | ity: WH | ITE | |
| neturel', edical Exp | ź - | | | ear or Dates: | 1944 | | | | | | 1 | | | - |
| ygiena. ner than "natur. nt, the Wed call | 5 | 15. Decede (Specify only high | nt's Education es <i>t gr</i> ede com | n npleted) | | 16a. Dece (Give | dent's Usu kind of w | ork done | pation during most of wo d) | orking | 16b. Kind ot | Business/Ind | lustry | |
| than than the Me | 2 | Elementery/Secondery (0-12) | С | ollege (1-4or | 5+) | IIIe. | DONOT | ise <i>retire</i> | nd) | | | | | |
| Hygiena. ont, tre v | 5 | 12 | | | | BRIC | CKLAY | ER | T | | CONSTI | RUCTIO | N | |
| merked other matic event, t To Be Cc | | 7. Father's Neme (First, Middle | , Lest) | | | | | | 18. Mother's Ne | me (First, Middle | e, Meiden Sume | ime) | | |
| Menti arked atic s | | LBERT W. WILL | ΙE | | | | | | EVELYN | C. PROCE | ESSER | | | |
| end Mental Is marked of sumatic ave | | 9a. Intormant's Name/Relation | | nint) | | 19b. Maili | ing Addres | s (Street | end Number or R | ural Route Numb | ber, City or Town | n. State. Zip | Code) | |
| 27 is r trau | 7 | IOLET BRYANT | / COMPA | ANTON | | 0.007.1.1111 | | | N BOULEV | | LTIMORE | | | 2123 |
| f Health Item 27 I other tr | - | Oa. Method of Disposition | OOIII 1 | HILOH | 20h F | Place of Dispo | | | | | 20c. Location | | | |
| 5 = 2 | - | 1 Burial 2 □ Cremation | 3 □Remov | al from State | | ametery, cre | metory or | other ple | ce) | DEC 9, | 200. Location | 1 City of 10 | wii, Siale | |
| Department Importent: If eny injury o once. | | 4 Donation 5 Other (| | | | DON PA | ARK C | EMET | ERY | 1996 | BALTIMO | ORE, M | ARYLA | AND |
| Department Important: I any injury o once. | 2 | 1. Signature of Funerel Service | Licensee | | | 2: | 2. Name e | nd Addre | ess of Facility L | OUDON PA | ARK FUNI | ERAL H | OME | |
| 8 5 5 8 | | 0- | X | Oi n | 0. | - 36 | 520 W | ILKE | NS AVENU | E BALT | IMORE, N | MARYLA | ND 21 | 1223 |
| | +, | 23a. Pert1. Enter the disease, shock, or heart teilure. Lis | y complication | as that cause | The door | -31 | | | | | | - | Approxima | |
| ysician Medical caminer | d | mmediete Cause (Final lisease or condition esulting in deeth) | θ | Lur | | or as a conse | quence of) | : | | | | | Onset and | |
| nding physician and use as the buriel-transit in/Medical Examiner | th re | Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury nat Initieted events esuiting in deeth) Lest | b c | Chro | Due to (o | Obstru ras a consec ras a consec | quence ot) | | ng Dis | ease | | | | |
| # 9 m | | | | | | | | | | | | | | |
| d by the ettandi etached for use Physician/ | P | art II. Other significant condit | ions contributi | ing to death I | out not resi | ulting In the u | underlying | cause gh | ven in Part I. | 23b. Did | tobacco use c | ontribute to | the cause | of deat |
| Phy etac | | | | | | | | | | 1)2 | Y 2□ No | 3 Prob | ebly 4 | Unkno |
| n signed by the e | | | | | | | | | | | s an autopsy | | re autopsy | |
| page 2 should | - | | | | | | | | | реп | ormed? | cor | illable prior npletion of leath? | |
| page page | | | | | | | | | | 10 | Yes 2000 | 1 🗆 | Yes 20 | ZNO |
| certificate rector, pag | 21 | 5. Was case reterred to medic | al | | | | | | 28. Place of De | ath (Check only | one) | | | |
| al director, | | examiner? 1 ☐ Yes 2 2 No | Hospita | al: 1 🗆 Inpati | ent 2 Kg | ER/Outpatier | nt 3 D | Oth | ner: 4 Nureing H | lome 5 ☐ Res | Idence 8 🗆 O | ther (Specifi | () | |
| Z = | | 7. Manner of Death | 28 | | | 28b. Time o | | 28c. Inju | | 7 | how Injury occu | | , | |
| After funer funer tion | | VSAlatural 5 ☐ Pend | ng igatlon | a. Date of Inju (Month, De | y Year) | Injury | М | | rk? Yes 2 □ No | | | | | |
| 11 (0) | | 2 ☐ Accident Inves 3 ☐ Suicide 6 ☐ Could | not be | - Dr | 1 411 | | | | 100 2 110 | 001 11 | (Otro et e e el Alore | | | |
| the the | | | mined 280 | e. Place ot In building, e | jury - At ho lc. <i>(Specif</i>) | me, tam, sti | reet, factor | y, offica | | | (Street end Num wn, Stete) | iber or Hura | House Mui | m <i>ber</i> , |
| irector n by the rtifica | | | | To the hest | ot my kno | wiedge, deatl | h occurred | at the tin | me, date and place | a, and due to the | ceuse(s) end n | nanner as st | ated. | |
| I hours after death. uneral Director: After the funeral by filled in by the funeracal Certification: | - | 9a. Certifier 1 Certify | ng Physician | in the heale - | t avamin- | | | | | | | | the series | |
| n 24 nours after dea ne Funeral Director pletely filled In by the edical Certifica | 2 | | Examiner: O | n the besis on nd manner st | t examinatieted. | ion and/or in | ivestigation | i, iii iiiy c | pinion, death occ | arred at the time, | , date and pieca | , end due to | the ceuse | (s) |
| 5 2 0 O | 2 | (Check only 2 Medica | Examiner: O | n the besis of | t examinatieted. | tion and/or in | | | se number | arred at the time, | 29d. Date sign | | | |
| worn ze nours after dea Jo the Funeral Director completely filled in by the Medical Certifical | 2 | (Check only 2 Medica one) | Examiner: O | n the besis of | eted. | ion and/or in | 29 | c. Licens | se number | | 29d. Date sign | ed (Month, L | | |
| Medical Certifica | 29 | (Check only 2 Medica one) Medica | er ELLS | on the besis of the manner st | MD | | 29 | c. Licens | se number | | 29d. Date sign | | | |
| wyunicze nousalel dea To the Funarel Director completely filled in by the Medical Certifica | 29 | (Check only 2 Medica one) | er who complet | on the besis of the manner st | MD deeth (Item | | 29 | c. Licens | | | 29d. Date sign | ed (Month, L | | |



State of Maryland / Department of Health and Mental Hygiene 96

96 37042

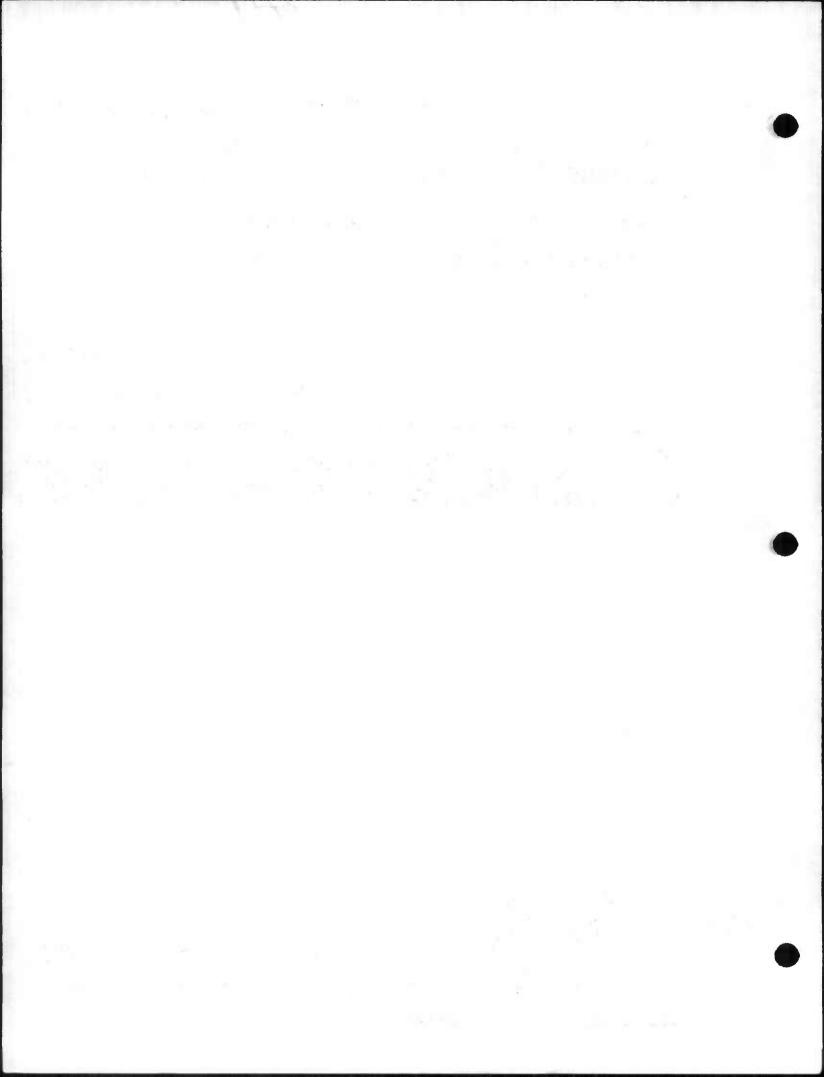
| | | | | | Certific | ate of | Death | | Reg. No. | | |
|--|---------------------|---|--|--|-----------------------------------|---------------------------------|---------------------------------------|--|--------------------------------------|------------------------------|---|
| Dharala | | 1. Decedant's Nama (First, Middle, La | st) | | | | | 2. Data of D Month | | Yaar | 3. Time of Death |
| Physic /Med | | JOSEPHIN | 1- | | Wil | LIAM | 75 | DEC. | 9, 19 | 96 | 7:05 AM |
| Exami | | 4a. Facility Nama (If not institution, giv | a street and number) | | | 1 | 4b. City, Town, o | r Location of Dea | th 4c. County | of Death | |
| | | WASHINGTON ADVEN | | | | | TAKOMA | | - | GOMER | |
| Funeral Director | ı | 5. Social Security Number 6. S 284-14-5276 Usual Rasidance of Dacedant | D. AFVE | o (In yrs. last bii 76 | Yrs. Moni | ths Deys | If Undar 24 Hi | n. (Month, D | ay, Year) 4, 1920 | 9. Birthpl Count CLF | lace (State or Foreign try) EVELAND, OI |
| /land | | 10a. Stata 10b. County | | 10c. City, Tow | n or Location | | | | | 10 | 0d. Inside City Limits |
| h the Meryland r 28a-f ehow | ō | OHIO CUYAHO | GA | HIGH | LAND HI | EIGHTS | ; | | | | 1 XYes 2 No |
| or 284 | irec | 10e. Street and Number | | | 10f. | . Zip Coda | | | 10g. Citizan of | What Coun | itry? |
| 23a c | a D | 773 RADFORD DRIV | Έ | | | 4414 | 3 | | UNITE | ED STA | ATES |
| within 72 hours efter death with the Meryland lene. Than "natural", or items 23s or 28s-f show tre Medical Exeminer must be notified at | by Funeral Director | 11. Maritel Status 1 □ Naver Married 2 ☑ Married 3 □ Widowed 4 □ Divorced | 12. Was Dacedant E Armed Forcas? 1 ☐ Yas ②XN If Yas, Giva Yaar or Datas: | | | | | (Specify Yas or Norto Rican, etc.) | o- 14. Rec Blac Specify | ce - Amarico ck, Whita, a | |
| 72 ho | Completed | 15. Decedant's Ed | lucation | 16a | . Dacedant's I | Usual Occup | pation | | 16b. Kind of B | usinass/ind | dustry |
| G 2 | Ple Ple | (Specify only highast gra Elamantary/Secondary (0-12) | Collaga (1-4or 5 | +) | lifa. DO NO | T usa retired | during most of w d) | onking | | | |
| filed withi Hyglene. rther than | S | | 2 | ME | DICAL 1 | RECORD | S CLERK | | HEALT | TH CAF | RE |
| should be filed nd Mental Hygis marked other imatic event, to | Be | 17. Fathar's Nama (First, Middla, Last) | | | | | 18. Mothar's N | ama (First, Middle | a, Maiden Suman | 10) | |
| 2 should be food and Mental Hammarked of | 2 | JOSEPH LIPUMA | | | | | | RINE RUS | | | |
| 200 | | 19a. Informant's Name/Ralationship (| ** | | | | | Aural Routa Numi | | | |
| ロボのト | | LAWRENCE WILLIAM 20a. Mathod of Disposition | IS - HUSBAI | | / 3 RAD | | KIVE, H | IGHLAND | | | 44143 |
| SOT | | 1 Burial 2 ☐ Cremation 3 ☐ | | camata | ry, cramatory | or other plea | · | | 20c. Location | | |
| the tant | | 4 □ Donation 5 □ Othar (Spacif) | | ALL | SOULS (| | | 12/14/96 | CHARDO |)N, OF | HH |
| permit. Peges 1 a Department of Hee Important: If item any injury or othe | | 21. Signature of Euneral Sarvice Licen | lensor | | | | | DICICCO GHTS, OH | | HOME | |
| | | 23a. Part1. Entar tha disaasa, or com, shock, or haart failura. List only | plications that caused one cause on each lin | tha deeth. Do | | | | | | | Approximata Intarval Batween |
| Physician /Medicai Examiner | | Immediata Causa (Final disaasa or condition rasulting in daath) | . Cerc | ebrove | uscu la | y ac | cciden | et | | (| clays |
| N 580 | ē | | Cercal | Dua to (or as a | consequanca | of): | _ | | | | 10. |
| uted | Examiner | | b. Cerebr | Dua to (or es a | erosci | evasi | 5 | | | | years |
| exec in an | Exa | Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying | Diabe | , , , , , , | ~4 | | | | | | Vears |
| that the death certificate be executed ed by the ettending physician and detached for use as the bunal-transit | n/Medicai | Causa (Disaasa or injury that initiated evants rasulting in daath) Last | C. | Due to (or es e | | | | | | | 7003 |
| d for us | icia | Part il. Other significant conditions of | ontributing to death bu | t not reculting i | n the underlyi | 00 001100 001 | on in Part I | 23h Dia | I tobacco use co | ntelbute to | the cause of doubh? |
| that the de ned by the s detached to | by Physician/ | Coverage art | | | n tha undanyi | ng causa giv | van in Paπ I. | | Yes 2DXNo | | the cause of death? |
| law requires as been sign 2 should be | Completed b | | | | | | | 24a. Wa | s an autopsy formed? | ava | era autopsy findings allable prior to mplation of cause daath? |
| The ate h | Con | | | | | | | 1 🗆 | Yas 25 No | 10 | Yas 2No |
| iclan: The certificate rector, pag | Be | 25. Was casa rafarrad to medical axaminar? | | | | | 26. Placa of D | aath (Chack only | ona) | | |
| Physician: this certific ral director, | 2 | 1 ☐ Yas 2 ☐ No | Hospital: No Inpatiar | nt 2□ER/Ou | utpatient 3□ | DOA Oth | ner: 4 ☐ Nursing | Homa 5 ☐ Ras | idance 6 Oth | nar (Specify | r) |
| After fune | Certification: | 27. Mannar of Death 1 Avatural 5 Panding 2 Accidant invastigation | | Year) 28b. | Tima of Injury M | 28c. Injur Wor 1 🗆 | yat rk? Yas 2 □ No | 28d. Dascribe | how Injury occur | red | |
| | | 3 ☐ Suicide 6 ☐ Could not be datarmined | 28a. Place of Inju building, atc | ry - At homa, fa . <i>(Spacify)</i> | arm, street, fac | ctory, office | | 28f. Location City or To | (Street and Numbown, Stata) | er or Rura | l Routa Number, |
| To the Hospital or within 24 hours efter To the Funeral Dir completely filled in | edical | 29a. Cartifiar (Check only one) 158 Cartifying Phyone) 2 Medical Example 159 Cartifying Phyone 150 Cartifying | ysician: To the best o ninar: On the basis of and mannar sta | axamination an | a, daath occur nd/or invastiga | rad at tha tir tion, in my o | ma, data and pla- pinlon, daath oc | ca, and dua to the curred at tha tima | causa(s) and ma , data end placa, | annar as st and dua to | atad. tha cause(s) |
| To the Within 2 To the complete | X | 29b. Signature end titla of certifier | 000 | | | 29c. Licens | | | 29d. Date signe | | Day, Year) |
| | | Duesda | All | | | D30 | 1,601 | • | 12/9/ | 96 | |
| | | 30. Nama and addrass of person who | | | (Type, Print) | | 411 | Λ. | | | |
| (< | | DAVID W. BRI | | CURI | - | AVE | . TAKC | MA PA | RK MD | 20 | 7/2 |
| Sta | ite | 31. Data filed (Month, Day Year) | A. 32 Affegistra | r's Shature | 2. | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Q C

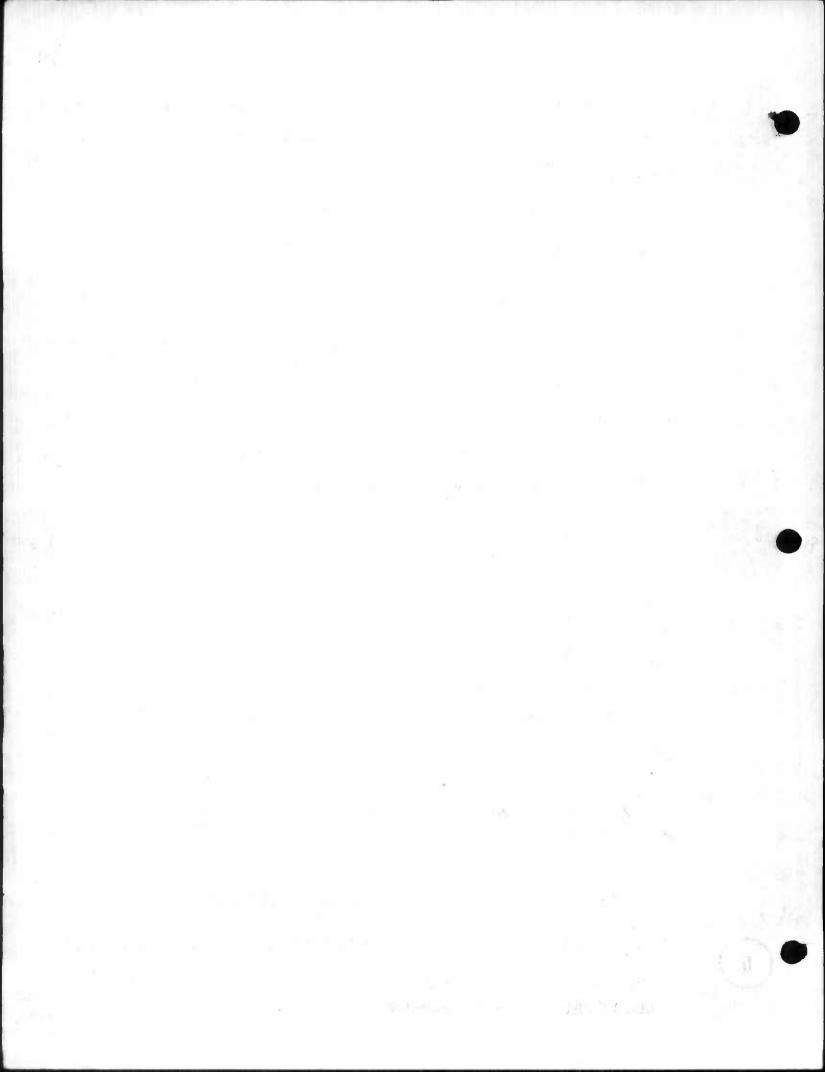
| | | | | ate of ivialylane | Certifica | | | | Reg. No. | 6 3/ | 043 |
|----------|---|----------------|---|---|--|-------------------------------|--|---|--------------------|------------------------------------|---------------------------|
| | Physici | an | Decedent's Name (First, Middla, Last) | 1 11/2 | M LA | 2051 | / | 2. Data of Dea | ath Day | Year . | ima of Death |
| | /Medic | cal | 4a. Facility Nama (If not institution, give stree | LINTON | M, WHI | | City, Town, or Loc | ECEMBI | | 1996 | 841 Pm |
| 1 | Examir | ner | NORTH WEST | HOSPITAL | | | BALTIMO | | 4c. County | //A | |
| H | Funeral | | 5. Social Security Number 6. Sax. | 7. Age (In yrs. la | est birthday) If Unda Months | er 1 Yeer | If Undar 24 Hrs. Hours Min. | 8. Data of Birt (Month, Day | h Veer) | 9. Birthplace (3 | Stete or Foreign |
| | Director | | 243-24-1387 1XM | 2UF 6 | 9 Yrs. | Deys | Tiodis IVIII. | FEB. 2 | 7,1927 | | 4ROLINA |
| | puel lend | | Usual Rasidanca ot Decedant 10a. Stata 10b. County | 10c. City, | Town or Location | | | | | 10d. Ins | sida City Limits |
| | Mery | to | MARVIAND NIA | | BALTI | MORE | = CITY | | | 1,0 | Yes 2 No |
| | or 284 | Director | 10e. Street and Number | | | p Code | | | 10g. Citizan of V | Vhet Country? | |
| | ath w | rail | 7804 GAYWOOL | | | 2 | 1244 | | u | SA | |
| | ter de trem | Funeral | A | Vas Dacedant Evar In U,S imed Forcas? | If Yas, sp | edant of Hisp ecify Cuban, | panic Origin? (Spec Mexican, Puerto R | ify Yes or No- ican, etc.) | 14. Reci Biac | a - American Ind k, Whita, etc. | ian, |
| 020 | or Je | þ | | XYas 2□No2-7. Yes, Giva ear or Dates: 7-8 | -49 1□ Yas | 2 X No | Specify: | | Specify | BLAC | K |
| 5-0020 | 1 and 2 should be filed within 72 hours efter death with the Meryland Health end Mental Hygiene. Isin 27 is marked other than "natural", or flerna 23a or 28a-f show other treumatic event, the Medical Examiner must be notified at | Completed | 15. Decedent's Educatio (Specify only highest grada cor | | 16a. Decedant's Usi | ual Occupeti | on ring most of workin | | 16b. Kind of Bu | isinass/Industry | |
| 121 | ne. | mple | Elemantary/Secondary (0-12) | ollega (1-4or 5+) | lifa. DO NOT | usa retired) | | | | . 0 | 1 |
| d 2 | filed with Hygiene. Ither ther | | 5 + FGRADE 17. Fethar's Name (First, Middla, Last) | 1 | TOLL MO | | PERATOI 8. Mothar's Name | | | WAL CAN | COMPANY |
| Maryland | id be ental ked o | To Be | UNKNOWN | | | | HATTIE | (, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | WAT | 1 | |
| lary | 2 should be end Mental is marked o | - | 19a. Intormant's Name/Raletionship (Type, F | | 19b. Mailing Addras | | | Route Numbe | | | 1 |
| - | and sealth in 27 in | | | DAUGHTEL) | 919 ALL | NDAL | IE ST. B | | ORE, MO | 1,2/2 | 29 |
| JOE | 80=5 | | 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Remo | cel from Chate Cel | aca ot Disposition (Namatary, cramatory or | other place) | | Data | | City or Town, St | |
| altimore | nit. Pa satmen ortant: injury 8. | | 4 □ Donation 5 □ Other (Specify) 21 □ Bigranus of Funeral Service Doesee / | D COX | RRISON , | FOREST | T CEME, 10 | 1-13-76 | OWING | 35 MILL | S, M.O. |
| Ba | Dep Impo | | a Landill | 18m | TOSE | OH H. | of Facility BROWN | JR. F | UNERA | L HOME, | PA |
| | -11-2 | | 23a. Part1. Enter the disease, or complication shock or learn failure. List only one ca | ns that caused the death | Do not antar tha mo | de of dylng, | FULTON such as cardiec or | respiratory ar | rast, | Appro | oximata |
| a | Physician | | Colony one co | oso on each me. | | | | | | Onse | al Batween t and Death |
| 1 | /Medical Examiner | | Immediata Causa (Final disaese or condition resulting in daath) | TSEL | DOMON | AS " | SEPSIS | | | 1 | |
| | | er | | Dua to (or | as a consequence of |): | 10/10 | | | | |
| | outed ansit | Examiner | Sequentially list conditions | | es a consequance of | | AILUR | E | | <u> </u> | |
| 90, | e exe | | Sequentially list conditions, if eny, laading to immadiata cause. Enter Undarfying Cause (Disasas or Injury that initiated evants | 17 | OMONA | | PNEUM | ONTA | 1 | | |
| 68760, | ificete be executed g physician and as the buriel-transit | edical | that initiated evants rasulting in death) Last | | as a consequence of | | . , . | | | | |
| Box (| E 0 8 | 300 | d | | | | | | | | |
| | deeth e ette ad for | Physician/N | Part II. Other significant conditions contribu | ting to death but not rasult | ting in the underlying | causa givan | In Part I. | 23b. Did 1 | obacco use con | ntribute to the c | ause of death? |
| P.0 | that the de led by the e detached i | Phy | | | | | | | Yes 2□No | | B-J |
| | signed | i by | <u>Celeisko vrac</u> | n n | rea yer | <u> </u> | | #30 PM | - IVI ex- | 041 14/11 | |
| Records, | The law requires that the deeth cer ate hes been signed by the ettendin page 2 should be detached for use | Completed | CEREBROVASC HYPERTENS | ION ESSE | NTIAL | - | | 24a. was perfo | an autopsy med? | | prior to on of cause |
| Re | he law e hes age 2 | ошо | PARKINSO | | | | | 101 | as 2 No | of death? | 2□ No |
| Vital | | Be C | 25. Was case rafarred to medical | NISM - | | | 26. Placa of Death | | | T T Yes | 2LI NO |
| of V | | ToE | axaminar? 1 ☐ Yes 2 No Hospi | al: 1 Inpatient 2 E | R/Outpatient 3 C | OA Othar: | 4 ☐ Nursing Hom | a 5 🗆 Rasio | dence 6 □Oth | ar (Specify) | |
| o uc | D ag | on: | | a. Dete of Injury (Month, Day Year) | 28b. Tima ot Injury | 28c. Injury a Work? | | 8d. Dascribe h | now Injury occurr | red | |
| Division | or Attending effer death. Director: Affer I in by the fune | ficat | 2 Accident investigation 3 Sulcide 6 Could not be | a. Placa ot Injury - At hon | M M | | is 2□No | 8t. Location (S | Streat and Numb | er or Rural Rout | a Number |
| Βį | apital or Attandii Nours efter death. Ineral Director: A y filled in by the fu | Certification: | 4 Homicida datamined | building, atc. (Specify) | ra, iariii, sirbat, taoto | ry, omos | | City or Tow | m, Stete) | 07 07 110707 11001 | , realison, |
| | Hospital or 14 hours effe Funeral Dir taty filled in | edical | Z Medical Examiner: A | To the best of my know | ledge, deeth occurrae | at the time, | , dete and piece, ar | nd dua to the | cause(s) and ma | nner as stated. | ausa/s) |
| | a de la | Med | one) 29b. Signature end title disenter | ind mannar stated. | | c. Licensa n | | | | (Month, Day, Y | |
| | 7376 |) | - | to n.c. | | | - 1 | | | | |
| | it | | 30. Nama and address of person who comple | led cause of death (Item) | 23a) (Type Print) | D27 | | | | R,B, | |
| _ | NXI | | RAYNOLD DE | PESTRE | NORTHU | EST | HOSPi | TAL | CEN | TER - | - |
| | Sta Registr | | 31. Date tiled (Month, Day, Year) | 32. Registrer's Signetu | | | | | | | |

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | Decedent's Name (First, Middle, La. | | Ce | rtificate of | | | Reg. No. | 6 | 3 / U 4 4 |
|--|------------------|---|--|---|--|---|---------------------------------------|------------------------------------|-----------------------------|--|
| Physici | | Charles A Wither | | | | | Month | Dey | Yeer | 07:58 |
| /Medic Examin | | 4e. Fecility Neme (If not institution, give | | | | 4b. City, Town, or | Pect n | - | 1996 | 0.131 |
| Examil: | lei | Union Memorial | | | | Baltimo | | | | City |
| Funeral | | Social Security Number 6. S | | (In yrs. lest birthday, | | | | | | - |
| than "natural", or items 23a or 28a-f show and Wed call Examinet must be notified at | | 218-12-2553 Usuel Residence of Decadent | CX M 2□ F | 74 Yrs. | Months Days | Hours Min. | | y, Year) , 1922 | Mary | elece (State or Foreign htry) Land |
| If show | tor | Maryland Baltime | ore City | 10c. City, Town or Le | ocation Ba | ltimore | | | 1 | 0d. Inside City Limits 1)∑ Yes 2 □ No |
| or items 23s or 28s-f show miner must be notified at | Funeral Director | 10e. Street end Number 3838 Roland Avenue | Apt. 403 | | 10f. Zip Code | 21211 | | 10g. Citizen of | Whet Coun | usa USA |
| Examiner m | by | 11. Maritei Status 1 □ Never Married ※ Merried 3 □ Widowed 4 □ Divorced | 12. Was Decedent Ev Agned Forces? Y⊟Yes 2 □ No If Yes, Give Yeer or Detes: | | Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☐ No | | Specify Yes or No to Rican, etc.) | 14. Rad Ble Specifi | ce - Americ ck, White, o | an Indien, etc. hite |
| other than "natural", rent, the Medical Exa | Completed | 15. Decedent's Ed (Specify only highest gra Elementery/Secondery (0-12) | ucation de com <i>pleted)</i> Coltege (1-4or 5+) | | dent's Usuei Occup kind of work done DO NOT use retire | | rking | | nd Sh | ip Buildin |
| | To Be Co | 12 17. Fether's Neme (First, Middle, Last) George H. | Withers | | | 18. Mother's Na | me (First, Middle, Mary E. | | - | |
| If item 27 is marked other or other traumatic event | | 19e. Informent's Name/Reletionship (7 Hazel M. Withers | ype, Pnht) | 19b. Maili 3838 | ng Address (Street Roland A | rend Number or Rivenue Apr | ural Route Numb | er, City or Town, Baltimor | Stete, Zip | Code) 21211 |
| important: If item 27 is any injury or other tra | | 20e. Method of Disposition XXBurlai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | | 20b. Pleca of Dispo cemetery, cree Weisburg | metory or other ple | | Date 12/9/96 | 20c. Location - White H | | wn, State Maryland |
| any inj | | 21. Signeture of Funeral Service Licenters | () - | # | 2. Name end Addre | nes Fune | ral Home | Marul | and 2 | 01211 |
| sician | | 23a Part I. Enter the disease, or companies, or heart failure. List only of | licetions that caused the cause on each line. | e deeth. Do not en | ter the mode of dyl | ng, such es cardie | or respiretory e | rrest, | and 2 | Approximate Interval Between Onset and Deeth |
| ledical aminer | | Immediate Ceuse (Finel disease or condition resulting in deeth) | . septic | Shock | | | | | | 12 hours 2 weeks |
| ansit | Examiner | Sequentially list acaditions | b. Prum | un la | | | | | t | 9 meeks |
| | | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events | С. | 10 (0) 03 0 0011300 | quellos 01). | | | | | |
| 0 0 | n/Medicai | resulting in deeth) Lest | Du | e to (or es e conseq | quenca of): | | | | | |
| the atte | sicia | Pert II. Other significent conditions co | ntributing to death but i | not resulting in the u | nderlying cause on | ven in Pert I | 23h Did | tohacco use co | ntribute to | the cause of death? |
| | by Physician/N | 1 1 - |)(seate | | Tabliying oddoo gii | | | Yee 2□ No | 3 □ Prob | 1/ |
| ge 2 should t | Completed | | | | | | 24e. Wes | en eufopsy rmed? | con | ore eutopsy findings bileble prior to repletion of cause deeth? |
| certificate he rector, page | 0 | , | | | | | 100 | Yes 2 No | 1 | Yes 2 No |
| ector. | Be | 25. Was case referred to medical exeminer? | | | | 28. Plece of Dea | ath (Check only o | one) | | |
| 0 io | 0 | 1 Yes 2 No | Hospital: 1 Inpatient | 2 ER/Outpetier | nt 3 DOA Oth | ner: 4 \(\text{Nursing H} | lome 5 Resid | denca 6 □Oth | er (Specify |) |
| funeral | | 27. Menner of Deeth 1 Netural 5 Pending | 28e. Dete of Injury (Month, Dey Y | (ear) 28b. Time of Injury | f 28c. Injur Wor | ry et rk? | 28d. Describe I | how Injury occur | red | |
| Director: A | Certification: | 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined | 28e. Pleca of Injury building, etc. (| - At home, ferm, str Specify) | | Yes 2 No | 28f. Location (S City or Tov | Street and Numb wn, Stete) | per or Rurei | l Route Number, |
| Ill fill | edicai | 29a. Certifler (Check only one) Certifying Phy 2 Medical Exam | sician: To the best of r ner: On the basis of ex end menner state | amination end/or in | n occurred et the tir vestigetion, in my o | me, dete end pieca ppinion, deeth occu | , end due to the rred et the time, | cause(s) end ma dete end piece, | nner as sta end due fo | ated. the ceuse(s) |
| To the Fi | × | 29b. Signeture and title of certifier | | | ATQU | 138946 | | 29d. Dete signe | d (Month, E | 1996 |
| | | 30. Name and acciress of person who c | | | Print) | |)wow(| mD: | 2121 | 8 |
| Stat | е | 31. Dete filed (Month, Day, Year) DFC 1 0 1996 | 3. Registrar's | | • | | | | | 7 |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Data of Death

1) ecember

Month

37045

3. Tima of Death

Voon

21228

| Physician |
|-----------|
| /Medical |
| Examiner |
| |

1. Decedent's Nama (First Middle Last)

GERTRUDE I. WITTE

3300 BENSON AVENUE - APT-227 BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) **Funerai** 1□M 2□F Days Yrs. Director 79 215-07-6846 Usual Rasidanca of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic evant, the Meulical Examiner must be notified at BALTIMORE Directo BALTIMORE 10e. Street and Number 10f. Zip Coda 21227 3300 BENSON AVENUE-APT-227 death 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status filed within 72 hours after 1 ☐ Naver Married 2 ☐ Marriad 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: à 3 ⊠ Widowad 4 □ Divorced Decedant's Education 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada completed) permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene Important: If flem 27 is marked other than any Injury or other traumetic avant Elementery/Secondary (0-12) Collega (1-4or 5+) HOMEMAKER 8TH GRADE 17. Fathar's Nama (First, Middla, Last) Be CHARLES ROBL LOUISE SIPES 20 19a. Informant's Name/Relationship (Type, Print) 911 REGINA DRIVE - BALTIMORE, MD CLARENCE W. WITTE (SON) 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or othar placa) 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 12/12/96 LOUDON PARK CEMETERY 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signatura of Funaral Servica Licansaa 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME, INC. lu 23a. Part1 Entar the disease, or complications that caused the leath. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** /Medical Immadiete Ceusa (Final disaasa or condition rasulting In deeth) Examiner Dua to (or as a consequanca of): Examiner sician and buriel-transit certificate be executed Sequentially list conditions, if any, leading to immadiata causa. Enter Undarlying Causa (Disease or Injury that initiated avents rasulting in death) Last Dua to (or as e consaguanca of): P.O. Box 68760, attending physician for use as the burie Physician/Medical Dua to (or as a consequance of): 8 Part if. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t Records. by Completed peen page 2 certificate Division of Vital 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) 10 1 Yes 20 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral c 27. Mennar of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Certification: To the Hospital or Attending 1 Naturel 2 Accident 5 Panding Investigation death. 1 Yas 2 No efter death 6 Could not be determined 3 ☐ SuicIda 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) filled in by 4 | Homicide To the Funeral C completely filled Medicai 29a, Cartifian 29b. Signature and title of certifier 29c. Licansa numbar

4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE Birthplaca (Steta or Foreign Country) MARYLAND JUNE 11,1917 10d. fnsida City Limits 1 Yas 2 No 10g. Citizan of What Country? U.S.A. 14. Race - Amarican Indien, Black, Whita, atc. Specify: WHITE 16b. Kind of Businass/Industry HOMEMAKING 18. Mother's Nema (First, Middla, Maiden Surnama) 19b. Mailing Addrass (Street end Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 20c. Location - City or Town, Stata BALTIMORE 21229 4107 WILKENS AVENUE-BALTIMORE, MD Approximata Intarval Batw Onsat and Death m mediate 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of causa of deeth? 24a. Was an autopsy performad? 1 Yas 26 No 1 ☐ Yas 26 No Other: 4 ☐ Nursing Home 5 ☐ Rasidance 6 ☐ Othar (Specify) 28d. Dascribe how Injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and mannar as stated.

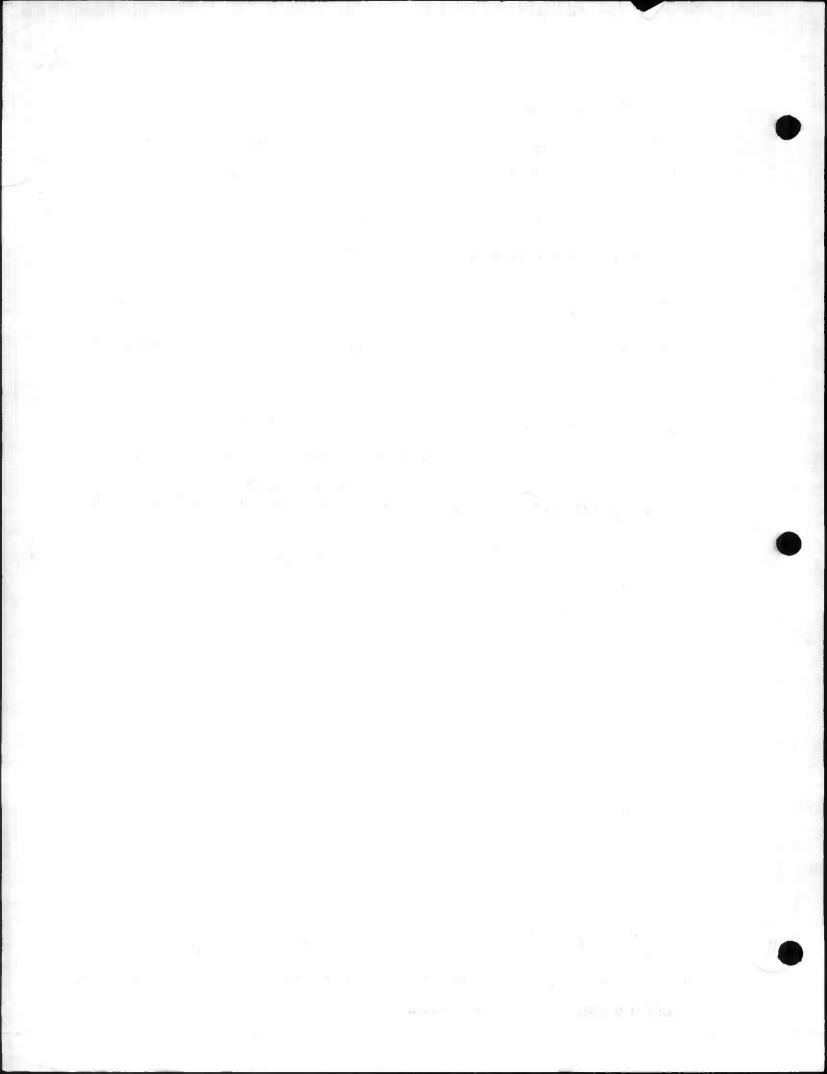
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29d. Data signed (Month, Day, Yaar) 30. Neme and addrass of parson who complated cause of death (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year)

DEC 1 0 1996

DR. PATRICK W. WHITE - 716 MAIDEN CHOICE LANE - APT-205 - CATONSVILLE, MD



State of Maryland / Department of Health and Mental Hygiene 96 37046

| Physicia | | | | | | | Death | | Reg. No. | | |
|---|---|--|--|---|--|--|---|---|---|---|---|
| Physici | | 1. Decedeni's Name (First, Middle, i | ast) | | - | | | 2. Daie of D | | 3. Time | of Death |
| /Medic | | Regina | D. | Wa | gner | | | | mber 6, | | 5 am |
| Examin | | 4e. Facility Name (If not institution, g | |) | 0 | | | or Location of Dee | th 4c. County | | |
| | | | rry Road | | | Williams & Voc | Dunda | | | Ltimore Co | |
| Funeral Director | | 217-40-1530 | Sex 7. Ag | ge (In yrs. Ia 92 | st birthday). Yrs. | If Under 1 Yea Months Days | | Hrs. 8. Dale of Bi Month, D Oct. 9 | | 9. Birthplace (Stat Country) Washingto | |
| ž | | Usual Residence of Decedent 10a. State 10b. County | | 10c. City, | Town or Lo | cation | | | | 10d. inside | City Lim |
| 28a-f show | to | Maryland N/A | | Bal | Ltimor | e | | | | | s 2 1 |
| or 28a | Oirec | 10e. Street and Number | | | | 10f. Zip Code | | | 10g. Citizen of | What Country? | |
| 23a | ra | 3108 Northway | Drive | | | 212 | 34 | | U.S.A | | |
| iene. r than "natural", or items 23a or 28a-f show tra Marical Examiner must be notified at | by Funeral Director | 11. Marital Status 1 □ Never Merried 2 □ Married 3 ☒ Widowed 4 □ Divorced | 12. Was Decedeni Armed Forces 1 Yes 2 If Yes, Give Year or Daies: | 7 | | Vas Decedent of I Yes, specify Cu I ☐ Yes 2∑ No | | ? (Specify Yes or N uerto Rican, etc.) | 14. Rad Bia Specif | ce - American Indian, ck, White, etc. White | |
| Jest Jest | ted | 15. Decedent's (Specify only highest g | Education | | 16a. Deced | ent's Usuai Occu kind of work done | pation | working | 16b. Kind of B | usiness/Industry | |
| .eu | Completed | Elementery/Secondery (0-12) | College (1-4or | 5+) | life. E | OO NOT use retir | ed) | working | IRS | | |
| and Mental Hygiene. Is marked other than raumatic event, tre M | S | unk | | | | Clerk | | | Federa | 1 Governm | ent |
| d other | Be | 17. Father's Name (First, Middle, Las | | | | | 18. Mother's | Name (First, Middle | , Maiden Suman | ne) | |
| Merke | 2 | Theodore | | | | | | ia Ryan | | | |
| is is | | 19e. Informent's Name/Relationship Regina Osborn | (Type, Print) (Neice) | | | | | r Rural Route Numi | | | |
| f Health item 27 i other tra | | 20a. Method of Disposition | (Neice) | 20b Pla | | NOTENWAY sition (Name of | Drive, | Baltimo: | | land 2123 City or Town, Stete | 4 |
| ant of | | 1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec | | COL | netery, crem | f Faith | ece) | 12/9/96 | | | |
| Departm Importar any inju | | 21. Signature of Funeral Service Lice | Soit On | | A | | eitz, J | r. Funera | | | |
| ysician | | 23a. Part1. Enter the disease, or conshock, or heart failure. List only | | | Do not ente | er the mode of dy | ing, such es car | diac or respiratory | rrest, | aryland 2 Approximinterval E Onset an | ate |
| nedical aminer | | Immediate Cause (Final disease or condition resulting in death) | e. End. | | | | e hea | rt fai | lure | Years | |
| | Je | | Dia | C to lor | as e consequ | function | 201 | | | Year | - |
| al-transit | Examiner | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying | b | | es a consequ | , , , , , , | | | | 1 / 501/ | |
| siclar bunia | | ceuse. Enter Underlying | | | | uence of): | | | | | |
| > = | 9 | Cause (Diseese or injury that initieted events | c | Due to (or a | is a consequ | | | | | | |
| ding phy | //Medical | Cause (Disease or Injury that initieted events resulting in death) Last | c | Due to (or a | ıs a consequ | | | | | | |
| ettending phy I for use es the | ΣI | that initiated events resulting in death) Last | d | | | uence of): | | | | | |
| y the ettending phy sched for use as the | ΣI | that initiated events resulting in death) Last Part II. Other significant conditione | dcontributing to death b | | | uence of): | iven In Part I. | | | entributa to the caus | e of deat |
| ed by the ettending detached for use | Physician/M | that initiated events resulting in death) Last | dcontributing to death b | | | uence of): | iven In Part I. | | tobacco uae co Yes 2□ No | entributa to the caus | e of dear |
| 5.8 | by Physician/M | that initiated events resulting in death) Last Part II. Other significant conditione | dcontributing to death b | | | uence of): | iven In Part I. | 1 🗆 | | | of dear |
| e has been sign age 2 should be | by Physician/M | that initiated events resulting in death) Last Part II. Other significant conditione | dcontributing to death b | | | uence of): | iven In Part I. | 1 a 24a. Wat peri | Yes 2□ No san aulopsy ormed? | 3 Probably 4 24b. Were autops available pric completion of death? | of deal |
| ate has been sign page 2 should be | e Completed by Physician/M | Part II. Other significant conditions 25. Was cese referred to medical | dcontributing to death b | | | uence of): | | 1 □ 24a. Was perf | Yes 2 No | 3 Probably 4 24b. Were autops available pric completion of death? | of dear |
| is certificate has been sign director, page 2 should be | o Be Completed by Physician/M | Part II. Other significant conditions Dement | dcontributing to death b | out not result | | uence of): Identying ceuse g | 26. Place of | 24a. Was perl | Yes 2 No s an autopsy ormed? Yes 2 No one) | 3 Probably 4 24b. Were autops available pric completion of death? 1 Yes 2 | of dea Unknowy finding r to r couse |
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| is since locarit. The first page 2 should be lied in by the funeral director, page 2 should be | To Be Completed by Physician/M | 25. Was cese referred to medicel exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending investigating investigating investigating the Homicide of the Netural 1 Sulcide 1 Homicide 1 Cartifying P | Hospital: 1 inpatie | ent 2 El | P/Outpetient Bb. Time of Injury Ine, farm, streedge, deeth | aderlying ceuse g 28c. Inju W M 10 10 10 10 10 10 10 10 10 1 | 26. Piace of her: 4 \(\to \text{Nursin} \) Nursin ry et rk? Yea 2 \(\text{No} \) No | 24a. Was perf | Yes 2 No s an autopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur Street and Number win, State) | 3 Probably 4 24b. Were autops available pric completion of death? 1 Yes 2 her (Specify) red ber or Rural Route Manner as stated. | of dear Unknowy finding for to for couse |
| as from state dearn. Tunerel Director: After this certificate has been sign in Funerel Director. After this certificate has been sign in left filled in by the funeral director, page 2 should be | ledical Certification: To Be Completed by Physician/M | Part (i. Other significant conditions 25. Was cese referred to medicel exeminer? 1 Yes 2 No 27. Manter of Deeth 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only 2 Medical Exe | Hospital: 1 inpatie 28a. Date of inju (Month, Da) 28e. Place of inju building, etc. hystoien: To the best of and manner str | ent 2 Eliry y Year) 2 ury - At hom c. (Specify) of my knowled as a minetion ated. | R/Outpetient 8b. Time of Injury ie, farm, stre | aderlying ceuse g 28c. Licen 29c. Licen | 26. Place of her: 4 Nursing et whe? 1 Yea 2 No | 24a. Was perf | Yes 2 No s an autopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur Street and Number, State) cause(s) and medate and piece, 29d. Date signe | 3 Probably 4 24b. Were autops available pric completion of death? 1 Yes 2 her (Specify) red ber or Rural Route Number or Rural Route Number of deaths. | of deat Unknow y finding r to f ceuse No |
| as from state dearn. Tunerel Director: After this certificate has been sign in Funerel Director. After this certificate has been sign in left filled in by the funeral director, page 2 should be | ledical Certification: To Be Completed by Physician/M | Part ii. Other significant conditione 25. Was cese referred to medicel examiner? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending investigation investigation of Suicide 4 Homicide 29a. Certifier (Check only one) 1 Cartifying P 2 Medical Examiner 1 Cartifying P 2 Medical Examiner 1 Cartifying P 2 Medical Examiner | Hospital: 1 inpatie 28a. Date of inju (Month, Da) 28e. Place of inju building, etc. hystoien: To the best of and manner str | ent 2 Eliry y Year) 2 ury - At hom c. (Specify) of my knowled as a minetion ated. | R/Outpetient 8b. Time of Injury ie, farm, stre | aderlying ceuse g 28c. Licen 29c. Licen | 26. Place of her: 4 Nursing et whe? 1 Yea 2 No | 24a. Was perf | Yes 2 No s an autopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur Street and Number, State) cause(s) and medate and piece, 29d. Date signe | 3 Probably 4 24b. Were autops available pric completion of death? 1 Yes 2 her (Specify) red ber or Rural Route Number or Rural Route Number of deaths. | of deat Unknow y finding r to f ceuse No |
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| | Physic | ian | Decedent's Ner | | | | | | | | | | 2. Date of Da Dec. | | 1996 | Yaar | | ne of Death |
| | /Medi | ical | | therine | | | Wolf | re | | 1_ | | | | | | | 12: | 00pm |
| ľ | Exami | ner | 4a. Facility Neme | | giva straat and n oods Nu | | na Cer | 1+0 | r | 4 | ROSS | | cation of Daat | h 4 | | of Daath | ore | |
| - | F | | 5. Social Security | | 6. Sax | | (In yrs. last bii | | If Under 1 | Yeer | if Undar 24 | | | th | | | | |
| | Funeral Director | _ | 212-18- Usuai Rasidance | 4029 | 1□M 2√2F | | 00 | Yrs. | | Days | Hours | Min. | 6. Data of Bir (Month, De | | | | ryla | eta or Foraign |
| | Maryland H show | tor | 10a. State Md • | 10b. County | imore | 1 | 10c. City, Tow | m or Lo | | sse | x | | | | | 1 | | de City Limits Yes 200 No |
| | th the | Director | 10e. Street and No | umber | | | | | 10f. Zip C | oda | | | | 10g. C | Itizan of | Whet Cour | ntry? | |
| | 238 c | a | 5 Br | ett Cour | ct | | | | | | 21221 | | | J | USA | | | |
| 070 | filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28s-f show brit, the Medical Examinet must be notified at | by Funeral | | rrled 2□ Marrie | 12. Was De Armad F d 1 Tes if Yas, G Yaar or | Forcas? 2 🔯 No Siva | | it | Vas Decedar Yas, spacify □ Yas 20 | Cuba | ispanic Origin, Maxican, I | n? (Spa Puarto I | city Yas or No Rican, etc.) | + | | ce - Amaric ck, Whita, | | in, |
| 0 | 72 hours "natural", | ted | /Sno | 15. Decedant's | Education | n | 16e. | . Daced | ant's Usuai (| Occup | ation | d was alais | | 16b. | Kind of B | usiness/In | dustry | |
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| maryland | of la b | To Be C | 17. Fethar's Nema | | ngartner | | , | | | | | | (First, Middle a Leona | | n Suman | na) | | |
| a l | d 2 should it end Meni 7 is marked traumetic | | 19a. informant's N | lame/Ralationshi | p (Type, Print) | | 19b | | | | | | / Route Numb | ar, City | or Town, | Stata, Zip | Code) | |
| | | | Geraldi | ne Ritte | er/daugh | ter | | 164 | 9 Esse | ex ∣ | Town C | irc | le Ba | ltin | nore | MD. | 2122 | 1 |
| pallillore, | permit. Pages 1 er Depertment of Hee Important: If item 2 any Injury or other | | | | | el 2 Cramation 3 Ramovai from Stata Camatary, crametory or other place) Ralltim | | | | | | | | - | | le | | |
| 0 | Seper Mpor my In | | 21. Signature of F | | | | noity | 22. | Nama and | Addres | ss of Facility | | | | | NOIC . | | |
| | Physician /Medicai | | 23a. Part f. Enter shock, or had limmediata Ceusa disaese or conditions. | tha disaase, or can tailure. List or | omplications that | | lly | 22. C | Nama and A CONNELL SOO Mac or tha moda c | Addres Ly ce of dyln | ss of Facility Funera Ave - E g, such es ca | 1 H | ome of | Ess | sex | | Approxintarva | imete I Between and Death |
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| , 00100, | Certificete be executed ding physician and modern fransit east the burdal-fransit | edical | 23a. Part1. Enter shock, or had lisaese or condition rasulting in deeth) Sequantially list or if any, leeding to incausa. Entar Und Causa (Diseasa or Diseasa or Dis | tha disaase, or coart tailure. List or (Finai on onditions, moditions, moditions or injury s | omplications thet have ceuse on a. ADV | VANCI Du RIAL Du EUMA' | ED AL ua to (or as a o | ZHE consequ EAR | IMER I DIS ance of): | Address Ly Se of dyln | ss of Facility Funera Ave Fg, such es ca | 1 H Balt rdlac o | ome of imore in respiretory a | Ess | sex | | Approximarya Onset 3 | yrs. |
| .000000 | death certificete be executed E attending physician and and tor use as the burial-transit of for use as the burial-transit | edical | 23a. Part f. Enter shock, or had limmediata Ceusa disaese or condition rasulting in deeth) Sequantially list or if any, leeding to incausa. Entar Und Causa (Diseasa or that inflated evant | thá disaase, or cr art tailiure. List or (Final on onditions, mmedieta artying r injury s Last | omplications their one ceusa on a. ADV | VANCI DU RIAL DU EUMA' DU | ED AL Ja to (or es a of FIBR Ja to (or as a of TIC H Ja to (or as a of OSCLE | ZHE consequ EAR consequ ROT | Nama and donnel. Connel. Conne | Address Ly Ce S S S SEA | ss of Facility Funera Ave. E g. such es ca DISEA | 1 H Balt rdlac o | ome of imore in respiratory a | Ess Md. | sex 2122 | 21 | Approximativa Onset 3 15 70 | yrs. yrs. yrs. |
| . Doy 00, | death certificete be executed E attending physician and and tor use as the burial-transit of for use as the burial-transit | Physician/Medical | 23a. Part f. Enter shock, or had disasse or condition rasulting in deeth) Sequantially list or if any, leeding to it causa. Enter Und Causa (Diseasa or that initiated evant rasulting in death) Pert ii. Other signi | thá disaase, or cr art tailiure. List or (Final on onditions, mmedieta artying r injury s Last | omplications their productions and an analysis of the course on the course on the course on the course of the cour | VANCI DU RIAL DU EUMA' DU | ED AL Ja to (or es a of FIBR Ja to (or as a of TIC H Ja to (or as a of OSCLE | ZHE consequ EAR consequ ROT | Nama and donnel. Connel. Conne | Address Ly Ce S S S SEA | ss of Facility Funera Ave. E g. such es ca DISEA | 1 H Balt rdlac o | ome of imore in respiratory a | Ess Md. | sex 2122 | 21 | Approximativa Onset: 3 15 70 20 the cate | yrs. yrs. yrs. yrs. |
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| .c. Doy 90100, | The law requires that the death certificate be executed X at the law requires that the latending physician and bage 2 should be detached for use as the burial-transit are used. | Completed by Physician/Medical | 23a. Part f. Enter shock, or had disasse or condition rasulting in deeth) Sequantially list or if any, leeding to it causa. Enter Und Causa (Diseasa or that initiated evant rasulting in death) Pert ii. Other signi | tha disaase, or coart tailure. List or (Final on onditions, mmedieta artying rinjury s Last | omplications their productions and an analysis of the course on the course on the course on the course of the cour | VANCI DU RIAL DU EUMA' DU | ED AL Ja to (or es a of FIBR Ja to (or as a of TIC H Ja to (or as a of OSCLE | ZHE consequ EAR consequ ROT | Nama and donnel. Connel. Conne | Address Ly Ce S S S SEA | ss of Facility Funera Ave. F g, such es ca DISEA SE T DIS an in Pert I. | 1 H Haalt rdiaco | OME OF imore imore in respiretory a 23b. Did 1 24e. Was performance in 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | Ess Md. rrast, rrast, volume tobacc Yes | Sex 2122 | 21 ntribute to 3 Prol 24b. W. avi | Approximativa Onset 3 15 70 20 the care bably are autopaliable on mpjettle or many care autopaliable on mpjettle or many care autopaliable on mpjettle or many care autopaliable or or many ca | yrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. |
| .c. Doy 90100, | The law requires that the death certificate be executed X at the law requires that the latending physician and bage 2 should be detached for use as the burial-transit are used. | Be Completed by Physician/Medical | 23a. Part f. Enter shock, or had limmediata Ceusa disaese or condition rasulting in deeth) Sequantially list or if any, leeding to incausa. Enter Und Causa (Disease or that initiated evant rasulting in daath) Pert ii. Other signitudes of the causa of the causa of the causa (Disease or the causa (Disease o | tha disaase, or crart tailure. List or (Final on onditions, mmedieta artying r injury s Last | omplications their one ceusa on a. ADV a. ATI c. RHI d. ARI contributing to contributing t | VANCI Du RIAL Du EUMA' Du TERIO | ED AL Ja to (or es a of FIBR Ja to (or as a of TIC H Ta to (or as a of OSCLE not resulting in | ZHE consequ LLL consequ ROT | Nama and donnel. Connel. Conne | Address Address S S S S S S S S S S S S | ss of Facility Funera Ave F g, such es ca DISEA SE T DIS an in Pert I. | 1 H Haalt rdiaco | Ome of imore in respiretory a series of the control | Ess Md - rrast, rrast, voe Vas an automed? | Sex 2122 0 uss co 2 No | 21 ntribute to 3 Proi | Approximativa Onset: 3 15 70 20 the care bably are autopaliable propertion death? | yrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. |
| or view 1000 day, 1.0. Dox oor oo, | Physician: The law requires that the death certificete be executed XIII with the second XIII was certificate has been signed by the attending physician and injoin or all director, page 2 should be detached for use as the burial-transit and in injoin or in injoin or in injoin or injoin | To Be Completed by Physician/Medical | 23a. Part f. Enter shock, or had lisaese or condition rasulting in deeth) Sequentially list or if any, leeding to incausa. Enter Und Causa (Diseasa or that initiated evant rasulting in death) Pert ii. Other signi | tha disaase, or crart tailure. List or (Final on onditions, mmedieta arlying rinjury s Last | omplications their one ceusa on a. ADV a. ATI c. RHI d. ART contributing to contributing t | VANCI Du RIAL Du EUMA Du TERI death but n | ED AL Just to (or es a or FIBR Just to (or as a or TIC H Just to (or as a or OSCLE Though the company of | ZHE consequ EAR consequ ROT n the un | Nama and Aconnel. Connel. Conn | Address ly control of the control of | ss of Facility Funera Ave F g, such es ca DISEA SE T DIS an in Pert I. | Deeth hog Horn | OME OF imore imore in respiretory a 23b. Did 1 24e. Was performance in 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | Ess Md. rrast, rrast, tobacc Yes an autu- rmed? | Sex 2122 0 uss co 2 No opsy 2 No 6 □Oth | 21 ntribute to 3 Proi 24b. Wave coordinate ar (Specific | Approximativa Onset: 3 15 70 20 the care bably are autopaliable propertion death? | yrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. |
| of Vital necolds, F.O. Box 667 60, | The law requires that the death certificate be executed X at the law requires that the latending physician and bage 2 should be detached for use as the burial-transit are used. | Be Completed by Physician/Medical | 23a. Part f. Enter shock, or hai limmediata Ceusa disaese or condition rasulting in deeth) Sequantially list or if any, leeding to incausa. Enter Und Causa (Diseasa or that initiated evant rasulting in death) Pert ii. Other signification of the causa of the causa of the causa (Diseasa or the causa). The causa causa in the causa causa in death of the causa causa in a causa c | tha disaase, or crart tailure. List or (Final on onditions, mmedieta arlying rinjury s Last | omplications their his one ceusa on a. ADV a. ATI b. ATI c. RHI d. ARI a contributing to c. N | VANCI Du RIAL Du EUMA TERI death but n linpatiant t of injury onth, Dey Ye | ED AL Just to (or es a or FIBR Just to (or as a or TIC H Just to (or as a or OSCLE Though the company of | ZHE consequ ILL consequ ROT n the un | Nama and deconnel. Connel. Con | Address LY SEA CAR Othe injury Work 1 1 | ss of Facility Funera Ave F g, such es ca DISEA SE T DIS an in Pert I. | 1 H Halt rdlac o | Ome of imore in respiratory a series of the | rrast, rr | 2122 o ues cor 22 No opsy course cor | 21 Intribute to 3 Prol 24b. Wave coordinate (Specify red | Approximativa Onset: 3 15 70 20 the care bably ara autopaliable pmplation death? | yrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. |

1 Certifying Physician: To the bast of my knowledge, death occurred et the time, data end place, and due to the cause(s) end menner as stated.

2 Madical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and manner stated.

29c. Licansa numbar D17728 29d. Data signed (Month, Day, Year)

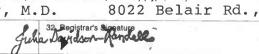
21236

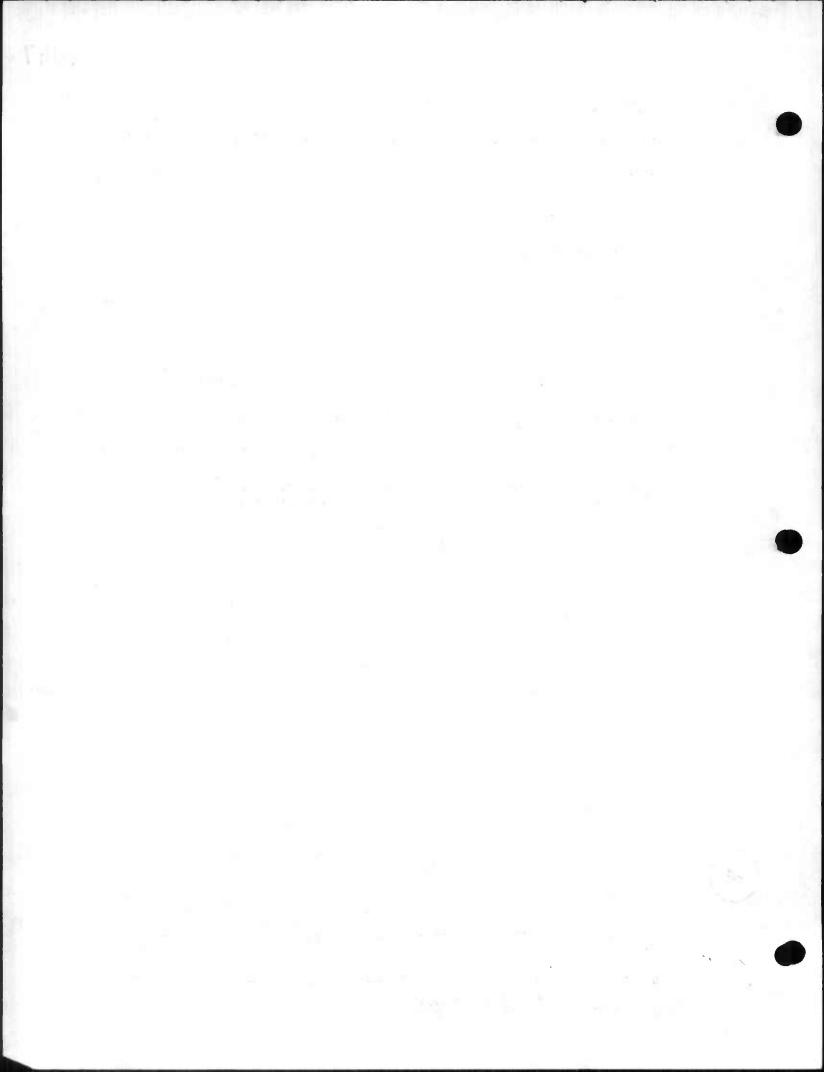
12/6/96

Balto., MD

30. Name end address of person who complated cause of death (Item 23e) (Type, Print) Ba Yin Oung, M.D. 31. Dete fliad (Month, Dey, Year)
DEC 1 0 1996 State Registrar

29b. Signature and titia of certifiar





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | | Certific | ate of | Death | 1 | Reg. No. | | |
|---------------------|--|-------------------|--|--|-----------------------------|---|-----------------------------|--|---|------------------------------------|------------------------------------|---|
| | Physic | | 1. Decedent's Nema (First, Middla, Last ELEANOR | LUCILLE | 1 | WREN | | | 2. Dete of De | | Year 1996 | 3. Time of Deeth 7:30 PM |
| | /Medi Exami | | 4e. Fecility Neme (If not institution, giva | street and number) | | | | 4b. City, Town, or L | | | | |
| | - Autili | | Carroll Count | y Genera | al Ho | spita1 | | Westmini | ster | Car | roll | Co. |
| | Funeral Director | | 5. Social Security Number 218-28-0239 Usual Rasidence of Decedent | x 7. Aga □M 2☑ F | (In yrs. last | birthdey) If U Yrs. Mon | nder 1 Year ths Deys | | 8. Dete of Birt (Month, De March2 | y, Year) 2,1910 | 9. Birthol Count | ieca (Steta or Foreign try) |
| | Meryland a-f show | tor | 10a. Stela 10b. County Md. Balti | more | 10c. City, To | own or Location | Midd1 | e River | | | 10 | 0d. Inside City Limits 1 ☐ Yea 2 ☐ No |
| | 23a or 28 | Funeral Director | 10e. Street end Number 2014 Oakland Roa | đ | | 10f | . Zip Code | 21220 | | 10g. Citizen of V USA | Vhat Coun | try? |
| 020 | 4 within 72 hours efter deeth with the Meryland jene. r then "natural", or items 23a or 28s-f show the Medical Examiner rust be notified at | | 11. Maritel Status 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 □ Divorced | 12. Wea Decedant E Armed Forcas? 1 ☐ Yes 2 ☑ N If Yas, Giva Yaer or Detes: | | | ecedent of specify Cub | Hispenic Orlgin? (Spean, Mexican, Puerto Specify: | pecify Yas or No Pican, etc.) | - 14. Rac Bled Specify | a - Amarico ck, White, o Whi | etc. |
| Maryland 21215-0020 | within 72 hone. Then *nature | Completed by | 15. Decedent's Edu (Specify only highest grad | cation le completed) College (1-4or 5- | | | f work done T use retire | petion during most of work ed) | king | 16b. Kind of B | | lustry |
| d 2 | Hygie ther t | | 12th 17. Fathar's Nama (First, Middle, Last) | | | House | wire | 18. Mother's Nem | ne (First Middle | OWN Meiden Sumer | | |
| /ian | 12 should be filed within n and Mental Hygiene. 'Is marked other then ' rsummitc svent, the Mo | To Be | Joseph Edward K | ahler | | | | 13. 1116113. 3 71611 | | lousekne | - | |
| | る当びこ | | 19a. informant's Name/Reletionship (7) Edward Wren / son | | 1 | 19b. Meiling Add | | t end Number or Ru Road | ral Route Number Baldwin | | Stete, Zip 21013 | |
| Baltimore, | Peges 1 an ent of Heel nt: If item 2 y or other | | 20e. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ F 4 □ Donetion 5 □ Othar (Specify) | | ceme | a of Disposition etery, cremetory dens of | or other pie | Cemetery | Dete 7 12/9/9 | 20c. Location - | City or To | |
| Balti | permit. Pages Department of I important: If ite any injury or of | | 21. Signeture of Funerei Service Licans | | 00, | Conr | elly | ass of Facility Funeral H | | | | |
| | Physician | | 23a. Part1. Entar the disease, or comme ahock, or heart fellure. List on the comme and | cations that caused ne cause on each iin | the death. E | | | Ave. Bali Ing, such es cardiec | | | 1 | Approximete interval Between Onset end Death |
| | /Medical Examiner | | immediate Cause (Finel disease or condition resulting in death) | . Нуро: | | ENCE! | | OPATHY | | | | 2 DAYS |
| | D is | iner | | ASPIR | | | | ONIA | | | | 4 DAYS |
| x 68760, | requires that the death certificate be executed seen signed by the ettending physician and hould be detached for use as the burle-Iransit | /Medical Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | Acute | E M | yoca e consequenca | ROIL | AL INF | FARCTI | ON | | 3 DA41. |
| Вох | ettend for us | Ician | Pert ii. Other significant conditions con | staller than to do not be a | A most recording | - 1- 44 44-4 | | been to Book! | and Did |) - h | -Authorite de | the age of death 0 |
| . P.O. | requires that the de been signed by the should be detached | by Physician | GASTROINTE | | | | ng cause g | ven in Perti. | | | | the cause of death? pably 4⊠ Unknown |
| of Vital Records, | 98 2 S | Completed b | CHRONIC OBS | STRUCTI | VE A | LMONA | RY I | DISEASE | 24e. Was perfo | en autopsy rmed? | 9V8 100 | pre autopsy findings elieble prior to mpletion of causa death? |
| a F | cate he | | | | | | _ | | 101 | res 2 No | 10 | Yes 25 No |
| Zi Zi | Physician: Th rthis certificate rral director, par | o Be | 25. Wes case referred to medical examiner? | Hospitel: | | | 01 | 28. Place of Dee | | | | |
| ō | Phys r this aral di | : To | 1 Yes 2 2 No ' | 1 Inpatier 28e. Date of injun (Month, Day | | Outpatient 3 b. Time of | 28c. inju | 4 - Horsing II | ome 5 Resident | denca 8 ∐Oth how injury occur | |) |
| Division | Attending I or death. ector: After by the fune | ation | 1 Neturel 5 Pending investigation | (Month, Day | Year) | injury M | | ork?]Yea 2□No | | | | |
| <u>N</u> | tal or Attenders after deatl | Certification: | 3 Suicide 6 Could not be determined | 28e. Plece of inju building, etc. | ry - At home . (Specify) | , ferm, atreet, fe | ctory, office | | 28f. Location (: City or Tox | | er or Rura | f Route Number, |
| | To the Hospital or within 24 hours afte To the Funeral Dir completely filled In | edicai | 29e. Certifier 1 Certifying Physical Check only one) 1 Medical Exami | ner: On the best of end menner ate | examinetion | dge, deeth occur end/or investige | red et the t | ime, dete end pleca, opinion, deeth occur | , and due to the rred et the time, | cause(s) and me dete end plece, | end due to | ated. the cause(a) |
| | within 2 To the comple | W | 29b. Signatura and titla of cartiflar | un M.D | • | | | se number +696 Z | | 29d. Deta algne | | 06, 1996. |
| | 3 | | 30. Neme and eddress of person who co M. SHIRAZI, M.D. H | ompleted cause of de | eth (item 23 | a) (Type, Print) | ROLL | COUNTY | GENE | RAL Ho | 192 | TAL. |

State Registrar 31. Dete filed (Month, Dey, Year)
DEC 1 0 1996

State of Maryland / Department of Health and Mental Hygiene

37049

physician and the burishmans The law requires that the death certificate be arequise Division of Vital Records, P.O. Box 68760 signed by the certificate Physician: 윭 Attending death. or A after Direc

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time U Death Year **Physician** Jean M. 1996 Adelbera Nov. 30 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Baltimore City

9. Birthplece (Steta of Foreign
Country) Baltimore If Under 24 Hrs. 8. Da University of Maryland Shock Trauma Center

5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Undar 1 Year 8. Date of Birth (Month, Day, **Funeral** Deys Months Min. Hours 1□M 2ØF 218-42-5351 51 Maryland Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland neat of Health and Mental Hygiene.
Thit: If fear 27 is marked other than "naturel", or items 23a or 28a-f ahow un; or other traumatic event, the Heolical Exeminer must be notified at my or other traumatic event, the Heolical Exeminer must be notified at 10c. City, Town or Location 10a. Steta 10b. County 10d. inside City Limits 1 ☐ Yes 2 No Director Maryland Harford Edgewood 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1427 Harford Square Drive 21040 U.S.A. Funeral 14. Reca - Amarican Indian, 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puarto Rican, atc.) 11. Meritel Stetus Black White atc. 1 Yas 2 No If Yes, Give Yaar or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Cosmetologist years Cosmetology 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) John Sessa Tillie Jondo P 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Jeanette M. Muehleisen (Dghtr) 672 Yorkshire Drive, Edgewood, MD. 20a. Method of Disposition
1 ☑ Burial 2 ☑ Cremation 3 ☑ Removel from Stete 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Important: If it any injury or conce. permit. Page Department of 4 □ Donetion 5 □ Other (Specify) VA. Cem. at Garrison Forest 12/4/96 Owings Mills, Maryland 21. Signetura of Funda Service Licensee 22. Nema and Addrass of Fecility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 21014 un 23a. Fart 1. Enter the disease, shock, or heart feilure. complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, sonly one cause on each line. Approximata Interval Between Onset and Deeth Physician Immediate Ceuse (Final disaesa or condition resulting in deeth) /Medical Multisystem Organ Failure 24 hrs Examiner Due to (or es e consequenca of): Examine Pseudomembranous Colitis LOXIC Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or as e consequence of): 36 days Necrotizina fascitis Physician/Medical Dua to (or as a consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yee ģ Completed 24b. Were autopsy findings available prior to 24a. Was en autopsy performed? completion of causa of death? 1 Tyes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer?
1 Yas 2 □ No a 28. Place of Deeth (Chack only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Neturel 5 Pending

> 29e. Certifier (Check only one)

Medical

State

Registrar

1 Neturei 2 Accident

3 Sulcide

4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the causa(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and menner stated.

29b. Signature and little of certifier

29c. Licensa number

29d. Dete signed (Month, Dev. Year)

G obert 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Invastigation

6 Could not be determined

P10275

1 ☐ Yes 2 ☐ No

Dec. 2, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Oct. 26 1996

Shock Trauma Center

22 South Greene Street Baltimore, Maryland

31. Data filed (Month, Dey, Year)
DEC 11 1996

32 Registrar's Signeture wa Davidson

MD

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

all so it. "Marshlad respect on the grown of 200 - 100 - 100

State of Maryland / Department of Health and Mental Hygiene 96

| | | | | State | of Marylar | | artment of l rtificate of | | Mental Hy | /giene 9 { | 37050 |
|-------------------|--|---------------------|---|---|--|------------------------------------|---|---|---|--|---|
| | Physic /Medi | | 1. Decedent's Neme (First, Middle Frank P. B | accala, : | Sr. | | | | 2. Dete of D Month Decem | Dev | Yeer 11:00 AM |
| | Exami | | 4e. Fscility Neme (If not institution | | umber) | | | 4b. City, Town, or | | | |
| | Funeral Director | | 213-28-2182 | 6. Sex 1 1 M 2 □ F | 7. Age (In yrs. | last birthdey) Yrs. | If Under 1 Yeer Months Deys | | s. 8. Dete of B | Harfo irth 190, Year) 5, 1906 | 9. Birthpiece (State or Foreign Country) Italy |
| | death with the Maryland ma 23a or 28a-f show | ctor | Usuel Residence of Decedent 10a. Stete 10b. County Maryland Harfo | rd | | ity, Town or Lo wchvi | | | | | 10d. Inside City Limits 1 ☐ Yes 2 💢 No |
| | with th | Dire | 10e. Street end Number 2824 College Vi | our Drive | | | 10f. Zip Code 21328 | | | 10g. Citizen of Wi | het Country? |
| 020 | or its | by Funeral Director | 11. Maritel Status 1 Never Merried 2 Marrie 3 Widowed 4 Divorced | 12. Wes Dec | 2 🕅 No ive | | | Hispanic Origin? (ban, Mexican, Pue Specify: | Specify Yes or N rto Rican, etc.) | o- 14. Rece Bleck | - American Indien, , White, etc. |
| 21215-0020 | within iene. then " | Completed | 15. Decedent (Specify only highes Elementery/Secondery (0-12) 8th grade | t grade completed, |) (1-4or 5+) | (Give | dent's Usuel Occu kind of work done DO NOT use retire | during most of wo | orking | 16b. Kind of Bus | |
| Maryland : | should be filed within and Mental Hygiene. I marked other than " umatic event, the Max | To Be C | 17. Fether's Neme (First, Middle, L Angelo Baccala | .ast) | | ,,,,,, | | 18. Mother's Ne | eme (First, Middle La D'Ada | e, Meiden Sumeme | |
| Man | d 2 sho th and ! 7 is me traums | | 19e. Informent'e Neme/Reletionsh | | 4.1 | | | | | ber, City or Town, S | |
| Baltimore, | permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 Is marked other any Injury or other traumatic event, in once. | | Gina Kilby (Gra 20e. Method of Disposition 1 XBurial 2 Cremetion 4 Donetton 5 Other (Sp | 3 ☐Removel from | Stete 20b. I | Pleca of Dispo cemetery, crea | osition (Neme of matory or other ple | ece) | Dete | 20c. Location - C | MD. 21328 Sity or Town, State Maryland |
| Balti | permit. Departri | | 21. Signeture of Funeral Service L | 11 | / | S 6 | 2. Neme end Addr Chimunek 10 W. Mad | ess of Fecility Funeral CPhail Ro | Home of | Bel Air, Air. MD. | Inc. |
| | Physiclan | | 23e. Pert1. Enter the disease, or shock, or heart feilure. List of | complications that only one cause on | caused the deel eech line. | th. Do not en | ter the mode of dy | ing, such as cardia | ac or respiratory | arrest, | Approximate Intervel Between Onset end Death |
| | /Medical Examiner | 10 | Immediete Ceuse (Finel diseese or condition resulting in deeth) | ө | | name or es e consec | | y de | seas | e | 2045 |
| 0, | be executed ician and burial-transit | Examine | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury | b | Due to (d | or es e consec | quence of): | | | | |
| ox 68760, | oertificate b nding physic use as the b | V/Medical | thet initited events resulting in death) Lest | d | Due to (c | or es e conseq | juence of): | | | | |
| Box | the after hed for a | Physician/Me | Pert ii. Other significant condition | secontributing to d | leath but not res | sulting In the u | nderlying cause g | iven In Pert I. | 23b. Did | tobacco use cont | ribute to the cause of death? |
| ds, P.O. | gned by be detec | by | Kenal | fai C | me | | | | | | 3 Probably 4 Unknown |
| of Vital Records, | a law nequi has been ps 2 should | Completed | | | | | | | peri | s en autopsy formed? | 24b. Were autopsy findings available prior to completion of cause of deeth? |
| Vital | ician: The certificate rector, pay | Be | 25. Wes case referred to medical exeminer? | Hospital | | | | | eth (Check only | | |
| Sion of | ating hyel | ation: To | 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investig | 28e. Dete (Mor | Inpatient 2 of Injury | 28b. Time of Injury | f 28c. Inju | | 1 | how injury occurre | |
| Divis | tal certain desiration | Certification: | 3 Sulcide 6 Could n 4 Homicide determine | ned 28e. Plec build | | | reet, fectory, office | | City or To | own, Stete) | r or Rural Route Number, |
| | To the Hosp within 24 ho. To the Funer completely fit | edical | 29e. Certifier 1 Certifying (Check of ane) 2 Medical E | xaminer: On the b | e best of my kno easis of examine oner steted. | owledge, deeth etion and/or In- | n occurred et the ti vestigetion, In my | ime, date end plec opinion, deeth occ | a, end due to the surred et the time | ceuse(s) and men , dete end pleca, ar | ner as steted. nd due to the cause(s) |
| | To the Ho within 24 i To the Fu completel | Me | 29b. Signature and title of certifier | Attend | | ysicia | an D | se number | 14 | | (Month, Dey, Year) by 6th 1996 |
| | 8 | | VIJAY. S. NA | A. M.D | se of deeth (Iter | n 23a) (Type, | Print) AIR R | DAD . F | ALLST | ron. M | D 21047. |
| | Sta Registr | | 31. Dete filed (Month, Dey, Year) DEC 1 1 199 | | Registrer's Signa | eture Aanda | د | | | | |

DHMH 16 Rev 6/95

| | | | | State of Maryla | nd / Depar <i>Cert</i> | rtment of I ificate of | Health and Death | | giene 9 Reg. No. | 6 37 | 1051 | | |
|------------|--|------------------|--|--|---|---------------------------|---------------------------|---------------------------------------|---|--------------------|---|--|--|
| н | Physic | ian | Decedant's Neme (First, Middla, Last | st) | | | | 2. Data of Dea | Day | Yaar 3. | Tima of Deeth | | |
| | /Medi | | Mabel Bracey December 07 19 | | | | | | | |).41pm | | |
| | Exami | ner | 4a. Facility Nama (If not institution, give | | 1 | | 4b. City, Town, or Baltim | Location of Deeth | 4c. County | | | | |
| - | F | | 5. Sociai Security Number 6. S | | (ast birthday) | If Undar 1 Yaar | | | | | (State or Foreign | | |
| | Funeral Director | | | □м жДж 95 | | Months Days | Hours Mir | | (, Year) | Country) | (State or Foreign | | |
| | P | | Usual Rasidance of Dacedant | | | | | | | | | | |
| | ahow | 20 | 10a. Stele 10b. County 10c. City, Town or Location | | | | | | | insida City Limits | | | |
| | h the Marylan r 28a-f ahow | ecto | MD NA Baltimore 10e. Street and Number 10f. Zip Code | | | | | | 10g. Citizen of What Country? | | | | |
| | with w | 급 | 2022 Winford Road 21239 | | | | | | USA | | | | |
| | ours after death with the Maryland alf, or items 23e or 28s-f show Examiner must be notified at | Funeral Director | 11. Maritel Status 12. Wes Decedent Ever in U.S. | | | | Specify Yes or No- | | | | | | |
| 0 | | by | 1 ☐ Never Married 2 ☐ Married | | 2. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes ♀ | | | rto Rican, atc.) | | | | | |
| 302 | hours after ural, or ite | | 3 Widowed 4 □ Divorced | Year or Datas: | If Yas, Give 1 ☐ Yes 2 反 No Specify Year or Datas: | | | Specify: | | | Black | | |
| 21215-0020 | 72 Fra | Completed | 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of work life. DO NOT use retired) | | | | | orking 16b. Kind of Businass/Industry | | | | | |
| 12 | within ene. then | ошо | Elementery/Secondery (0-12) 9th Grade | College (1-4or 5+) Na | | estic | a) | | Outsi | de of | home | | |
| P | should be filed withind Mental Hygiene. I marked other than umatic event, treat | BeC | 17. Fathar's Name (First, Middla, Last) | | | | 18. Mothar's Na | ıma (First, Middla, | Maiden Suman | na) | | | |
| /lar | Mental Mental of mrked of metic eve | To B | Fields | Jackson | | | Harri | et | Griff | ith | | | |
| Maryland | CI 00 00 00 | | 19a. Informant's Name/Raiationship (| | | | | Rural Routa Numbe | | | | | |
| | 1 and 1 Health em 27 | | Harriet Lashl | - | | | ollingt | | on Avenue Baltimore, MD. | | | | |
| Baltimore, | permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr once. | | 20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐ | Ramovai from Stata | Place of Disposit cematary, crema | itory or other pla | * | Data | 20c. Location - | | | | |
| T T | permit. Pages Department of I Important: If its any injury or of once. | | 4 Donation 5 Other (Specify) Baltimore Cem. | | | | | | 12-12-96 Baltimore, Md. altimore, Md. 21202 | | | | |
| Ba | Depariment on in once | | 21. Signature of Funeral Sarvice Licen | | | | | | | | | | |
| | _ | | 23a Part 1 Enter the disease or com- | nications that revised the dee | | | | 1101 E | | | | | |
| | Physician | | 23a. Part1. Entar tha diseesa, or comp shock, or haart failura. List only | one ceuse on aech lina. | in Do nor unior | ine mode or dyr | ng, sour as cardi | ic or raspiratory at | 1651, | Inte | proximata arvai Batween set and Death | | |
| 4 | /Medical | | Immediata Cause (Final | sep: | 212 | | | | | tran | daus | | |
| п | Examiner | | diseesa or condition rasulting in death) | | or as a conseque | ence of): | | | | 1.0 | cay | | |
| | be si | Examiner | | b. garge | ere of | feet | | | | thr | ce weeles | | |
| | avecul al-trar | хаг | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseases or injury that initiated must be seen to the conditions of the conditions, if any leading the conditions of the | Oue 19 | or as a conseque | ance of): | | | | H | | | |
| 8760, | death certificate be executed a attending physician and of for use as the burtal-transit | dical | Cause (Diseesa or injury that initiated events | | | | | | | 4M | eyeurs | | |
| 9 | ufficat ng phy as th | 0 | resulting in death) Last | | | | | | | | | | |
| Box | that the death certificated by the attending properties as | / Physician/M | d | | | | | | | | | | |
| 0 | the dealy the at | | Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. | | | | | | 23b. Did tobacco use contribute to the c | | | | |
| 0 | that the ed by detac | | | | | | | | 1 Yes 2 No 3 Probably 4 | | | | |
| Records, | 8 5.2 | d by | | | | | | 24a Was | an autopsy | 24b. Wara a | autopsy findings | | |
| 3 | 0 0 | Completed | | | | | | perfo | rmed? | availab | ole prior to ausa | | |
| | The law ate hes b | E O | | | | | | 101 | as 20 No | 1 □ Ya | _: | | |
| Vital | delan: The certificate rector, pag | BeC | 25. Wes casa rafarred to medical | | | | 26. Place of De | eath (Check only o | | | 5 50 | | |
| > | 0.0 | To | axaminar? 1 □ Yas 💢 No | Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Ho | | | | | Homa 5 ☐ Rasidance 8 ☐ Othar (Specify) | | | | |
| E | After thi | | 27. Menner of Death 1 ☑ Netural 5 ☐ Panding | 28a. Data of Injury (Month, Day Year) | 28b. Tima of Injury | 28c. Inju Wo | | 28d. Dascribe I | now injury occur | red | | | |
| vision of | fleath death for: / | Certification: | 2 Accidant investigation 3 Suicida 6 Could not be | | ama famu atana | | Yas 2□No | 296 Leastion // | Street and Numb | or or Rusal Ro | udo Alumbar | | |
| · | Direct of the control | ertif | 4 ☐ Homicida detarmined | 28a. Place of Injury - At h building, atc. (Speci | ify) | it, factory, office | | City or Tov | m, State) | er or nural no | uta ryumber, | | |
| ٨. | A Paris | | 29a. Certifying Phy | ysicfan: To tha bast of my kno | owiedga, daath o | occurred at tha ti | ma, deta and piac | e, and dua to tha | causa(s) and ma | nnar as stated | 1. | | |
| n | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | edical | (Check only 2 Medical Examone) | niner: On the basis of axamine and manner stated. | ation and/or inva | stigation, in my o | ppinion, daath occ | curred at tha tima, | data and place, | and due to the | cause(s) | | |
| _ | D 100 | Σ | 29b. Signeture end titla of certifier | | | 29c. Licens | - 4 | | 29d. Dete signe | | | | |
| | 1- | | Sword M- hu | tembini) 10 | cicaloffic | ent DS | 0076 | | ecembe | r7,1 | 1996 | | |
| | 4 | | 30. Nama and addrass of person who | complated causa of death (Ite | m 23a) (Type, Pr | rint) | L / | 5011 | 1.0 | RIJA | 1996 St, 40 21259 | | |
| - | Ch | • | 31. Data filed (Month, Dey, Yaar) | 32. Ragistrer's Sign | atura | writon | ADDITION | 1001 CO | ch rown | IZNG DO | at, M) 20257 | | |
| | Sta | ne . | DEC 1 1 1006 | 9) | 70 | | | | | | | | |

and the second second

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 37052 Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 10:00 AM BROWN December 1996 ANNE 6, /Medical 4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Baltimore 726 Camberley Cr. Towson If Under 1 Year | If Under 24 Hrs. | Hours | Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthpiace (State or Foreign Country) 1 □ M 2 🖾 F Yrs 219-10-6851 86 09/14/1910 Maryland Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Director Md. Baltimore Towson 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 21204 726 Camberley Cr. U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 ☐Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Fashion Buyer Retail 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Augusta Schmoll Charles H. Alexander 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Suzanne Dubois/Daughter 690 Budleigh Cir. Timonium, Md. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 12/09/96 Towson, Md. 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. 22. Name end Address of Fecility 21. Signature of Funeral Service Licenses Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one ceuse on each line. Co months immediate Cause (Final disease or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es a consequence of): Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably þ 24b. Were autopsy findings available prior to 24e. Was an autopsy performed? Completed completion of cause of death? 25. Was cese referred to medical examiner? Be 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospice 1 Yes 2 No 2 1 inpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 27. Menufer of De 28a. Dete of fnjury (Month, Dey Year) 28b. Time of 28c. fnjury et Work? Certification: 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

attanding physician end for use as the bunal-trensit that the death certificate be axecuted Division of Vital Records, P.O. Box 68760. the signed by t should peed hes page 2 certificate thending Physician: this funeral Director: After death.

Funeral

Director

7 is marked other than "natural", or itams 23a or 28a-f show traumstic event, the Med cal Examiner must be not find

e filed within 72 hours efter of Hygiene.

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: if Nem 27 is marked other
any Injury or other traumatic and

Physician

/Medical Examiner

Baltimore, Maryland 21215-0020

with the Maryland

Medical To the To To the Complete

POULT 24 hours Funeral

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end manner stated.

29c. License number

29d. Date signed (Month, Day, Year)

David G. Roberts, M.D. 10755 Falls Rd. Lutherville, Md. 21093 31. Dete filed (Month, Dey, Year)

State Registrar

29a. Certifier

(Check only one)

29b. Signature end title of certifier

DEC 11 1996

Registrer's Signature which Davidson

State of Maryland / Department of Health and Mental Hygiene 96 37053

| | | | | | OEI | tificate c | Doutil | | Reg. No. | | |
|--|---|--|---|--|--|--|--|--|--|--|---|
| Physic | ian | 1. Decedent's Name (First, Middle, Last) | | | | | | 2. Date of I | | Year | 3. Tima of Death |
| /Medi | | 1-(ROD 8 | | BRI | ODKS | | | 12 - | - 9- | 96 | 8.45 |
| Exami Funeral director | ner | | MANOR | 650 | 2 Past birthday) Yrs. | 4 S ROM If Under 1 Ya Months Day | ar if Undar 24 Hr | SVILLE | | 9. Birth | placa (State or Fore |
| Sa-f ahow | Director | 10a. Stata 10b. County | | 10c. Ci | ity, Town or Loc | cation SUIN | e | | | 1 | 10d. Inside City Łlmi 1∭ Yes 2 □ N |
| al', or items 23a or 28a-f ahow Examiner mat be notified at | Funeral Dire | 10e. Street and Number 6500 Rigo 11. Marital Status | S Rd | nt Ever In U | J,S. 13. W | 10f. Zip Cod | 783 | Specify Yes or N | 10g. Citizen of | ce - Amaric | can Indian, |
| Department of Healin and Mentile Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, the Mexical Exertice once. | þ | Never Married 2 Married 3 Widowed 4 Divorced | 1 Yes 2 Tild Yes, Give Year or Dates | Year or Dates: | | | Specify: Black | | | ack | |
| | Completed | 15. Decedent's (Specify only highest g | Education trade completed) Coilege (1-40 | or 5+) | (Give k | ent's Usual Oci kind of work do NOT use ref | ne during most of w lired) 1 | orking | Pri | J A | |
| | To Be | | rooks | | | | Mar | ian 1 | Brow | me) | |
| | | 20a. Method of Disposition 1 Buniai 2 Cremation 3 | □Removal from Stat | | 19b. Mailing | Fred | derick | Date | S.E.W 20c. Location | ash. | 11 |
| any Injury | | 4 □ Donation 5 □ Other (Spec 21. Signature of Funeral Service Lice | • | 7: | uanti | Nama and Add | dress of Facility | _ | Augustica d'Hope Re | S. S.E | - |
| ng physician and as the burial-transit | Medical Examiner | Immediate Cause (Final | | 2.1 | | | | | | | |
| he burial-transit | Medical | disease or condition resulting In deeth) Sequentielly list conditions, if any, leading to Immediate cause. Enter Undarlying Cause (Disease or Injury that initiated evants resulting In death) Last | a | bue to (co | or as a consequence of the conse | Press ience of): | ure J Faile | ne . | | | |
| ed by the ettending physician and detached for use as the burial-transit | Physician/Medical | disease or condition resulting In deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last | a | Due to (c | or as a consequence as a consequence | Pressuence of): | 7 | 23b. Dl | d tobacco use co] Yes 2l∑No | | |
| hes been signed by the ettending physician and ge 2 should be detached for use as the burial-transit | by Physician/Medical | disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last | a | Due to (c | or as a consequence as a consequence | Pressuence of): | 7 | 23b. Did | Yes 2 No | 3 Prol | |
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| rate hes been signed by the ettending physician and page 2 should be detached for use as the burial-transit | o Be Completed by Physician/Medical | disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Part II. Other significant conditions Epilepsy 25. Was case referred to medical examiner? | Hospital | Due to (c | or as a consequence as | Press, uence of): | given in Part I. 26. Place of De | 23b. Did 1 [24e. Wa per 1 [| Yes 2 No is an autopsy tormed? Yes 2 No yone) | 3 Prol | ere autopsy findings alleble prior to impletion of cause death? |
| Affer mis certificate hes been signed by the ettending physician and funeral director, page 2 should be detached for use as the burial-transit | To Be Completed by Physician/Medical | disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Undarfying Cause (Disease or injury that initiated evants resulting in death) Last Part II. Other significant conditions Epilepsy 25. Was case rafarred to medical examiner? 1 Yes 2 No 27. Manner of Death 120 Natural 5 Pending Investigati | Hospital: 1 □ Inpa 28a. Date of In (Month, D | Due to to | or as a consequence as a consequence | Press, Jence of): Lence of): derlying cause | given in Part I. 26. Place of De Other: 4 Nursing | 23b. Did 1 24e. Wa per 1 eath (Check only) | s an autopsy tormed? | 3 Prol | ere autopsy findings alleble prior to impletion of cause death? |
| meters. After this certificate has been surred by the electroling physician and in by the funeral director, page 2 should be detached for use as the burial-transit | Certification: To Be Completed by Physician/Medical | disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Part II. Other significant conditions Epilepsy 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 4 Accident 1 1 1 1 1 1 1 1 1 | Hospital: 1 □ Inpa 28a. Date of In (Month, E on be 28e. Place of Id building, 6 | Due to (c Due to (c Due to (c) | or as a consequence of a | Press, Jence of): derlying cause 3 DOA 28c. In M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 26. Place of De Other: 40 Nursing | 23b. Did 1 | yes 2 No is an autopsy tormed? Yes 2 No yone) sidenca 8 Ott a how injury occur (Street and Numi own, State) | 3 Prol 24b. Wine Wine Co of the Control and Control an | ere autopsy findings alleble prior to impletion of cause death? Yes 2 No |
| ector. Affer this certificate has been signed by the effending physician and by the funeral director, page 2 should be detached for use as the burial-transit | To Be Completed by Physician/Medical | disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Part II. Other significant conditions Epilepsy 25. Was case referred to medical examiner? 1 | Hospital: 1 □ Inpa 28a. Date of In (Month, D) on be d 28e. Place of Id | Due to (c Due to (c Due to (c Due to (c Due to (c) Due to (c) | or as a consequence of | Pression of: Junce of): Junc | 26. Place of Do Other: 40 Nursing | 23b. Did 1 [24e. Wa per 1 [eath (Check only Home 5] Re 28d. Describe 28f. Location City or To | yes 2 No is an autopsy tormed? Yes 2 No one) sidenca 8 Ott a how injury occur (Street and Numicown, State) | 3 Prol 24b. Www.co. co. of. 1 Coner (Specifiered | alleble prior to mpletion of cause death? Yes 2 1000 Yes 2 1000 All Route Number, tated. or the cause(s) |

Registrar

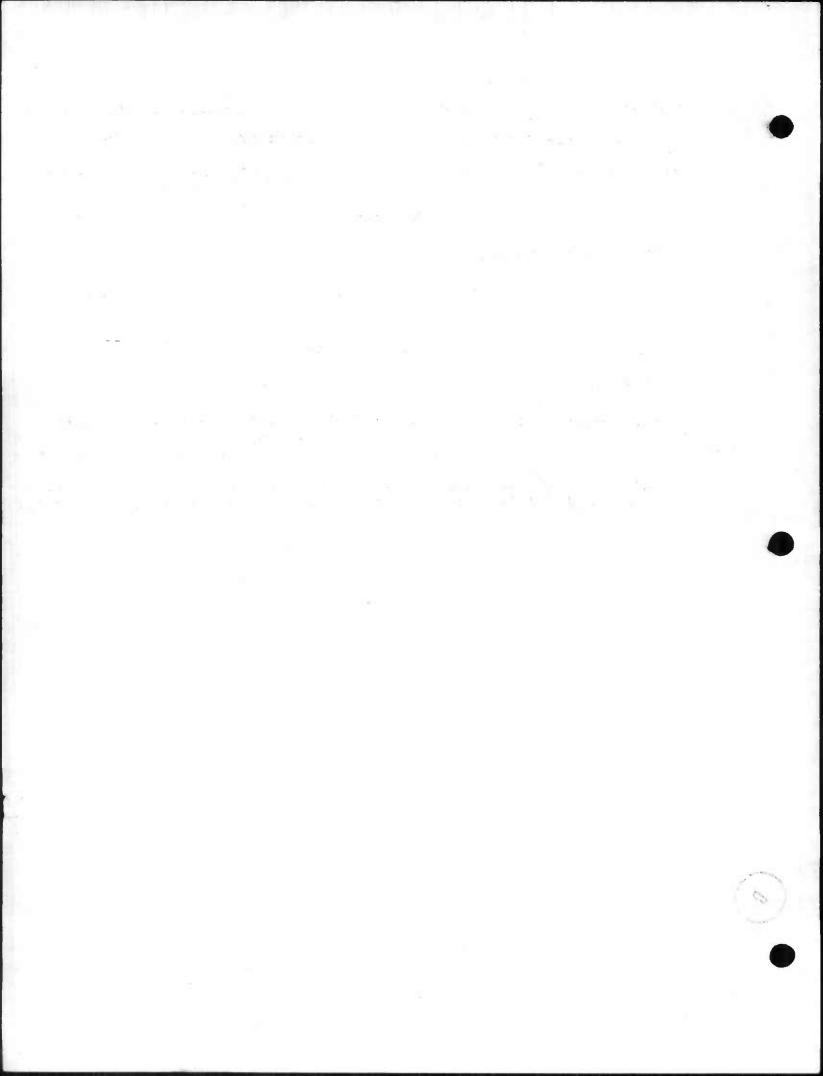
DEC 1 1 1996 Julia Tavidan Roman

The State of the S NYCOLUMN LONG TEST TEST TO BE TO Be Compalled Mark

State of Maryland / Department of Health and Mental Hygiene 96

Mental Hygiene 96 37054

| tificate of Dea | nth | Reg. No. | 0 100 1 | | | | | | | |
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| M | 2. Date of Do Month | eeth Dey | 3. Time of Death | | | | | | | |
| CLINTON BROWN | | | | | | | | | | |
| Stella Maris Mercy Hospital 4b. City, Town, or Location of Death Baltimore 4c. County of Death N/A | | | | | | | | | | |
| 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 1 Yeer Months Deys Hours | | | 9. Birthpiece (State or Foreign Country) S. Carolina | | | | | | | |
| cation | | | 10d. Inside City Limits | | | | | | | |
| MD 10b. County 10c. City, Town or Location Baltimore | | | | | | | | | | |
| 10e. Street end Number 10f. Zip Code 21217 | | | | | | | | | | |
| Wes Decedent of Hispenic f Yes, specify Cuban, Mex I ☐ Yes 2 24 No Spec | c Origin? (Specify Yes or Nixlcen, Puerto Rican, etc.) cify: | Io- 14. Rece Blec Specify | e - Americen Indien, ck, White, etc. | | | | | | | |
| ient's Usuel Occupation kind of work done during i | most of working | 16b. Kind of Bu | usiness/Industry | | | | | | | |
| oo NOT use retired) Lent Aide | | Hosp | oital | | | | | | | |
| 18. M | dother's Neme (First, Middle Unknown | e (First, Middle, Melden Surneme) OWN | | | | | | | | |
| 19e. informent's Neme/Reletionship (Type, Print) Geneva Molly Brown 19b. Melling Address (Street and Number or Ru 802 Whitelock Street | | | | | | | | | | |
| Geneva Molly Brown 802 Whitelock Street, Balto., MD 21217 20e. Method of Disposition 1 | | | | | | | | | | |
| OO LIBERT | ecility ETT & SON Y HEIGHTS h as cardiec or respiratory of | AVENUE, | HOME, P.A. BALTO. 2120 Approximate Interval Between Onset and Deeth | | | | | | | |
| Immediete Ceuse (Finei disease or condition resulting in deeth) e. METASTATIC PROSTRIFE | | | | | | | | | | |
| uence of): | | | | | | | | | | |
| b. — Due to (or as e consequence of): | | | | | | | | | | |
| uenca of): | | | | | | | | | | |
| | | 23b. Did tobacco use contribute to the cause | | | | | | | | |
| Part fi. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Renth In su Pfiction ag | | | | | | | | | | |
| - 9 9 | | s an autopsy formed? | 24b. Were autopsy findings available prior to completion of ceuse of death? | | | | | | | |
| | | Yes 2010 | 1 ☐ Yes 2 Z No | | | | | | | |
| Othor | | | A MARIS AT MER | | | | | | | |
| Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence Residenc | | | | | | | | | | |
| Work? M 1 ☐ Yes 2 | 2 🗆 No | 28f. Location (Street and Number or Rural Route Number, | | | | | | | | |
| 4 Homicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) | | | | | | | | | | |
| 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end pieca, and due to the cause(s) end manner stated. | | | | | | | | | | |
| 29b. Signeture end title of cartifier 29c. License number D40480 | | | | | | | | | | |
| Print) 5810 | salair k | 21206 | | | | | | | | |
| Pri | D404 int) 5810 Balto | D40480 int) 5810 Balair 12 Balto, IND | D40480 December int) 5810 Balair Ref Balto, MD 21206 | | | | | | | |



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month BOYD 2:00 AM ETHEL 1996 Dec 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Burne North Aruntes 5. Social Security Number Hospital Glen ANNE Arunde If Under 1 Yaar Hrs. 8. Data of Birth Min. 12/18/1899 Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) 10 M 20 F Months Days 96 Yrs. 213-20-3255 Maryland Usual Residence of Decedent 10e. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No MD Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 313 Hospital Drive 21061 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give 14. Raca - American Indian, Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 2X No Specify: Black 3 Nidowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Paper Products Salesperson 12th 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surnama) William Boyd Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21061 William L. Queen 6380 Smythy Square, Apt. C, Geln Burnie, MD 20b. Placa of Disposition (Name of cametery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 A Cremation 3 ☐ Removal from State Baltimore, Maryland Metro Crematory 12/11 4 ☐ Donation 5 ☐ Other (Specify) of Funeral Service Light 22. Name and Addrass of Facility SON FUNERAL HOME, P.A. LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVE., BALTO. Do not enter the mode of dylng, such as cardiec or respiretory arrest, Immediata Cause (Final disease or condition resulting in death) enmo d Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of) Dua to (or as a consequence of) ears Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2000 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed' 1 Yes 2 No 1 Yes 20 No 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

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Completed

Be

2

Examiner

Physician/Medical

2

Completed

Be

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Certification:

Wedical

1 Natural

2 Accident

3 Suicide

29e. Certifier

4 Homicide

(Check only

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Medical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after intended the things of Health and Mental Hygiene.
Intended the things of the marked other than "natural", or item into or other than wall as Medical Examinatiny or other than wall as Medical Examinatiny or other than wall as a Medical Examinating or other than wall as well as the Medical Examina

Department of

altimore, Maryland 21215-0020

death with the Maryland

The law requires that the death certificate be executed the burial-transit and ed by the a signed by

Division of Vital Records, P.O. Box 68760, certificata this Affer

To the Within 2

Registrar

29b. Signature and title of goriffier

5 Pending investigation

6 Could not be

1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the causa(s) end manner stated. 29c. Ligense number 29d. Date signed (Month, Day, Year)

MP

1 ☐ Yes 2 ☐ No

Doc

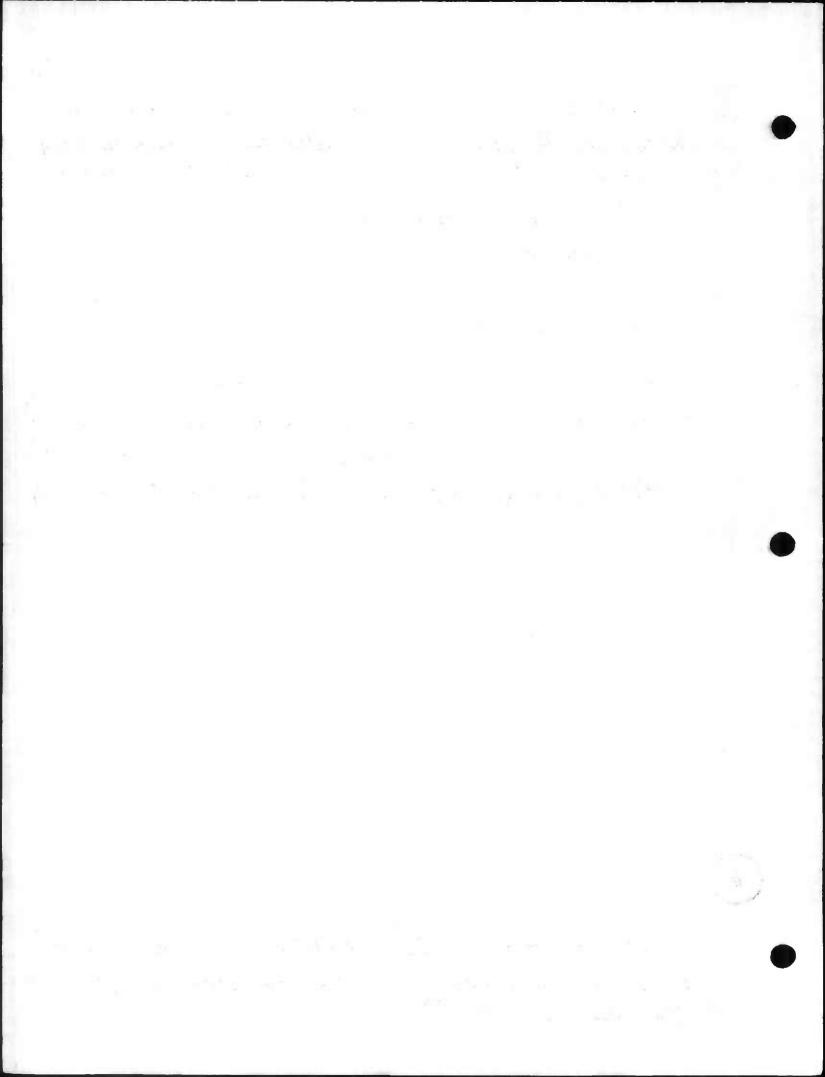
28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

S. SAWHNEY MD, 325 Hospital Drive 202, GlenBurnie, MD-21061 GURMEET 31. Dete flied (Month, Day, Year)
DEC 1 1 1996

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

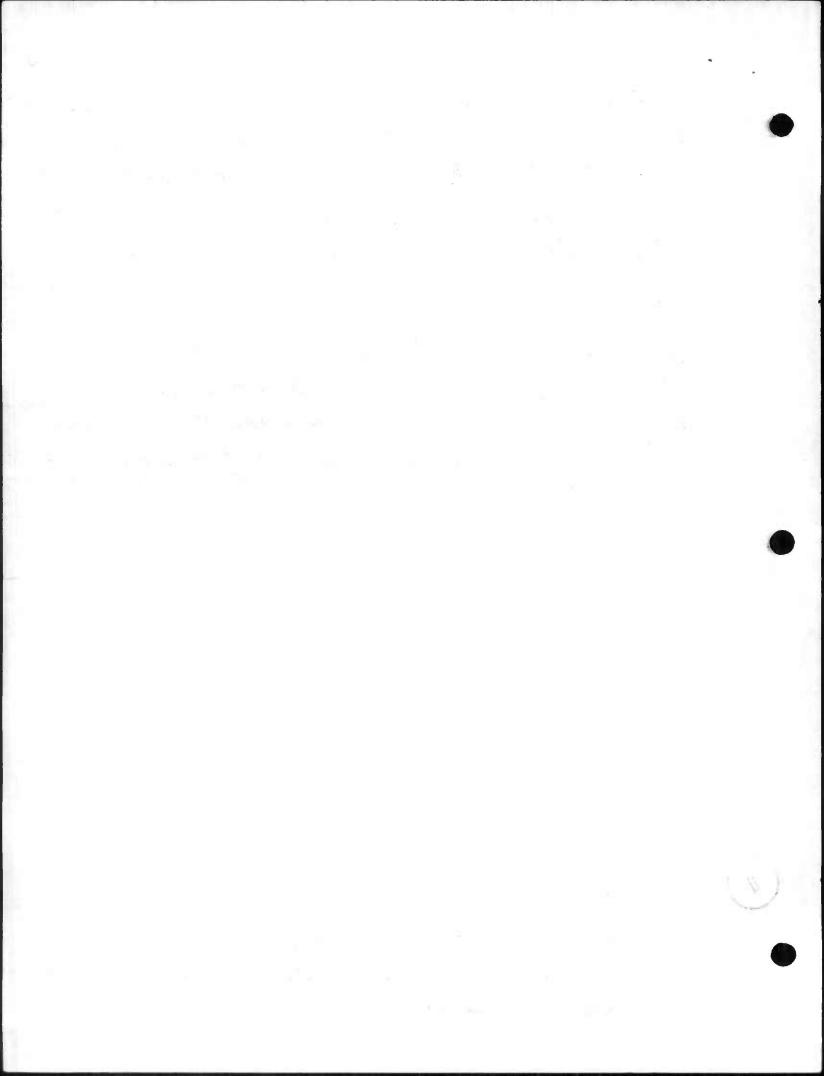
192. Registrar Alignatus



State of Maryland / Department of Health and Mental Hygiene Q &

96 37056

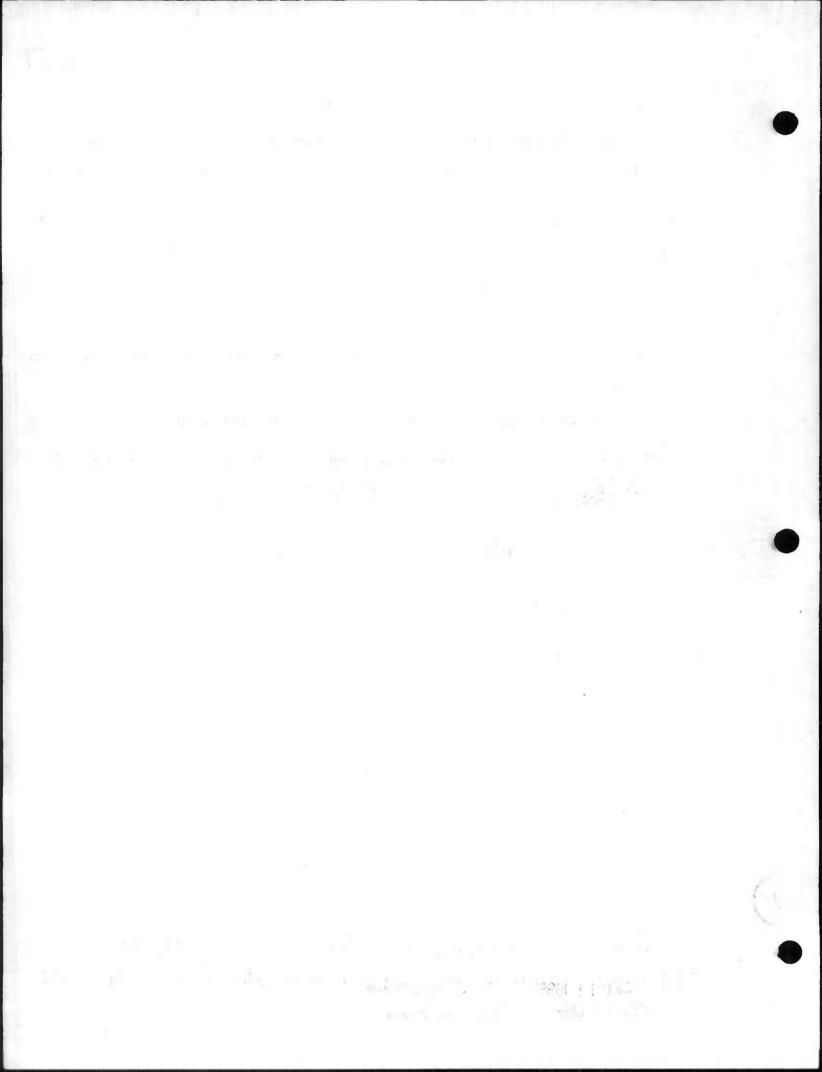
| • | | | | Certificat | te of Death | Re | g. No. | 0 31 | 030 |
|--|----------------|---|---|---|---|---------------------------------------|-------------------------|--|----------------|
| Phys | ician | 1. Decedent's Nama (First, Middle, Last | Bara | | | 2. Dete of Deet! | | 3. Tim | e of Death |
| | dical | JOHN H. | 10090 | | . Oh. Tour | DEC. | 7 9 | 6 /2 | :15/ |
| Exam | niner | 4a. Facility Nama (If not institution, give | Street and number) | 25/4 | Ab. City, Town, or | Location of Death | 4c. County of | Death /2 | |
| Funer | al | 5. Social Security Number 6. Se | x 7. Aga (In yrs. | lest birthdey) If Unda | | 8. Deta of Birth | | 9. Birthplaca (Ste | ete or Foreign |
| Directo | | 224-/0-5436 15 Usuai Rasidence of Decedent | 9M 20 F 19 | Yrs. Months | Days Hours Min | Month, Dey, | 1917 | D'ATTO | lina |
| ryland | | 10a. Stata 10b. County | 10a C | ty, Town or Location | | | | | e City Limits |
| Se-f s | Director | Herylan / | B | DALTIN | OLE | | | 194 | Yes 2□No |
| th with th | | | 5 Drive | Jugy. 101. Zip | 2/229 | 10 | g. Citizen of W | hat Country? | |
| 21215-0020 d within 72 hours after death with the Maryland glene. If then "natural", or forms 23a or 28a-f show the Marical Examiner must be notified at | by Funeral | 3 ∰Widowed 4 □ Divorcad | 12. Wes Decedent Ever In U Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give Yaer or Detes: | J,S. 13. Was Dece If Yes, spe 1 ☐ Yes | dent of Hispanic Origin? (scify Cuben, Mexican, Pual 22 No Specify: | Specify Yas or No- to Rican, etc.) | | - American Indian c, White, etc. | ١, |
| 5-00 72 hours netural', | ted | 15. Decedent's Edu (Specify only highast grad | cation | 18a. Decedent's Usu | al Occupation | dina | 6b. Kind of Bus | iness/Industry | |
| T. S | Completed | Elementary/Secondery (0-12) | College (1-4or 5+) | ille. DO NOT u | ork done during most of wo | I A | nillE | rock | |
| | | | | COSTOD | 19 Mathada Na | ma (First Middle A | | SOCIET | 100 |
| 5 8 3 6 8 B | o Be | 0. | or Brown | | LANV. | me (First, Middle, N | eiden Sumeme | , | |
| Maryla d 2 should th and Mer T Is marke traumatic | F | 19e. Informant's Neme/Rejetionship (Ty | 1 | 19b. Melling Address | s (Street end Nurpber or R | urai Route Number. | City or Town. 5 | State. Zip Code) | 2/22 |
| E 77 00 F | - | DENISE Man | 15 ATTERD | 5 N. BE | ECHIELA | AUE #3 | D RALL | suche 1 | 21 |
| 2 2 2 2 2 | | 20a. Mathod of Disposition | 20b. I | Place of Disposition (Nar | me of other place) | Date 2 | Oc Location - C | City or Town, State | |
| altimor nit. Pages artment of I ortant: If Its | | 1 Burial 2 Cremetion 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify) | | Lian Ca | meter, | 1-14-96 | Doll | MOR/ | M |
| Baltimo pemit. Page Department Important: If any injury or | | 21. Signeture of Funarai Service License | aa | 22. Name an | d Address of Facility | HATRA | - X/A | USF. | 4. |
| m sves | 8 | Lucy Harr | B | Roll | CEISIELS | our Core | AD | 215 | |
| | | 23a. Pert1. Entar the disease, or compli shock, or hear failure. List only or | cetions thet caused the deel ne cause on each line. | th. Do not enter the moo | de of dying, such as cardie | c or espiratory arre | st, | Approxi | Between |
| Physicia: /Medica | | Immediate Cause (Final | 100 | A | | | | Onset a | nd Death |
| Examine | _ | diseese or condition resulting in deeth) | , ADU | VD | | | | 7 | 5 yer |
| | ě | | Due to (| or es a consequence of): | | | | 3 | |
| 58760, cate be executed physician and s the burial-transit | Examiner | Sequentially list conditions |). Due to (c | or es a consequença of): | | | | 1 | |
| 68760, ifficate be executed g physician and as the burial-transit | | Sequentially list conditions, if any, leading to immediata cause. Entar Underlying | | | | | | | |
| 68760, ficata be er physician is the buria | edical | cause. Entar Underlying Cause (Disaese or Injury thet initiated events resulting in death) Last | Due to (c | or es a consequence of): | | | | | |
| D # D # | Me. | | 4 | | | | | 1 | |
| death care attending of for usa | Physician/M | | | | | | | | |
| P.O. BOX lat the death car d by the attendin eteched for use | ysk | Pert II. Other eignificant conditions con | | sulting in the underlying o | ause given in Pert I. | | | tribute to the cau | - |
| | by Pt | COPD | | | | 1 Ye | s 2∐ No | 3 Probably | I ⊑-⊌rīknowi |
| of VITAL RECORDS, P.O. BOX Physician: The law requires that the death car this certificate has been signed by the attending full director, page 2 should be detached for use | Completed b | COPD Carflu | state | | | 24a. Wes ar | | 24b. Were eutop aveilable pr completion of death? | for to |
| Hecker he law he law a has a has | d d | | | | | 1□ Ye | 2 No | | 2□ No |
| VITAL HIS iclan: The li certificate he metor, page | BeC | 25. Wes case referred to medical | | *** | 26. Place of De | eth (Check only one | | 10198 | |
| Of VITA Physician: this certific rsi director, | To B | exeminer? | lospitel: 1 Inpatient 2 | ER/Outpatient 3 DC | Other | dome 5 Raside | | r (Specify) | |
| On O ding Ph After th funeral | | 27. Menner of Deeth 1 Neturei 5 □ Pending | 28e. Dete of Injury (Month, Dey Year) | 28b. Time of 2 | 28c. injury et Work? | 28d. Describe ho | w Injury occurre | d | |
| SION pending eath. or: Allor the fune | catic | 2 ☐ Accident investigation | | М | 1 ☐ Yes 2 ☐ No | | | | |
| 1 | Certification: | 3 Sulcide 6 Could not be determined | 28e. Pleca of Injury - At he building, etc. (Specif | ome, ferm, street, fectory | y, office | 28f. Location (Str. City or Town, | eet end Numbe State) | r or Rural Route N | lumber, |
| | | 29a. Certifier Certifying Phys | lician: To the best of my kno | wledge, deeth occurred | at the time, date end plec | e, end due to the ce | use(s) end man | ner as stated. | |
| 2520 | edical | (Check only 2 Medical Examir one) | ner: On the basis of exemine end manner stated. | etion end/or investigetion | , in my opinion, deeth occ | urred at the time, de | te end plece, ar | nd due to the caus | e(s) |
| To the within To the | Ž | 29b. Signeture and title of certifier | 411 | 290 | c. License number | 29 | d. Dete signed | (Month, Day, Yea | r) |
| / | | > sant 1 | nong | | V 26 25 | 0 | 12/9 | 176 | |
| 5 | | 30. Neme and address of person who co | mpleted cause of deeth (Item | 700 Was | shirston. | BIVA E | Balto | MD 21 | 230 |
| S | tate | 31. Pere tiled (Month, Day Xear) | 32 Degistrar's Signe | eture | | | | | |



State of Maryland / Department of Health and Mental Hygiene 95

37057

| | | | | Ce | ertificate | of | Death | | Reg | . No. | 0 | 31031 |
|--|------------------|--|--|---------------------|---|------------------|----------------------|----------------------------------|----------------------|-----------------|------------------|---|
| 3 14 | | Decedant's Nama (First, Middla, I | .ast) | | | | | | a of Deeth | | | 3. Time of Seath |
| | sician | MILIOTEO D. I | Berry | | | | | Dec | | Day 4, 19 | Yeer 196 | 10:27 11 |
| | edical miner | An Profite Many Many Many Land Control of the | iva street and number) | | | 1. | 4b. City, Tow | n, or Location | | 4c. County | | |
| | | Windsor Ridge Nu | rsing Center | | | | Hebby | i11e | | | timo | re |
| _e Fune | ral | | | yrs. last birthday | | | If Undar 2 | 4 Hrs. 8. Dat | a of Birth | | | |
| Direct | | 214-03-5881 Usuel Rasidance of Dacedant | 1□M 250F | 90 Yrs. | Months | Deys | Hours | | y 14, | 1906 | | placa (State or Foreign http:) laryland |
| yland | | 10a. Stata 10b. County | 100 | City, Town or L | ocation | | | | | | 1 | 10d. Inside City Limits |
| the Man | Funeral Director | Maryland Baltin | nore | Hebby | 7ille 10f. Zip C |)ada | | | 10- | 0111 | | 1 □ Yas 2 🖾 No |
| h with | Dic Dic | 7602 Clays Lane | Apt. 410 | | , | 2124 | 44 | | | . S.A. | vnat Cour | ltry? |
| dea | Je l | 11. Maritef Status | 12. Was Dacedant Ever i | n U,S. 13. | Was Daceda | nt of H | lispanic Origi | in? (Specify Ye Puerto Rican, | | 14. Rece | | can Indian, |
| which 72 hours after death with the Maryland spent. Then "netural", or items 23a or 28a-f show the Maryland and Maryland a | by Fu | 3 ☑ Widowed 4 ☐ Divorced | Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: | | 1 Yes 2 1 | | Specify: | Puerto Hican, | atc.) | Specify: | k, Whita, Whi | |
| Maryland 21215-0020 nd 2 should be filed within 72 hours at the and Mental Hygiene. This marked other than "natural", or traumatic event, the Medical Exam. | Completed | 15. Decedant's I | Education reda complated) | 16a. Dace | edant's Usual | Occup dona | etion durina most | of working | 16 | b. Kind of Bu | | |
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| De fill H d oth | Be | 17. Fathar's Nama (First, Middle, Las | t) | | | | 18. Mothar | s Nama (First, | Middla, Ma | idan Sumami | a) | |
| IFYIBI thould by the Menta marked marked marked | 2 | Ernest Howard | | | | | Li | llie Ma | ry Ti | nley | | |
| re, marylist and 2 should the and 2 should the alth and Meritem 27 is marked other traumation. | | 19a. Informant's Name/Ralationship | | 19b. Mail | ing Addrass (| Street | and Number | or Rural Routs | Number, C | ity or Town, | Stata, Zip | Code) |
| s 1 and 7 Health Illam 27 other tr | | Mrs. Dorothy Cro | ss - Sister | 760 | 2 Clay | s L | ane 1 | Baltimo | re, M | D 212 | 44 | |
| all IIIIOre, IIII. Pages 1 ar partment of Hea portant: If Item 2 | | 20a. Mathod of Disposition | | b. Place of Disp | osition (Nama matory or oth | of ar plac | ce) | Data | 20 | c. Location - (| City or To | wn, Stata |
| Definit. Pages Department of important: If its any injury or or | | 1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation /5 ☐ Other (Spec | | odlawn | | | | 12/7/96 | 7.7 | | - M | 1 |
| and and a series of a series o | | 21. Signature of Fundral Service Lice | 7 | | 2. Name end | | | 12/1/90 | W | oodlaw | n,_M | aryland |
| i Hall | 508 | 1/h/6 | | T | oring | Rva | re Fur | neral D | irect | ors. I | nc. | |
| | - | 1 117 112 | | 8 | 728 Li | ber | ty Roa | ad Ran | dalls | town. | MD | 21133 Approximate |
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| entificate be executed ding physicien end se as the buriel-transit | edicai Examiner | Sequentially list conditions, if any, leading to immediate | Dua t | o (or as a consa | quance of): | | | | | | | |
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| flicate be expression as the buriel | Ca | that Initiated avants rasulting in daeth) Last | c. Due to | (or as a consa | quanca of): | | | | | | - | |
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| the the | hys | Part II. Other significant conditions | contributing to death but not | resulting in that | indarrying cau | isa giv | an in Part. | 23 | | . / | | the cause of death? |
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| requ been shoul | ete | | | | | | | 24 | a. Was an a performe | | ava | ara autopsy findings allabla prior to mplation of causa |
| e law has t | Completed | | | | | | | | | | | daath? |
| ate Th | Ö | | | | | | | | 1 🗆 Yas | 2000 | 10 | Yes 2□ No |
| | Be (| 25. Wes casa rafarrad to medical | | | | | 26. Placa o | d Death (Check | (only ona) | | | |
| | To | axaminar? | Hospital: | ☐ ER/Outpatia | nt 3 DOA | Othe | | Ing Homa 5[| | a 6 DOtha | r (Specifi | v) |
| | | 27. Manner of Death | 28a. Data of Injury | 28b. Tima o | | . Injury Work | | | | Injury occurre | | / |
| Attanding F or deeth. ector: After by the funer | ig e | 1 Matural 5 Panding 2 Accident Invastigation | (Month, Day Year |) Injury | М | | Yas 2∐No | | | | | |
| Attanding r deeth. ector: Afta by the fune | ertification: | 3 ☐ Suicida 6 ☐ Could not b | 28a. Placa of Injury - A | t homa, farm, st | raat, factory, o | office | | 28f. Loc | ation (Strae | t and Numbe | r or Rura | l Routa Number, |
| - 5 E | ert | 4 Homicida | building, afc. (Spe | city) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | City | or Town, S | itata) | | |
| Funeral Funeral taly filled | O | 29a, Certifiar 1 Certifying Pl | hysicien: To the best of my k | nowledge deat | h occurred at t | the tim | a data and | ninna and due | to the serie | n(a) and man | | atad |
| | edicai | (Check only 2 Medical Example) | miner: On the basis of axam and mannar stated. | Ination and/or In | vastigation, in | my op | oinlon, daath | occurred at the | tima, data | and placa, a | nd dua to | tha causa(s) |
| within To the comple | Σ | 29b. Signature and titla of certifier | 1 | | 29c. L | lcense | number | | 29d. | Date signed | (Month, I | Dey, Year) |
| | | January | 1 2000 | 20.15 | 1 | 18 | 859 | 6- | | 12/1 | 191 | |
| K | | 30. Nama and eddress of person who | completed agrees of days." | 220 | (China) | | | | | 10 | 1-6 | |
| | | TAC NIEDEM | Complated causa of death (III | 220 (1900) | DRV 1 | 110 | 1000 | AVE | 1 | 777 | MA | 21200 |
| | | 31. Data filed (Morris Cav. 1.1) 19 | 96 Julia Ja | widson-12 | ndella | 1) 0 | रप का | 7740 | ,00 | , 40 . | 9 | 3100 |
| | state | DFC 1 1 100C | 32 Applistrar's Sig | matule 1 | | | | | | | | |
| Regis | oti ai | TT 1930 | THE WALL | con-Nove | No. | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 96 37058

| | | | | | (| Certificate o | of Death | Re | g. No. | 31030 |
|-------------|--|----------------|---|--|----------------------|---|---|---|-------------------------------------|--|
| | Physic | ian | 1. Decedent's Name (First, Middle, La | est) | | | | 2. Date of Deat | h | 3. Time of Death |
| | /Medi | | | | ILEY | | | DECEMB | ER'07 | 1996 2:06 AM |
| Å | Exami | ner | 4a. Facility Name (If not institution, given | re street and number) | | | 4b. City, Town, or | Location of Daath | 4c. County o | f Death |
| L | | , | MERCY HOSPIT | | | M I today d Vo | BALTIMO | RE | r | n/a |
| | Funeral Director | | | Sex 7. Age (In y | rs. last birth Yı | Months Day | | | ^{Year)} 1928 | 9. Birthplace (State or Foreign Country) Maryland |
| | end ** | | 10a. State 10b. County | 10c. | City, Town | or Location | | | | 10d. Inside City Limits |
| | f sho | 5 | Md. Anne Ar | | Pasad | | | | | 1 ☐ Yas 2/☐ No |
| | 28a | Director | 10e. Street and Number | | | 10f. Zip Code | 9 | 10 | og. Citizen of Wi | nat Country? |
| | e 23e or | | 8765 Fort Sma | | | 21 | 122 | | USA | |
| 21215-0020 | 72 hours after deeth with the Meryland natural, or items 23s or 28s-f show area Examiner must be notified at | by Funeral | 11. Marital Status 1 □ Never Marriad 2 □ Married 3 □ Widowed 4 □ ⊅ Divorced | 12. Was Decedent Ever In Armed Forces? 1 Yes, Give Year or Dates: | U,S. | 13. Was Decedent of If Yes, specify C | uban, Mexican, Puer | Specify Yas or No- to Rican, etc.) | Black | - Amarican Indian, , White, etc. White |
| 5-0 | hin 72 hours 3. In "natural", Menical Exe | etec | 15. Decedent's E (Specify only highest gra | ducation ade completed) | (4 | ecedent's Usual Occ Give kind of work do | ne during most of wa | orkina | 16b. Kind of Bus | iness/Industry |
| 121 | .30 | Completed | Elementery/Secondery (0-12) | Coilege (1-4or 5+) | _ 7 | ife. DO NOT use ret | ired) | | - | |
| | TOOL | | 1 2 17. Fathar's Nama (First, Middle, Last | 0 | В | ook keep | 1 | and Afficial Address A | | king Co. |
| Maryland | d la b | Be | Jacob Sutt | | | | Agnes | me (First, Middle, N | alden Sumame | |
| 7 | d 2 should th and Men 7 la marke traumatic | To | 19e. Informant's Name/Relationship (| Tuna Print) | 10h 4 | Mailing Address (Stre | | | City on Town 6 | Make Zie Ondel |
| | 475 | | Alan R. Yingli | ** | | | | | | id. 21214 |
| Itimore, | 8 - 2 0 | | 20a. Method of Disposition 1 XBurial 2 Cremation 3 4 Donation 5 Other (Special | Removal from State | cemetery, | disposition (Name of crematory or other parties of the Me | olace) | DEC.10 | | Ity or Town, Stata |
| Balti | permit. Pege Department of Important: If any Injury or once. | | 21. Signature of Funeral Sarvica Licer | used Leur | 6 | 22. Name and Add MCCully | Funera: | l Home o | f Pasa | |
| Г | | | 23a. Part1. Enter the diseasa, or com shock, or heert failure. List only | plications that caused tha de | ath. Do no | | | | | Approximate interval Between |
| | Physician /Medical Examiner | | Immediate Cause (Final disease or condition resulting In death) | a. CONGEST Due to b. ATHEROS | Or as a co | HEART | - FAILUK | ?∈ | | Onset and Death WEIKS |
| - | D # | iner | _ | ATHEROS | CLERO | TTC CORD | WARU ART | ERV DIS | EASE | VEARS |
| | icate be axecuted physician and s the burial-transit | Examiner | Sequentially list conditions, | Due to | (or as a co | nsequence of): | 7 7 | | | |
| 60, | be ax | | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseasa or Injury that Initiated events | C | | | | | | |
| x 68760, | leath certificate be axecuted ettending physician and d for use es the burial-transit | Medical | that Initiated events resulting in death) Last | Due to | (or as a cor | nsequence of): | | | | |
| 80 | | lan | | d | | | | | | |
| | e the | Physician/ | Part II. Other significant conditions of | ontributing to death but not r | esulting In t | ne underlying ceuse | given In Part I. | 23b. Did tol | bacco use cont | ribute to the cause of death? |
| P.0 | as that the | by Ph | EMPHYSEMA | | | | | 101 | 8 2□ No : | 3 Probably 4 Unknown |
| Records, | requiras that een signed b hould be deta | q p | Curani II | 10.4 10 1 | | | | 24a. Was ar | autopsy | 24b. Wera autopsy findings |
| 00 | | lete | SYSTEMIC 1741 | ERIENSIAN | = 10 | | | perform | ied? | avaliable prior to completion of cause of death? |
| | 0 5 5 | Completed | SYSTEMIC 1441 PETTIC IJLCER 25. Was case referred to medical | Duca== | 5/1 | SUBTOTAL | A/ 1000 | / 1□ Ye | s 2 No | 1 □ Yes 2 ☑ No |
| Vital | lclan: The certificate rector, pag | BeC | 25. Was cese referred to medical | VISEASE | 0757 | RECTOMY | 26 Place of De | ath (Check only one | | 10169 26140 |
| > | Physician: this certific ral director, | To B | examiner? 1 ☐ Yes 2 █ No | Hospital: 1 Impatient 2 | □ ER/Outp | atient 3 DOA | Whore | Home 5 Reside | - | (Specify) |
| Division of | Attanding Ph or deeth. octor: Attar thi by the funeral | | 27. Manner of Death 1 DMatural 5 ☐ Pending 2 ☐ Accident Investigation | 28a. Date of Injury (Month, Day Year) | 28b. Tin Inju | iry V | | 28d. Describe ho | | |
| Divis | 는 는 는 는 | Certification: | 3 Suicida 6 Could not be determined | 28e. Place of Injury - At building, etc. (Special Control of the C | home, farm | , street, factory, office | e | 28f. Location (Str. City or Town, | eet and Number State) | or Rural Route Number, |
| | To the Hospital or within 24 hours effe To the Funeral Dir completaly filled in | edical (| 29a. Certifier (Check only one) | yelclen: To the best of my killner: On the basis of examinand manner stated. | nowledge, d | leath occurred et the or Investigation, in my | time, dete end place y opinion, deeth occu | e, and due to the ce urred at the time, da | use(s) end mani te and plece, an | ner as stated. Indicate to the ceuse(s) |
| | To th Withir | X | 29b. Signature and title of certifier | ^ | | 29c. Lice | nse number | 29 | d. Data signed | (Month, Day, Year) |
| | | | · Muley | tor MD | | D | 47974 | 0 | FC -0: | 7-1996 |
| | 3 | Ì | 30. Name and address of person who | completed cause of death (It | em 23a) (Ty | rpe, Print) | 1 | | ^ | , 110 |
| | / | | DR MARK Mc & | INLEY, DEPT | OF M | EDICINE | LNIVERSI | ry of Mi | D, BALTIA | 7-1996 NORE, MD, 21201 |
| | Sta Registr | _ | 31. Date filed (Month, Day, Year) 199 | 32. Flogistrary Sig | Beture A | molable | | | | |

a equality of a second Assemble a state of the second sections DATE OF THE STATE the second State Land The Address of the Supplemental Control of the the property of the second strategy of the contraction of the contract Address to the owner and

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Yaer ESTHER BLOCK /Medical DEC 1996 5:07pm 4e. Fecility Neme (If not institution, give streat end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner sinai HOSPITAL BALTIMORE 5. Social Security Number 7. Age (In yrs. last birthday) 73 Yrs. If Undar 1 Yaar If Under 24 Hrs. Hours Min. 6. Sex Birthpiece (Stete or Foreign Country) **Funeral** Deys Months 1 □ M 2 🗓 F Director 019-59-7202 MAY 27,1923 MARYLAND Usuei Residance of Decedent the Maryland 10b. County MONTGOMERY 10c. City, Town or Location SILVER SPRING 10a. State MARYLAND 10d. Inside City Limits "natural", or items 23a or 28a-f ahor 1 Yes 2 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 1111 UNIVERSITY BLVD. WEST, APT. 810 20902 USA Completed by Funeral death 12. Was Decedent Evar in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Pagas 1 and 2 should be filed within 72 hours after onent of Haaith and Mantal Hygiana. Int: If Item 27 is marked other than "natural", or ite Bieck, White, atc. 1 Navar Married 2 Marriad Yes 27 No f Yes, Give rear or Detes: Specify: WHITE 21215-0020 1□ Yes 2 No 3 Widowed 4 □ Divorced other traumatic event, the Medical 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) SECRETARY U.S.GOVERNMENT Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be HYMAN SINGER HILDA PRESSMAN 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Coda) nt of Haalth a : If item 27 is or other tra MRS. DIANE LEVANT (DAUG.) 6720 W. LAKERIDGE RD. NEW MARKET, MD 20e. Method of Disposition
1 ☑ Buriai 2 ☐ Cramation 3 ☐ Removal from State 20b. Pieca of Disposition (Neme of cematery, cremetory or othar pleca) Dete 20c. Location - City or Town, Steta Department of Important: If any Injury or once. AITZ CHAIM 12/9/96 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Spacify) 21. Signature of Buneral Service Licer 22. Nama and Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD. BALTO., MD 21208 23a. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only ona ceuse on each lina. Approximete Intervel Betwee Onset end De **Physician** Immediate Cause (Finei disaese or condition resulting in deeth) /Medical Examiner Examiner The law requires that the death cartificata be executed the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseesa or Injury that initiated events resulting in deeth) Last as a consequence of Box 68760. attending physician Physician/Medical Due to (or as a consequence of): ata has been signed by tha attending p page 2 should be detached for usa as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobecco usa contributa to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No by Completed 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes an eutopsy performed? this cartificata I or Attending Physician: " after daath. Director: After this carifica Be 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Other: 41 Nursing Home 2 1 Yes 2 1 Inpatient 2 ☐ ER/Outpatient 3□ DOA 5 ☐ Residence 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Dey Year) Certification: Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending invastigation Neturei To the Hospital or Attending within 24 hours after death.

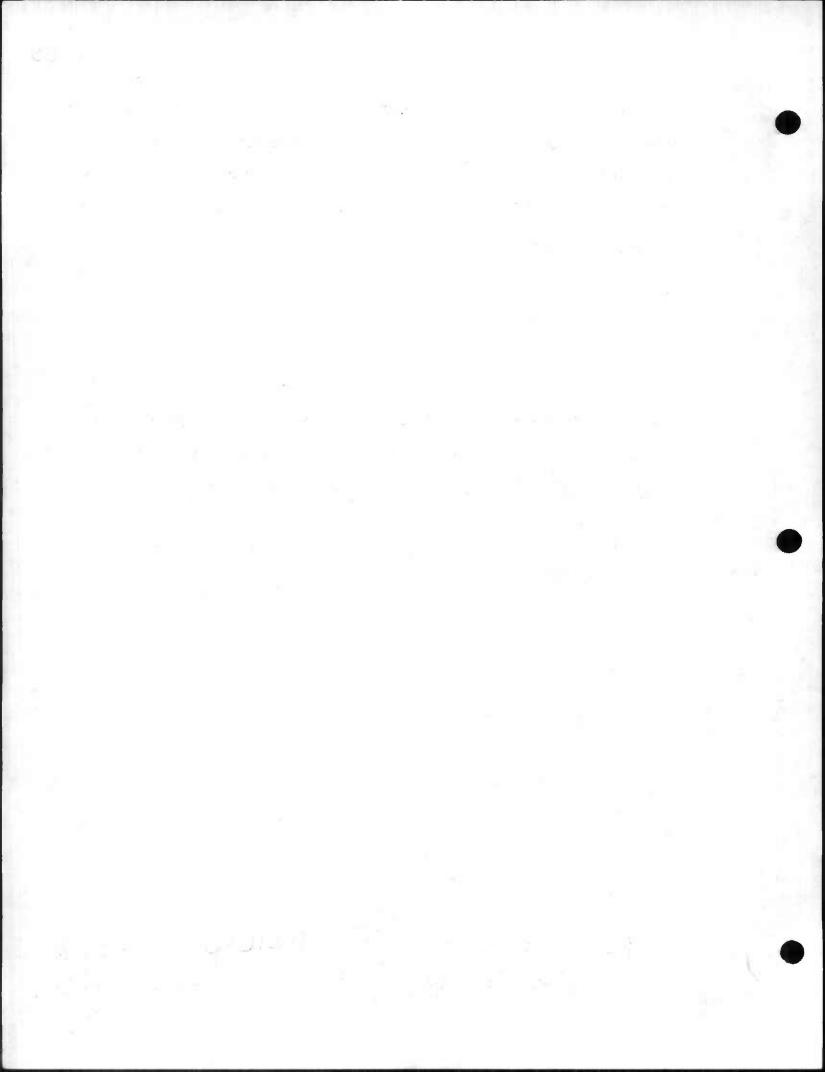
To the Funeral Director: Af completely filled in by the fu 1 ☐ Yes 2 ☐ No 1 ☐ Accident 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier (Check only one) Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the causa(s) and menner es steted.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end mannar steted. Medical 29d. Dete signed (Margift, Day, Year person who completed cause of deeth (Item 23e) (Type, Print) State

DHMH 16 Rav 6/95

Registrar

21215



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 12 Dey **Physician** 96 04 1915 Virginia Lee Cassell /Medical 4e. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Death 4c. County of Death **Examiner** Carroll County Carroll County General Hospital Westminster If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplaca (State or Foreign Country) Date of Birth (Month, Dev. Year) **Funeral** Days 1□M 2☑F 216-30-8253 62 Director July 29, 1934 Maryland Usual Residence of Decadent the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or Itams 23a or 28a-f sho trsumstic svent, the Medical Examiner must be notified at Carroll County Sykesville 1 Yes X No MD Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7515 Dogwood Road 21784 U.S.A. Funeral illed within 72 hours after death 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a, Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) Coilege (1-4or 5+) Hygiena. permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygiens important: if fem 27 is marked other the sny filury or other traumatic avant, the page. Domestic 10 Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Alberta A. Fish 2 Nolley E.J. Fisher 19e. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Robert C. Cassell (Husband) 7515 Dogwood Road Sykesville, MD 21784 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from State 12/9/96 Sykesville, MD Springfield Cemetery 4 □Donation 5 □Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility HAIGHT FUNERAL HOME & CHAPEL (P.O. Box 195) rian X. Hay Sykesville, MD 21784 (410)-795-1400 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. Interval Between Onset and Death **Physician** immediate Cause (Final disease or condition resulting in death) /Medical a. Acute myocardial infarction 10 days Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medical Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? s been signed by the 1 No 3 Probably 4 Unknown Non insulin dependent diabetes þ 24b. Were autopsy findings available prior to 24a. Wes an autopsy performed? Completed completion of cause of death? 1 XYes 2 □ No 1 X Yes 2 No certificate or Attending Physician: 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Tinpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Certification: 27. Manner of Death 28c. injury et Work? 28d. Describe how injury occurred 28a. Date of injury (Month, Day Year) 28b. Time of After 5 Pending investigation 1 Naturai death. 1 ☐ Yes 2 ☐ No 2 Accident after death 3 Suicide 6 Could not be in by t Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral DI completaly filled in edical 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signeture and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number D44362 December 1996

State Registrar

0 3

> Enrico A. Giangeruso, M.D. 200 Memorial Avenue Westminster MD 21157 31. Date filed (Month, Day, Year)

DEC 11 1996

Registrar's Signature who Davidson

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

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ITEN: 19a, PER F.H. FILM

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State of Maryland / Departr

| ment of Health and Mental Hygiene | 96 | 3 | / 11 | h |
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| icate of Death | 20 | 0 | 1 0 | 0 |

Physician /Medical **Examiner**

Funeral

Director 28a-f show

items 23a or 28a-f shov

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural;, or item any injury or other traumatic event, the particular of the manual page.

Physician /Medical **Examiner**

The law requires that the death certificate be axecuted attanding physician been signed by the should be detached certificate Hospital or Attending Physician: 7 24 hours after deeth. Funeral Director: After this certifica funeral director, filled in by 24 hours

Box 68760

P.O.

Division of Vital Records,

Medicai

10a. State Director Funeral 133 by Completed ဂ္ Examiner Physician/Medical by Completed Be Certification: To

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 5 Day 199 8 DEC. 2:57 PM FREDERICK CMORIK JOSEPH 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 133 WESTWAY ROAD APT. #102 GREENBELT PRINCE GEORGES If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) 1 X M 2 F y & Read Yrs. 53 222-26-8772 September 25,1943 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 No Maryland Prince Georges Greenbelt 10e. Street and Number 10g. Citizen of What Country? U.S.A.

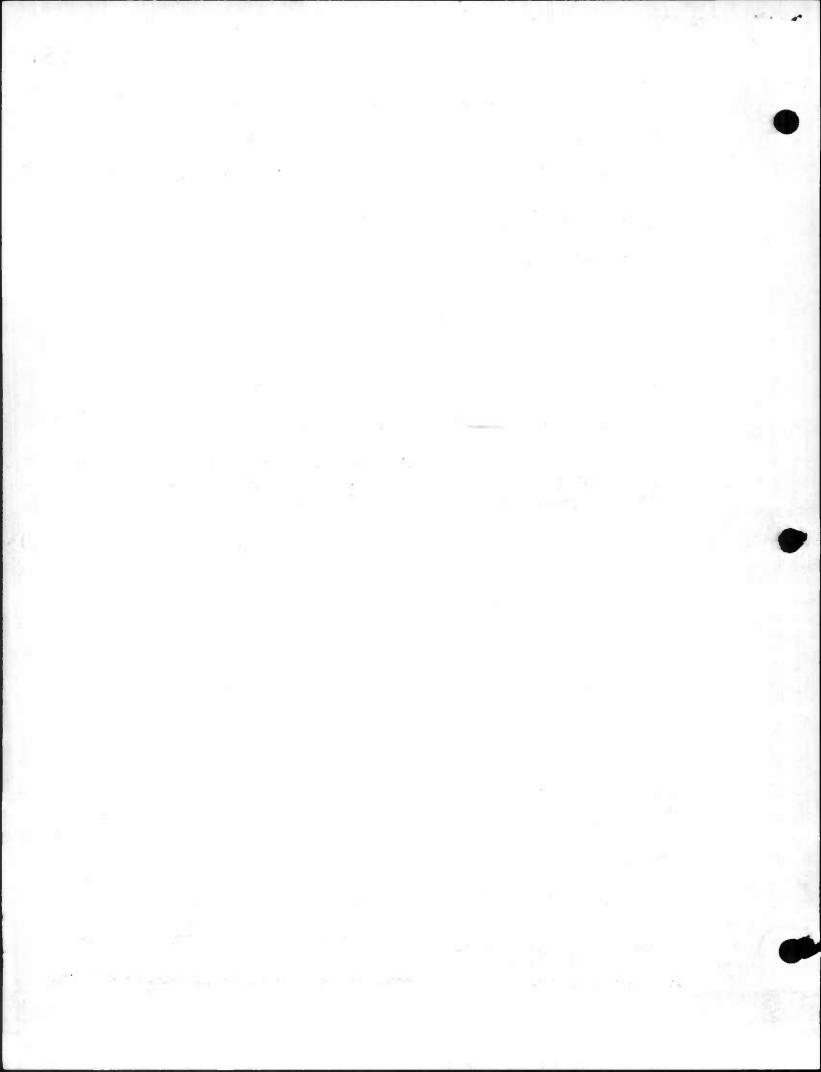
14. Raca - Americen Indian,
Black, White, etc. Westway Road Apt. 102 20770 12. Was Decadant Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Ricen, etc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes ②☐ No Specify: Specify: 3 ☐ Widowed 4 ₺ Divorced White 15. Decadent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grada completed) College (1-4or 5+) 5 + Elementary/Secondery (0-12) C.P.A. Controller 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) G. Cmorik Joseph Marie Spear 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 . 19720 19a. Informant's Name/Relationship (Type, Print) BROTHER 317 E. -New Castel Donald A. Cmorik Penn Acres Roosevelt Ave. 20a. Mathod of Disposition 20b. Placa of Disposition (Neme of cametery, crematory or other place) Date 20c. Location - City or Town, State 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Graceland Memorial Pk. 12/10/96 New Castel, DE 21. Signature of Funeral Service Light 22. Name and Address of Facility
Leonard J. Ruck Funeral Home, Inc. 21214 5305 Harford Road - Baltimore, Maryland 23a. Part1. Enter the disease, for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Gunshot (2) ound immediate Cause (Final disease or condition resulting in death) Due to (or es e consequenca of): Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last Due to (or as a consequence of): Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Mayos 20 No 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Yas 2□ No Other: 4 Nursing Homa Masidence 6 Other (Specify) 28a. Date of Injury (Month, Day Year) 12-5-96 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? | Pending Investigation | Principle | Pending | Principle | Pending | Principle | Pending | Pendin 1 Natural 2 Accident 3 Suicida 4 ☐ Homicide 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) DEC. 6, 1996 O.C.M.E I 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Dennis Chute M.D.

State Registrar 31. Date filed (Month, Dey, Year)

32. Registrar's Signature Julia Davidson-Randall

within 24 hou To the Funer completely fil

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Alice Marie Christopher December 1996 4:43 AM 9 /Medical 4a. Facility Nama (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Undar 1 Yaar | If Undar 24 Hrs. 5. Sociel Sacurity Number 6. Sax 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1 □ M 2 D F Months Days Hours Min Yrs. 213-05-8565 79 Director Aug. 31, 1917 Maryland Usual Rasidanca of Dacadant the Maryland 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified Director 1 ☐ Yes 2 No Maryland Anne Arundel Pasadena 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? ŏ 718 Holly Ave. 238 21122 USA deeth Funeral Herris 2 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Giva Year or Datas: 11. Marital Stetus Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after c. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural". or in-party injury or other traumatic events. Bleck, Whita, atc. 1 Navar Married 2 Marriad 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorced White Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 9 Homemaker Household 17. Fathar's Nama (First, Middle, Lest) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be William Weber Irene Conn P 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Address (Street and Numbar or Rural Routa Number, City or Town, Stete, Zip Code) Nancy L. Baker (Daughter) 718 Holly Ave. Pasadena, Md. 21122 20b. Placa of Disposition (Nama of comatary, cremetory or other placa) 20e. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramovai from Stata 12/10/96 Baltimore, Maryland Metro Crematory Inc. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee 22. Nema end Address of Fecility Stallings Funeral Home PA 3111 Mountain Rd. Pasadena, Md. 21122 ations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, caused on each line. 23a. Part1. Enter the disease, or co shock, or heart fagure. List on Approximeta Interval Batween Onset and Death Physician /Medical Immadiata Causa (Finai disaasa or condition resulting In daath) Examiner Physician/Medical Examiner 0 attending physician and for use es the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initieted avants rasulting in daath) Lest Dua to (or as a consequence of) P.O. Box 68760. Dua to (or as a consequence of). ate has been signed by the a page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 20KNo 1 Yes 3 Probably 4 Unknown Records, þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 1 ☐ Yaa 2 ☐ No certificate Division of Vital Physician: 25. Wes casa raferred to medical axeminar? Be 26. Plece of Deeth (Check only ona) 1 Yas 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatiant 2 ER/Outpetiant 3 DOA Certification: To Hospital or Attending Physical Structures of Functions
 Funeral Director: After this letely filled in by the funeral di After this Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Naturel 2 Accident 5 Panding invastigation 1 ☐ Yas 2 ☐ No 3 Suicida 6 Could not be 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida within 24 hours of To the Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29a, Certifian Medical pletely To the 29b. Signature and title of certifier Qc. License number 29d. Dete signed (Month, Dey, Year) 30. Nama and addrass of person who completed causa of death (Itam 23e) (Type, Print) Peter R. Graze MD 900 Bestgate Rd. Annapolis, Md. 21401 31. Data filed (Month, Day, Yaar)
DEC 11 1996 32. Registrar's Signatura State

DHMH 16 Rev 6/95

Registrar

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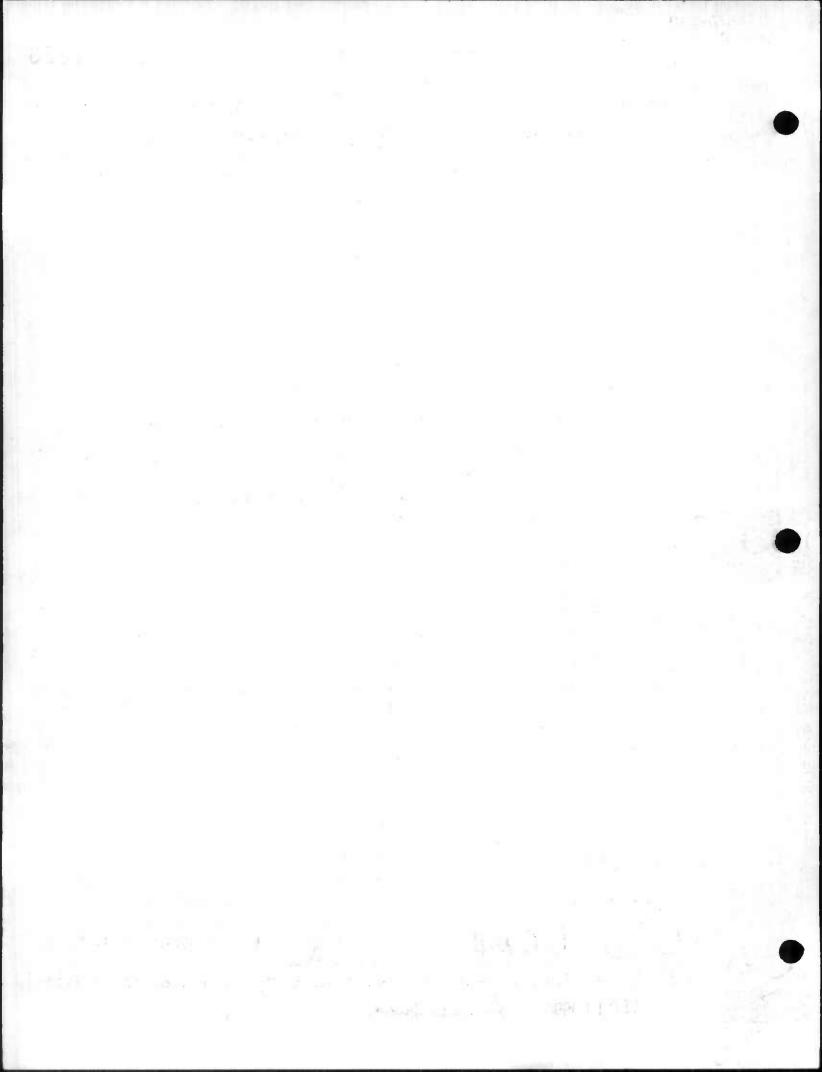
State of Maryland / Department of Health and Mental Hygiene Q 5

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| | | | | | | Cei | rtificate of | Death | | Reg. No. | | 07000 |
|------------|--|----------------|---|--|---|-------------------------------|---|---------------------------------|--|---|---------------------------|--|
| | Physic | ian | Decadant's Nama (First, Midd | | | | | | 2. Data of I | Death | Yaar . | 3. Time of Death |
| | /Medi | | LAMONE | CLA | | | | | | BER 8,1 | | 1:05 AM |
| | Exami | ner | 4a. Facility Nama (If not institution 5017 ARBUTU | | ar) | | | 4b. City, Town | , or Location of Da | ath 4c. County No: | | |
| | ,Funeral Director | | 5. Social Sacurity Number 213-78-5308 | 6. Sax 7. 1 □ XM 2 □ F | Aga (In yrs. k | ast birthday) Yrs. | If Undar 1 Yaa Months Days | | | Birth Day, Yaar) 27, 1960 | 9. Birthp Coun Mary | iaca (Stata or Foraign Ity) Land |
| | dand ow | | Usual Rasidance of Dacedant 10a. Stata 10b. County | | 10c. City | , Town or Lo | cation | | | | 1 | 0d. Insida City Limits |
| | e Men | ctor | Maryland None | | | Balti | more | | | | | 1 Yas 2 □ No |
| | vith th | Director | 10e. Street and Number | | | | 10f. Zip Coda | | | 10g. Citizan of | What Coun | Iry? |
| | s 23e | eral | 5017 Arbutus Av | e . | at Guaria III i | 2 40.1 | 2121 | | 0.40 | 144.5 | USA | 1 1 |
| 0200-91212 | be filed within 72 hours after death with the Meryland ital Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Exercites must be notified at | by Funeral | 11. Maritai Slalus 1 ☐Navar Married 2 ☐ Mar 3 ☐ Widowed 4 ☐ Divorced | ried 1 ☐ Yas 24 | s? No | 1 | Yas Dacadant of f Yas, specify Cui 1 ☐ Yas 2☐No | | n? (Spacify Yas or Puarto Rican, atc.) | Bla Specif | ck, Whita, | atc. |
| ۍ ا | 72 ho | eted | | t's Education st grada complated) | | 16a. Deced | lant's Usual Occu | pation a during most of | f working | 16b. Kind of B | usinass/Inc | dustry |
| 121 | within ene. than | Completed | Elamantary/Sacondary (0-12) | Collaga (1-4c | or 5+) | lifa. L | DO NOT usa retir racting | ed) | 10171 | Unkn | own. | |
| סר | ould be filed v Mental Hygie arked other t | BeC | 17. Fathar's Nama (First, Middla, | Last) | | CONTE | racting | 18. Mothar's | Nama (First, Midd | | | |
| yland | | ToE | Turner Battle | | | | | Dori | ls Clark | | | |
| Mar | 12 sh h and h snd is me | | 19a. Informant's Name/Ralations | | | | | | or Rural Routa Num | | | |
| | of Health of Health item 27 i | | Doris Clark / 20a. Mathod of Disposition | Mother | 20b. Pi | aca of Dispo | sition (Nama of | | Baltimore | , Maryla | | |
| OE. | Pages nent of i int: if ite ury or or | | 1 Burial 2 □ Cramation 4 □ Donation 5 □ Other (S | | ta ce | matary, cran | valley | ace) | | 6 Timoni | | |
| saitimore, | permit. Pages 1 and 2 should Department of Health and Mer Important: If item 27 is marke any injury or other treumatic once. | | 21. Singure of Funarai Sarvice | | | 22 | Name and Addr | ass of Facility | Jones Fun | | - | arytand |
| j. | Physician /Medical Examiner | ler | 23a. Part1. Enter the disease, or shock, or heart failure. List Immediata Causa (Final disease or condition rasulting in death) | complications that can only one cause on each | Na | Ro Ro | E D | | Roham Contractions | arrast, | | Approximate Intarvai Batween Onsat and Death |
| 'n | tificate be executed g physician and as the burial-transit | edical Examine | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or Injury | b. ———— | Dua to (or | as a conseq | uance of): | | | | | |
| 3 | certificate be nding physicia use as the bur | 2 | Causa (Disaasa or Injury that initiated avants rasulting in daath) Last | c | Dua to (or | as a consequ | uance of): | | | | | |
| 5 | v requires that the death certif been signed by the attending should be detached for use a | Physician | Part II. Other significant condition | ns contributing to death | but not rasui | ting In the ur | ndarlying causa g | ivan in Part I. | | | | the cause of death? |
| ב, כם | s that gned k | by P | | | | | | | | Yss 2∐No | 3 Prob | ably 4 ☐ Unknown |
| מכסומ | The law require ate has been si page 2 should i | Completed | | | | | | | | is an autopsy formed? | ava | ra autopsy findings aliabla prior to aplation of causa death? |
| | | | | | | | | | 10 | Yas ZNNo | 1 🗆 |]Yas 2□ No |
| - | sicien | o Be | 25. Was casa rafarred to medical axaminar? 1 ☐ Yas 2 ☐ No | Hospitai: | | | Ot | har | Death (Check only | | | |
| 5 | g Phys er this eral di | - | 27. Mannar of Death | 1 ☐ Inpa | jury 2 | R/Outpatient 28b. Time of | 28c. Inju | 4 LI NUISII | ng Homa 5 TRa 28d. Dascrib | sidance 6 □Oth e how injury occur | |) |
| 5 | endin eeth. or: Aft | atlo | 1 Naturai 5 Pandin 2 Accidant invasti | pation 128 | 96 | UNK | | Yas 2D No | UY | Krou | W | |
| 2 | To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director, | Certification: | 3 ☐ Suicida 6 Could detarm | 28a. Placa of li building, a | njury - At hon atc. <i>(Specify)</i> | nen farm, stre | at, factory, office | | 28f. Location City or T SSL 7 | (Street and Numb | er or Rural | Routa Number, |
| | To the Hospital within 24 hours To the Funeral completely filled | edical | 29st Certifier 1 Certifyin 2 Medical | g Physician: To the bes Examiner: On the basis and manners | of axamination | iadga, daath on and/or inv | occurred at tha ti astigation, in my | ma, data and propinion, daath o | iace, and dua to the | a causa(s) and ma a, data and place, | nnar as sta and dua to | ated. tha causa(s) |
| | vithin To the | Me | 29h Signahus and titla of certifia | And manners | | | 29c. Licen | sa number | | 29d. Dala signe | d (Month, L | Day, Year) |
| A COL | | | Maur | tolepy | 0 | | 00 | CME | | DECEMB | ER 8 | , 1996 |
| | 1 | | 30. Name and address of parson | who completed cause of LUCKE, A: | 1 | | • | reet, | Baltimo | re, Mar | ylan | d 2120 |

State Registrar 31. Data filad (Month, Day, Yaar)
DEC 1 1 1996

32. Registrar's Signatura



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|-----|---|-----|---|---|----|
| 1 | 4 | - | H | h | 11 |
| J | V | - 1 | U | U | 7 |
|) | 3 | - 1 | U | U | - |

| ician | Decedant's Name (First, Middla, Last | G-742 12-19-96 e | eoh C | ertificate of | Death | 2. Date of Da | Reg. No. | 3. Time of Death |
|-------------------------------------|--|---|-------------------------------|--|--|------------------------------------|-----------------------------|--|
| | WILLIAM | A. CLEV | VS | | | Month DECEM | Dev | Year 1996 2-45 A.M |
| dical niner al or | 180-07-8176 | ndel Ite | SPirs. last birthda | If Undar 1 Year | Ab. City, Town, or I Clen If Under 24 Hrs. Hours Min. | | e An | |
| ō | Usual Rasidanca of Decedent 10a. Stata 10b. County Md. Anne Ar | | City, Town or | | vern | 71 7 | | 10d. Inside City Limits 1 ☐ Yas 2- No |
| I Director | 10e. Street and Numbar 1173 S. Delmont | Rd. | | 10f. Zip Coda 211 | L44 | - 4 | 10g. Citizan of U.S | What Counfry? |
| To Be Completed by Funeral Director | 11. Maritel Stetus 1 Navar Marriad 2 Marriad 3 Widowad 4 Divorced | 12. Was Dacadant Ever in Armed Forcas? 1 Yes 2 No if Yas, Giva Yaar or Datas: | U,S. 1 | 3. Was Decedent of H If Yas, specify Cube 1 ☐ Yas 2 🗷 No | ispanic Origin? (S en, Maxican, Puart Specify: | pecify Yas or No o Rican, etc.) | 14. Rac Bla | ce - American Indian, ck, Whita, atc. White |
| Completed | 15. Decedant's Ed (Specify only highest gra- Elementery/Secondery (0-12) | ucation da complatad) Collega (1-4or 5+) | 18e. Da (Gi | cedant's Usual Occup iva kind of work dona o a. DO NOT use retired Dispatcl | during most of wor i) | king | | arundel Co. |
| To Be Co | 17. Fethar's Nama (First, Middle, Last) John J. Clews | JOSEPH CLEWS | SE | | 18. Mother's Nan Els | na (First, Middla, Sie L. E | | na) |
| - | 19a. Informant's Name/Ralationship (7 | ype, Print) | 19b. Ma | ailing Address (Street | and Number or Ru | rel Route Numb | er, City or Town, | State, Zip Coda) |
| | Mrs. Dorothy Clew 20a. Mathod of Disposition 18 Buriel 2 Cramation 3 | Removal from Stete | . Ptaca of Dis cematary, o | 73 S. Delmo sposition (Name of rematory or other place | ca) | Severn, | 20c. Location | City or Town, Stata |
| | 4 □ Donetion 5 □ Other (Specify 21. Signatura of Funaral Sarvice Licen: | | elen Ha | | ss of Facility Funeral | Home of | Pasade | rnie, Md. na Md. 21122 |
| edical Examiner | Immediata Cause (Finel diseasa or condition resulting in death) Sequentially list conditions, if any, leading to Immadiata ceuse. Enter Undarlying Cause (Disease or Injury that infitiated evants rasulting in death) Lasf | b. LARGE Dua to | (or as a cons | sequance of): | ULCER | VAL T | BLEED | Approximate Interval Between Onsat and Death 1 Week 6 MONTHS |
| | | d | | | | | | |
| by Physician | Part II. Other algnificant conditions co | | | | | | lobacco uae co Yes 2□ No | ntributa to the cause of death? 3 ☐ Probably 4 ☐ Unknown |
| Completed | | | | | | | an autopsy med? | 24b. Were autopsy lindings available prior to completion of cause of death? |
| | | | | | | 10 | ras 2 No | 1□Yas 2⊡No |
| To Be | 25. Was casa referred to medical axaminar? 1 ☐ Yes 2 ☐ No | Hospital: 1 Inpatient 2 | □ EB/Outpot | ient 3 DOA Othe | 26. Placa of Dea | | ona) dance 6 □Oth | as (Canally) |
| Certification: T | 27. Mannar of Deeth 1 Natural 5 Pending 2 Accident Invastigation | 28a. Data of Injury (Month, Day Year) | | of 28c. Injury | | | now injury occur | |
| | 3 Sulcida 4 Homlolda 6 Could not be detarmined | building, atc. (Spe | | | | City or Tov | vn, Stata) | er or Rural Routa Number, |
| | (Check only one) | sician: To the best of my k ner: On the basis of exami and mannar stated. | nation and/or | investigetion, in my or | pinion, deeth occur | red at tha tima, | data and place, | and dua to tha ceuse(s) |
| Medical | OOL Cinnetius | | | | number | | 29d. Data signe | d (Month, Day, Year) |
| 900 | 29b. Signature end title of certifier Yal 30. Nama and address of person who com M. SHIRA 21, M. D. | ehin, 4 | D. | 29c. Licensa | 4696 | 2 | DECEMI | BER 06, 1996. |

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** DECEMBER 9, 1996 ear ANGELO J CHRISTOPOLUS 2:55 P.M. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner VA MEDICAL CENTER FORT HOWARD FORT HOWARD BALTIMORE 5. Sociel Security Number If Undar 1 Yaar | ff Under 24 Hrs. 9. Birthpiece (Stata or Foraign 7. Age (In yrs. last birthday) 6. Data of Birth (Month, Day, Year) **Funeral** Months Deys Hours MM 2DF 67 Yrs. Director 218-28-0503 10-22-29 Usual Rasidance of Decedent 10a Stata 10h Counts 10c. City. Town or Location 10d. Insida City Limita the Maryta r than "natural", or items 23e or 28e-f shot the Medical Examiner must be notified at Anne Arundel Baltimore (Brooklyn Park) 1 ☐ Yes 2 ☐XNo Director MD. 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 339 Holy Cross Road 21225 U.S.A. Funeral 12. Was Decedant Evar in U.S. Armed Forces? 1X Yas 2 □ No If Yas, Giva Yaar or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, apecify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - Amaricen indian, Biack, Whita, atc. filed within 72 hours after of Hygiense. hydisense. 1 Never Married 2 Married Beltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Dacedant'a Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Buainass/Industry 15. Decedant's Education (Specify only highast grade completed) Elemantary/Secondary (0-12) Collega (1-4or 5+) Custodian Hammonds Lane Nursing permit. Pages 1 and 2 should be filed with Department of Health and Mental Hyglen (important: if Item 27 is marked other than any Injury or other traumatic event, Italy 2016). 7th 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Be John Christopolus Sophia Smethansky 19a. Informant's Name/Reletionship (Type, Print) 19b. Melling Addrasa (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Priscilla M. Christopolus (Wife) 339 Holy Cross Road Balto., MD. 21225 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 N Buriai 2 Crametion 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Cedar Hill Cemetery 12/12/96 Baltimore, Maryland 21. Signature of Funaral Sprvica Licansaa 22. Name and Address of Fecility
MSCully Funeral Home of Brooklyn
237 L. Patapsco Ave. Kevin E. Ecker 23e. Pent. Enter the disease, or complications that caused the death. Do not enter the mode of bying, sech as carded of respiratory and shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset end Death **Physician** /Medical immediata Ceusa (Flnai disaase or condition rasulting in daath) a CHRONIC OBSTRUCTIVE PULMONARY DISEASE, END STAGE **Examiner** MANY YEARS Dua to (or as a consequance of): Examiner the burial-transit The law requires that the death certificete be executed Sequantially list conditions, if any, laading to immediata cause. Entar Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Lest and Dua to (or as a consequence of): Records, P.O. Box 68760. attending physician for use as the buria Physician/Medical Dua to (or as a consequence of) 65 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. been signed by the s should be detached 23b. Did tobacco use contribute to the cause of death? 1X Yes 2 No 3 Probably 4 Unknown PSYCHOSIS, CACHEXIA by 24a. Was an autopsy performed? Wera autopsy findings available prior to Be Completed completion of ceuse of death? certificate 1 🗆 Yas 1 ☐ Yes 2 No Division of Vital 25. Wes casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1/2 Inpatiant 2 ER/Outpetient 3 DOA this 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. injury at Work? To the Hospital or Attending Pt within 24 hours after death.
To the Funeral Director: After th completely filled in by the funera Medical Certification: 28b. Time of 28d. Describe how injury occurred After t 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homleida 11 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. 29a, Certifier 29b. Signature end titla of certifiar 29c. Licanse number 29d. Date signed (Month, Day, Year) an, D14958 12-09-96 mora 30. Nama and addrass of person who complated causa of death (item 23a) (Type, Print) AURORA C. TAN, M.D. 9600 NORTH POINT ROAD FORT HOWARD, MARYLAND

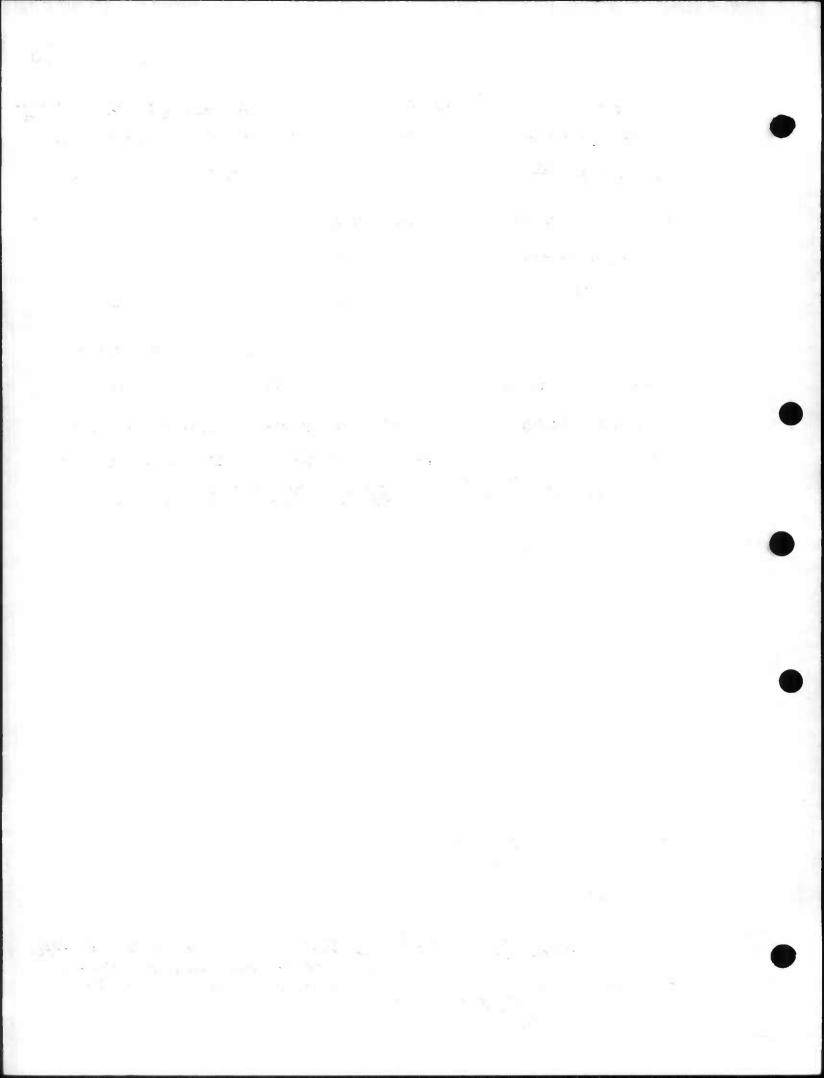
State Registrar

32. Ragistrar's Signetura 31. Date filed (Month, Day, Year) which Davidson Ro DEC 11 1996

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 37066

| | | | | | | | Cer | tificate of | Death | F | Reg. No. | 0 0 | ,,000 |
|----------------------------|--|----------------|--|------------------------|--|---------------------------------------|-------------------------------|---|--|---|------------------------------------|-------------------------------------|--|
| | Physic | an | 1. Decedent's Nama (First, | | | 2000 | 1 | | | 2. Date of Dea | Dav | Yaar | 3. Time of Death |
| | /Medi | | LE | | | OHE | -70 | | | Decem | 300 6, | 1996 | DM |
| | Examir | ner | 4a. Facility Name (If not inst | tution, gi | SPITAL | GEN | an | | | Allston | w B | of Death | MORE |
| | Funeral Director | | 5. Social Security Number 214-05-4144 Usual Residence of Decede | | Sex 7 XXM 2□ F | '. Age (In yrs. le 88 | Yrs. | If Undar 1 Yaar Months Days | | 8. Date of Birtl (Month, Day DEC. 26, | , Year) 1907 | 9. Birthple Countr | aca (State or Foreign ry) MD |
| | ylend | | 10a. State 10b. Co | | | 10c. City | Town or Loc | cation | | | | 10 | d. Inside City Limits |
| | the Marylen 28a-f show | ctor | MD | BALT | IMORE | | RANDA | LLSTOWN | | | | | 1 □ Yas 2 7 7 10 |
| | ith th | Director | 10e. Street and Number | | | | | 10f. Zip Code | | | 10g. Citizen of \ | What Counti | ry? |
| | a 23a | | 3236 SOUI | HGRE | | lant Caralla III 6 | 140.9 | 2124 | | - 14 - 34 34 - | US | | a la dia |
| 5-0020 | 2 should be filed within 72 hours after death with the Marylend and Mental Hygiena. Is marked other than "natural", or itema 23a or 28a-f show aumatic event, the Medical Examples must be notified at | by Funeral | 11. Marital Status 1 □ Never Married 2 3 □ Widowed 4 □ Divi | | 12. Was Deced Armed Ford 1 Tyes 2 If Yas, Giva Yeer or Dat | ees? | | Yes, specify Cub | Hispanic Origin? (Spoan, Maxican, Puarto Specify: | ecny tes or No- Rican, atc.) | Specify | ce - Amarica ck, Whita, a WHI | tc. |
| 2-0 | d within 72 hours jiena. r than "netural", the Mousel Eva | Completed | | | ducation ade completed) | | 16a. Deced | ant's Usual Occu | pation duning most of work | ina | 16b. Kind of B | usiness/Indu | ustry |
| aryland 2121 | within ena. | mpi | Elementary/Secondary (0 | | College (1-4 | 4or 5+) | life. E | | during most of work | | LIFE I | MGI IDA | NCE |
| d 2 | Hygie Hygie Ither I | ပိ | 17. Fathar's Nama (First, Mi | | 1) | | | AGENT | 18. Mothar's Nam | e (First, Middle, | | | INCE |
| lan | d 2 should be filed th and Mental Hygi 7 is marked other traumatic event, to | To Be | AARON | | COHEN | | | | SARAH | | | ERBER | |
| ary | 2 should and Men is marke sumatic | | 19a. Informant's Name/Rais | tionship | (Type, Print) | | 19b. Mallin | g Address (Stree | t and Number or Rur | al Routa Numbe | r, City or Town, | State, Zip (| Code) |
| Σ. | | | ELLA M. COHE | N (W | IFE) | | | | REEN RD; F | RANDALLS | TOWN, M | D 21 | 244 |
| Ore | SOT | | 20a. Method of Disposition 1 ☑ Surial 2 ☐ Crema | tion 3 [| Ramoval from St | ce | metery, crem | sition (Name of natory or other ple | | Date | 20c. Location - | City or Tow | vn, State |
| Baltimore, | Department Department Important: I Bny injury o | | 4 Donation 5 □Oth | ar (Speci | (fy) | BE | | MEMORIAI | | 2-8-96 | RANDAL | LSTOW | N, MD |
| Bal | permit. Pag Department important: i any injury o once. | | 21. Signature of Funeral Se | Vice Lica | 2 Cutt | En | | Nama and Address SOL LEV | ess of Facility INSON & BF STERSTOWN | ROS, INC | ESVILLE | . MD | 21208 |
| 1 | | | 23a. Part1. Enter the disaas shock, or heart failure. | e, or con List only | pplications that cau one cause on eac | used the death. ch line. | Do not enta | r the mode of dyl | ing, such es cardiac | or respiratory an | rest, | | Approximata interval Between |
| | Physician /Medical | | Immediate Causa (Final | | | | | | | | | , | Onset and Death |
| | Examiner | | diseasa or condition resulting in death) | | a | 56/25 | | | | | | | 24 m. |
| | | Je. | | | F | Due to (or | as a consequ | | union | -/- | | 6 | 24 m. |
| | cuted nd ransit | Examiner | Sequentially list conditions. | | b | | as a consequ | | 00/00/01/01 | | | | |
| 50, | cate be executed physician end s the bunal-transit | E | Sequentially list conditions, If any, leading to immadiate causa. Enter Underlying Cause (Disease or Injury | J | C | | | | | | | | |
| 0x 68/60, | E 0 8 | n/Medical | that initiated events resulting in death) Last | J | d | Due to (or | as a consequ | enca of): | | | | | |
| ň | death ce e attendi | Physician/I | Part II. Other significant cor | ditions | contributing to dea | th but not resul | ting In the un | dariving cause gi | van in Part i. | 23b. Did to | obacco use co | ntribute to | the cause of death? |
| 5 | at the by th | Phy | | | | | _ | | | | res 2□No | | ably 4 Denknown |
| Ś, | ras the | by | DEMENTIN | | | -colo - | - | 22.07 | - | | | | |
| Division of Vital Records, | 2 S S | Completed by | PEMENTIR | | no | 12304 | ie i | hei bos | 25 | 24a. Was a perfor | an autopsy med? | com | re sutopsy findings llable prior to apletion of cause eath? |
| a | certificate h | S | | | | | | | | 1 🗆 Y | - 1 - 1-1-1- | 10 | Yes 2010 |
| 5 | | To Be | 25. Was casa referred to me examiner? | dicai | Hospital: | Satient 2 E | B/Outpation | 3□ DOA Ot | 26. Place of Deat | | | (04. | 1 |
| 0 | g Physer this seral di | | 27. Manner of Death | | 28a. Data of (Month, | | 28b. Time of | 28c. Inju | 4 El Hulbing File | me 5 Resid 28d. Describe h | | | / |
| Ö | Attending in deeth. sctor: After by the funer | Certification: | Z C / tooldont | estigatio | n | Day Year) | Injury | | Yes 2 No | | | | |
| Š | i or Attand aftar deetr Director: | # I | 3 ☐ Sulcide 6 ☐ C 4 ☐ Homicide | termined | 259. Place 0 | f Injury - At hor , etc. (Specify) | ne, farm, stre | et, factory, office | M E | 28f. Location (S City or Tow | itreet and Numb n, State) | er or Rural | Route Number, |
| 2 | oitai o urs af eral D | | 20. 0.46 | | | | | | - | | | | |
| | Hos 24 ho Fun etely | edical | 29a. Certifiar 1 Cer (Check only 2 Med | icai Exa | nysician: To the bes miner: On the bas and manna | is of examination | iedge, daath on and/or inv | occurred at the ti estigation, in my | me, date end place, opinion, daath occur | and due to the o red at the tima, o | cause(s) and ma data and place, | and due to | ited. the cause(s) |
| | To the Hospital of within 24 hours a To the Funeral D completely filled in | X S | 29b. Signatura and title of ge | rtifiar | and mainta | , Juitou. | | 29c. Licen | se number | | 29d. Data signe | d (Month, D | Pay, Year) |
| | | | • | de | Jun /> | 1 | u) | 018 | 502 | ć | Docem | Bra | 6, 1896 |
| | 10 | - | 30. Nama and address of pe | son who | | | 23a) (Type, F | Print) | 502 Nonzetwi Warllstan | 57 A | ESPITA | c Con | NTOR |
|) | 10 | | OR14,000 | B. | CONANA | | 0 | PA | WARLLE TON | w, me | 1 | >113 | 3 |
| | Sta | 16 | 31. Date filed (Month, Day, 1 | | 32. Reg | Signati | fandelle | | | | 3214 | | |
| - | Registr | ar | DEC 11 19 | 196 | 0 | 1 | | | | | | | |



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|------------------------------|---------------------|---|---------------------------|--|---------------------|--------------------------------------|-----------------------------------|-----------|------------------------|-------------------|------------------------------------|-----------------|-------------------|-------------------------|-----------------------------|----------------------------------|
| Physic | ian | Decedent's Name (First, Middl | e, Last) | | | | | | | | 2. Dete of D Month | | еу | Year | 3. Tim | e of Death |
| /Medi Exami | cal | HERMAN 4e. Facility Name (If not institution | n, give street | and number; | | | | DU | PPINS 4b. City, Tow | m, or L | DECEM | BER | - | 996 | 6:3 | 1P.M. |
| | | 2317 WINDSOR | AVE | | | | | | BALT | TMC | RE | | 1 | NA | | |
| uneral irector | | 5. Social Security Number 213-32-5020 | 6. Sex | | ge (In yrs. Ia | st birthday) Yrs. | If Unde Months | | If Under 2 | | 8. Date of B (Month, II 12-2 | irth ay, Yea | 7) | Cou | piace (Sta | te or Foreign |
| | | Usual Residence of Decedent | | .,, | 02 | | L | 1 | | | | | | 10 | | |
| Examiner must be notified at | tor | 10a. State 10b. County MD NA | | | | Town or Lo | | | | | | | | | | City Limits |
| | 9 | 10e. Street end Number | | | | | 10f. Zig | Code | | | | 10g. C | Citizen of \ | Vhat Cou | ntrv? | |
| | ai D | 2317 Windso | r Ave | enue | | | | 212 | 216 | | | | JSA | | | |
| | by Funeral Director | 11. Marital Status 1 | ied 1. | as Decedent med Forces Yes 2 Yes, Give eer or Dates: | | | Was Dece f Yes, spe 1 ☐ Yes | | | in? (Sp Puerto | pecify Yes or No Rican, etc.) | 0- | Blac | e - Ameri ck, White, | | , |
| | pe | 15. Deceden | 's Education | | | 16a. Dece | dent's Usu | al Occu | pation | | | 16b. | Kind of B | usiness/in | dustry | |
| the Medical Ex | Completed | (Specify only highest Elementery/Secondery (0-12) 12th Grade | Co | plered) ollege (1-4or Na | 5+) | | ndry | | duning most (ed) | or won | ang | | Coppe | er C | | |
| /ent, | Be C | 17. Fether's Neme (First, Middle, | Last) | | | | | | 18. Mother | 's Nem | e (First, Middl | - | | | | |
| o u | To B | James | | | Dupp | ins | | | He | lei | n | | | Jon | 20 | |
| traumatic | - | 19a. Informent's Name/Relations | hlp (Type, Pi | rint) | Dapp | | ng Address | s (Stree | | | ral Route Num | ber, City | or Town, | | | 1239 |
| - | | Lorraine Mc | rrell | 1 | | | | | | | e Road | | | | | |
| other | | 20a. Method of Disposition | | | 20b. Pie | ce of Dispo | sition (Na | me of | | | Date | - | | | own, State | |
| any injury or | | 15 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S) | pecify) | el from State | | netery, crer riso | | | | Cer | m 12-1 | 2-9 | 6 0 | ving | s Mi | |
| any in | | 21. Signature of Funeral Service | Licenson | not | | | | | ess of Facility | | altimo 1101 E | | | _ | | 2120 |
| ician | | 23a. Parl. Enter the disease, or shock, or heart feilure. List | compilcation only one cau | is that cause use on each li | d the deeth. ne. | | | | | | | | | | Approxir Intervai I | nate |
| dical niner | L | Immediate Cause (Final disease or condition resulting in death) | ۵Ar | terio | | rotic | | | ovasci | ula | r Dis | eas | е | | | |
| ısit | nine | | b | | | | | | | | | | | | | |
| the buriel-transit | i Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury | | | Due to (or a | as a conseq | uence of): | | | | | | | | | |
| a as the t | Medical | that initiated events resulting in death) Last | | | Due to (or a | as a conseq | uence of): | | | | | | N. | | | |
| ed for usa as | Physician/M | Pert II. Other significant condition | ns contributi | ng to death b | ut not result | ing in the u | nderlying o | ause gi | ven in Part I. | | 23b. Dic | tobacc | :0 use coi | ntribute t | o the caus | se of death? |
| be datached f | by Phy | | | | | | | | | | 10 | Yes | 2□ No | 3 Pro | bably 4 | Unknow |
| should | Completed b | | | | | | | | | | | ormed? | opsy TION | av | reileble pri impletion (| sy findings or to of cause |
| rector, pege 2 | duc | | | | | | | | | | | | | 0, | death? | of Water a |
| | | 25. Wes case referred to medical | | | | | | | oc plant | M Dari | | Yes : | z rXi40 | 11 | Yes 2 | XX° |
| irector, | o Be | examiner? | Hospita | al: | | D/O-4 | | . 01 | her | | h (Check only | | a ==== | 100 | | |
| funeral di | | 1 Yes 2 No 27. Manner of Deeth 1 XNatural 5 Pendin | 288 | 1 ∐ Inpatie a. Dete of Inju (Month, Da | nt 2 Ei | R/Outpatien 8b. Time of Injury | | 28c. Inju | 4 LI NUIS | | ome 5 KRes 28d. Describe | | | | (y) | |
| by the fune | tification | 2 Accident Investig 3 Suicide 6 Could r 4 Homicide determine | ot be | e. Piace of Inj | ury - At hom | ne, farm, str | | | , 100 2 110 | | 28f. Location City or To | | | er or Run | al Route N | um <i>ber</i> , |

29a. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piace, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, end due to the cause(s) and menner stated.

29c. License number 29d. Dete signed (Month, Day, Year)

O.C.M.E.

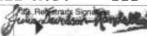
DECEMBER 8,1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

MARGARITA A.KORELL M.D.

111 Penn Street, Baltimore, Maryland 21201

State Registrar





| | Physic | _ | | | | Cei | tificate | e of | Death | | Reg. No. | | |
|-----------------|--|-----------------|--|--|------------------|----------------------------------|------------------------------|----------------------|--|--|------------------------------------|-----------------------------|--|
| | | | 1. Decedant's Nama (First, Middla, Las | t) | | | | | | 2. Data of D | eath | | 3. Tima of Death |
| | /Medi | | FRANCIS E. | DYI | ER I | I | | | | Decen | ber 07 | , Y199 | 6 1846p |
| E. | Exami | | 4a. Facility Nama (If not institution, give 430 ELLIS LANE | | | | | | 4b. City, Town, o BELAIR | or Location of Dea | th 4c. County | | |
| | ¿Funerai Director | | 5. Social Sacurity Number 6. St 177-36-7954 | ax 7. Ag | | last birthday) Yrs. | If Under Months | | If Under 24 H Hours Mi | n. (Month, D | rth ay, Year) 10,1946 | Coun | leca (Stata or Foraig try) sylvania |
| | e Maryland Se-f show | Director | 10e. Stata 10b. County Maryland Harford | | | y, Town or Lo | cation | | | | | 10 | 0d. Insida City Limits |
| 1 | き 2 k | Dire | 10e. Street and Number | | | | 10f. Zip | Coda | | | 10g. Citizan of | What Coun | try? |
| | ath v | | 430 Ellis Lane | | | | 210 | 14 | | | US.A. | | |
| 020 | Permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Interportant: I flem 27 is marked other than "natural", or items 23s or 23s-f show any injury or other traumatic event, the Medical Examiner must be notified at once. | by Funeral | 11. Marifel Status 1 □ Navar Marriad 2 ☒ Marriad 3 □ Widowed 4 □ Divorced | 12. Was Dacedant Armed Forcas? 1 X Yas 2 H If Yas, Giva Yaar or Datas: | | 11 | Yas, spec | ify Cub | dispanic Origin? an, Maxican, Pus Specify: | (Specify Yas or Narto Ricen, atc.) | | ce - Amaric ck, Whita, a | |
| 21215-0020 | within 72 ho ene. than "natur in Wedical | Completed | 15. Decedent's Ed (Spacify only highast grad Etementery/Secondary (0-12) 12th grade | ucation da complatad) Coltege (1-4or : | 5+) | | kind of wor OO NOT us | k dona a retire | pation during most of w d) ultant | rorking | 16b. Kind of B | | lustry |
| 0 | Hygin Hygin | | 17. Fathar's Nama (First, Middia, Last) | | | Сощри | ter c | ons | | ama (First, Middle | Sale | | |
| Maryland | lid be lental ked c | To Be | Francis E. Dyer S | Sr. | | | | | | ane Murr | | ,,,, | |
| ary | shou ind M ind M | - | 19a. Informant's Name/Ralationship (T | | | 19b. Mailin | g Address | (Straat | | Rurei Routa Numb | | Stete, Zip | Coda) |
| Σ. | and 2 alth e | | Francis E. Dyer S | Sr. (Fathe | er) | | | | | d, Upper | | | 19082 |
| ore | of He Item | | 20a. Mathod of Disposition | | 20b. P | Place of Disposematary, crem | sition (Nam | a of | | Data | 20c. Location - | | wn, Stata |
| altimore, | Pag nent nnt: H nry o | | 1 ☐ Burial 2 ☐ Cramation 3 🔀 4 ☐ Donation 5 ☐ Othar (Specify, | | | ly Cros | | | | 12/12/96 | Yeadon | n, Per | nnsylvania |
| Balt | Departi Departi Importa any inju | | 21. Signature of Fungosi Service Licens | 00 | | _ S | chimu | nek | | Home of | Bel Ai | r, IN | c. |
| | | | 23a. Part1. Entar the diseasa, or comp shock, or haart feilura. List only of | lications that causac na causa on each ti | tha daafh ne. | | | | | | | IID. Z | Approximate Interval Between |
| J | Physician /Medical Examiner | Je. | Immedieta Causa (Final disaesa or condition rasulting in deeth) | a Anto | | CuoMu | | C | DONO W | Buem | D 1867 | >>< | Onsat and Death |
| | be executed ician and burisi-transii | dical Examiner | Sequentially list conditions, if any, leading to immediate | b | Dua to (or | r as e consequ | uance of): | | | | | 1 | |
| 8760, | Sician buris | al E | causa. Entar Undarlying Causa (Disaase or Injury that initiated avents | C | | | | | | | | | |
| Box 68 | nding i | Physician/Medic | rasulting In death) Lasf | d | Dua fo (or | as a consequ | ianca of): | | | | | | |
| . 1 | by the atte | sicia | Part II. Other significant conditions co | ntributing to death b | uf not rasu | ulting In the un | dartving ca | use oiv | en in Part I | 23h Did | tobacco usa co | ntribute to | the cause of death |
| S, P.O | gned by the be detach | by Phy | | | | | | | | | | | ably 4 ∑ Unknow |
| Hecords, | s been s | Completed | | | | | | | | perfe | an autopsy prmed? | con | ra autopsy findings ilable prior to appletion of causa leath? |
| | cate ha | | | | | | | | | | ECTION Yas 2 No | 10 | Yas 2□ No |
| VIB. | lineo otosu | Be | 25. Was case refarred to medical axaminer? | lospitat: | | | | Oth | or | eath (Check only | | | |
| 0 | na di | . To | 1 No Yes 2 No ' | 1 ☐ Inpatia 28e. Deta of Injur | | ER/Outpatient 28b. Tima of | | | 4 La radising | Homa 5 X Kesi | dance 6 Oth | |) |
| 5/ | .43 | to | 1 Delatural 5 Panding 2 Accident Invastigation | (Month, Day | Year) | Injury | M | ic. Injun Wor | k? Yas 2 □ No | 200. Dascribe | now injury occurr | 60 | |
| DIVIS | attar dea I Director of in by the | Certification: | 3 Suicida 6 Could not be defamined | 28a. Place of Injubuilding, ato | iry - Af ho | ma, farm, stra | | | | 28f. Location (City or To | Street and Numb vn, Stata) | er or Rural | Routa Number, |
| Manual Property | in 24 hourn he Funera pletaly filte | edical | 29a. Certifiar (Check only one) 1□ Cartifying Physical Exami | picien: To the best of ner: On the basis of and manner sta | axaminati | viedga, daath ion and/or inve | occurred as estigetion, i | t tha tin in my o | na, data and place pinion, death occ | e, and dua to tha curred et tha tima, | causa(s) and ma date and place, | nnar as ste and due fo | etad. tha causa(s) |
| Tot | Tothe | 2 | 29b. Signatura and fitta of certifiar | chel | _ | on | | | .M.E. | | 29d. Data signed DECEMB | | |

State Registrar

111 Penn Street, Baltimore, Maryland 21201

A CONTRACT OF THE PROPERTY OF

| | | | | State of Maryla | and / Depa <i>Ce</i> | artment of I <i>rtificate of</i> | lealth and <i>Death</i> | | giene 96 | 37069 |
|---------------------|--|------------------|---|--|--|--|---|---|--|--|
| | Physic | ian | 1. Decedent's Neme (First, Middle, Last) | DAV | 15 | | | 2. Dete of De Month | eth Dev Yee | 3. Time of Death |
| | /Medi | cal | 4e. Fecility Name (If not institution, give: | | 76 | | 4h Cihy Town o | N DUETA Location of Deeth | 16229.96 | |
| 1 | Examir | ner | Officet Hor | 01942 | CATT | TEA 15 | Balti | more | RAG | . 477 |
| | Funeral | | Sociel Security Number 6. Sex | 7. Age (In y | rs. lest birthdey) | If Under 1 Yeer | If Under 24 Hr | s. 8. Dete of Bird. Month, Da | | Sirthplace (State or Foreign Country) laryland |
| | Director | П | 217-34-9841 1990 Usuel Residence of Decedent | M 2□F 57 | Yrs. | | 1,100.10 | Feb. 2 | 21,1939 N | Maryland |
| | /land | | 10e. Stete 10b. County | 10c. | City, Town or L | ocation | | | | 10d. Inside City Limits |
| | Marina Marina | ctor | Md. Baltim | ore D | undalk | | | | | 1 ☐ Yes 2 ◯ No |
| | ath with the Marylan 23a or 28a-f ehow | Funeral Director | 10e. Street and Number 56 Broadship R | d. | | 10f. Zip Code 2 1 | 222 | | 10g. Citizen of Whet (| Country? |
| 20 | or Items | y Funer | 11. Meritel Stetus 1 □ Never Merried 2 ☒ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent Ever In Armed Forces? 1 ☐ Yes ②☐ No If Yes, Give | | Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 2 No | | Specify Yes or No rto Rican, etc.) | 14. Rsce - Ar Bleck, WI Specify: Wh | |
| 9 | n 72 hours "natural", | ed b | 15. Decedent's Educ | Yeer or Detes: | 16e. Dece | dent's Usuei Occu | petion | | 16b. Kind of Busines | |
| 215 | - 4 20 | Completed by | (Specify only highest grade Elementery/Secondery (0-12) | Completed) College (1-4or 5+) | (Give | kind of work done DO NOT use retire | during most of w d) | orking | | |
| 21 | od wil | Con | 12 yrs. | 1 yr. | E | ectrici | | | General | Motors |
| Maryland 21215-0020 | htal H | Be | 17. Fether's Neme (First, Middle, Last) | ÷ - | | | | | Meiden Sumeme) | |
| Ž | should of Me marks matic | To | William Dav 19e. Informent'e Neme/Reletionship (Ty) | | 19h Maill | nn Address (Stree | | ret Bur | Ke er, City or Town, Stete | Zin Code) |
| | nd 2 salth ar 27 is r trau | | Shirley Davie | Wife | | _ | | | k Md. 21 | |
| Baltimore | parmit. Pages 1 and 2 should be filed within Department of Health and Mental Hydene. Important: If them 27 is marked other than any injury or other traumatic event, the Manace. | | 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify) | emovel from Stete Sa | Piece of Dispo cemetery, cre ICTED I | osition (Name of metory or other pla leart Of | Jesus | Dete 12- 2 | 20c. Location - City of Dundalk | or Town, Stete |
| Balt | permit. Departri Importa any inju | | 21. Signature of Futeral Service License | 50 | 2 | | _ | | me Of Du | |
| 11 | 100 | | 23a. Part / Enter the disease, or comple shock or heart feiture. List only on | cations thet caused the de | eeth. Do not en | ter the mode of dyi | ng, such es cardi | ec or respiretory a | rrest, | Approximete Interval Between |
| | Physician /Medical Examiner | Į, | Immediate Cause (Finei disease or condition resulting in deeth) | | o (or es e conse | SHOC quence of): | 10 | | | Onset and Death |
| | nsit | dical Examiner | a b | , | | | | | | |
| ć | execu in and iel-tra | Exal | Sequentially list conditions, if eny, leeding to immediate cause. Enter Undertying Ceuse (Diseese or injury | Due to | o (or es a conse | quence of): | | | | |
| 8760, | cate be executed chysician and the buriel-transit | cal | Ceuse (Diseese or injury that initiated events resulting in death) Lest | . Due to | (or es e consec | quence of): | | | | |
| 9 | es that the deeth certificate be execut igned by the ettending physician and be detached for use as the bunkel-tran | by Physician/Mec | d d | | | | | _ | | |
| Box | d for u | Iclar | Pert II. Other significant conditions con | tributing to dooth but not re- | regulation in the u | andochring an una ch | uon in Port I | 22h Did | Inhean use contribu | Ite to the cause of death? |
| P.0 | | hys | | | - | | venin renti. | 230.010 | | Probably 4 Unknown |
| | es the | by F | CIERHOSIS | (" (CO | 175010 | -/ | | | | |
| Records, | been s | Completed | CHRONIC OSS | TRUCTUC | ! pu | LTONA | C7 0156 | 24e. Wes | an autopsy 24l med? | b. Were autopsy findings available prior to completion of cause of death? |
| E | The cate h | | | | | | | 10 | res 2 No | 1 ☐ Yes 2 ☐ No |
| Vital | Physician: this certific ral director, | Be | 25. Wes case referred to medical examiner? | ospitel: | | | nor. | eeth (Check only o | | |
| ō | Phys rrthis eral di | T: To | 1 Yes 2 No | 28a. Dete of Injury (Month, Dey Year) | ☐ ER/Outpatie | IK 3LI DOA | 4 LI Nursing | T | dence 6 Other (S) | pecify) |
| ion | Attending death. ctor: Afte y the fun | ation | 1 Neture! 5 ☐ Pending 2 ☐ Accident investigation | (Month, Dey Year) | Injury | | rk? ∣Yes 2 □ No | | | |
| Division | or lefter Dire | Certification: | 3 ☐ Sulcide 6 ☐ Could not be determined | 28e. Plece of Injury - Al building, etc. (Spe | t home, ferm, st | reet, fectory, office | | 28f. Location (: City or Tox | Street end Number or vn, Stete) | Rural Route Number, |
| | To the Hospital within 24 hours of the Funeral Completely filled | edicai | 29e. Certifier (Check only one) Certifying Phys | Iclan: To the best of my k ar: On the basis of exami- end menner steted. | nowledge, deet inetion end/or in | h occurred et the ti vestigetion, in my | me, dete and pleo opinion, deeth occ | ce, end due to the curred et the time, | cause(s) end manner dete end plece, and d | as steted. lue to the cause(s) |
| | Vithin Fo the comple | Me | 29b. Signeture and titlerol certifier | | | 29c. Licens | se number | | 29d. Dete signed (Mo | |
| | | | Val. Aus | 77 | | 0213 | 338 | | USVETIBER | . 29. 1996 |
| | | | 30. Name and education of parson who could | mpleted cause of deeth (1) | tem 23e) (Type, | Print) HureH | HOSPI | 742 | PARICA | wis. |
| | Sta Registr | - | 31. Dete filed (Month, Dey, Year) DEC 1 1 199 | 32. Registrer's Sig | meture | | | | | |

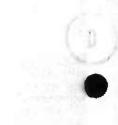


State of Maryland / Department of Health and Mental Hygiene 96 37070

| | | | | | | | | | | | Reg. No. | | |
|--|--|--|---|--|--|--|--|--|---------------------|--|--|--|--|
| ian | | MABEL MABEL | e, Last) | | | | | | | 2. Date of Do Month | eath Dey | Year | 3. Time of |
| cal | | RUTH | | | | | DO | | | | IBER 05 | | 6 075 |
| ner | | Facility Neme (If not institution | | | | | | | | ation of Dee | | | |
| P | | 100 WEST HEA Social Security Number | ATH ST | | e (In yrs. las | nt hirthday) | If Under 1 Y | BALT ear If Under | IMOR | E CIT | Y | N/A | |
| | | 234-34-2700 suel Residence of Decedent | 1 M | off r | 75 | Yrs. | | ays Hours | Min. | E CII 8. Date of Bi (Month, Di June | 20 192 | 9. Births Cour 1 Vi | place (State or htry) rgini |
| | | a. State 10b. County | | | 10c. City, | Town or Loc | cation | | | | | 1 | Od. inside City |
| tor | | Md. | n/a | | Bal | timo | re | | | | | | 1 Nes |
| lrec | 10 | e. Street and Number | -4 | | | | 10f. Zip Co | de | - | | 10g. Citizen of 1 | What Cour | ntry? |
| ain | | 100 West Hea | th St | treet | | | | 2123 | 0 | | USA | | |
| by Funeral Director | • | . Maritel Status 1 □ Never Married 2 ☒ Marri 3 □ Widowed 4 □ Divorcad | ied 1 [| /as Decedent E med Forces? ☐ Yes 2 N Yes, Give eer or Dates: | | | Vas Decedent Yes, specify Yes 2X | of Hispanic Or Cuben, Mexica No Specify: | | city Yes or No lican, etc.) | o- 14. Rac Blac Specify | ck, White, | can Indian, etc. nite |
| ted | | 15. Decedent | | | | 16e. Deced | ent's Usual O | cupetion | 4 = 4 4 | | 16b. Kind of B | usiness/In | dustry |
| Completed | | (Specify only highes Elementery/Secondary (0-12) | 1 | ollege (1-4or 5 | +) | life. D | OO NOT use re | one during mos stired) | t of workin | g | | | |
| Con | | 12 | | 0 | | Но | usewi | fe | | | Home | Owne | er |
| Be | 17. | . Fether's Name (First, Middle, | Last) | | | | | | | | , Maiden Suman | 10) | |
| 10 | - | John Wood | | | | | | | | ONei1 | | | |
| | | a. Informant's Neme/Relations | | | | | | | | | er, City or Town, | | |
| | - | William P. D | oty/F | Huspan | | | | | | | Baltimo | | |
| | 208 | a. Method of Disposition 1 | | al from State | cem | netery, crem | sition (Name of natory or other ille | place) V.A.Ce | mt 1 | EC.6 996 | 20c. Location - | | |
| | 21 | . Signature of Funeral Service L | ionnsee | 0 | U | | | dress of Facili | | Home | of Sou | th F | Balto. |
| Je. | im | Ba. Part1. Enter the disease, or shock, or heart failure. List an immediate Cause (Final sease or condition sulting in deeth) | | yperte | ensiv | 7 1 C | 30 E. or the mode of | Fort dying, such as | Ave. | Balt respiratory a | o. Md. | 212 | Approximete Interval Betw Onset end D |
| lical Examiner | im dis res | amediate Cause (Final sease or condition sulting in deeth) equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or Injury at Initiated events | | yperte | ensiv Due to (or a | Do not ente | 30 E. or the mode of terios uence of): | Fort dying, such as | Ave. | Balt respiratory a | co. Md. | 212 | Approximete Interval Betw Onset end D |
| /Medical | Se if a cei Ca tha | amediate Cause (Final sease or condition sulting in deeth) equentially list conditions, any, leading to immediate uses. Enter Indertyling | | yperte | ensiv Due to (or a | e Arts a consequence a consequ | 30 E. or the mode of terios uence of): | Fort dying, such as | Ave. | Balt respiratory a | co. Md. | 212 | Approximete Interval Betw Onset end D |
| /Medical | Se if a cei Ca tha | emediate Cause (Final sease or condition sulting in deeth) equentially list conditions, any, leading to immediate use. Enter Underlying tuse (Disease or Injury at Initiated events sulting In death) Lest | e. H) | yperte | Pusiv Due to (or a | Po not ente | 30 E. or the mode of terios uence of): uence of): | Fort dying, such as | Ave. cardiac or | Balt respiratory a | co. Md. | 212 | Approximete Interval Betwoen Conset and D |
| Physician/Medical | Se if a cei Ca tha | amediate Cause (Final sease or condition sulting in deeth) equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or Injury at Initiated events | e. H) | yperte | Pusiv Due to (or a | Po not ente | 30 E. or the mode of terios uence of): uence of): | Fort dying, such as | Ave. cardiac or | Balt respiratory a | ovascu | lar | Approximete Interval Betwoen Conset and D Disea the cause of |
| by Physician/Medical | Se if a cei Ca tha | emediate Cause (Final sease or condition sulting in deeth) equentially list conditions, any, leading to immediate use. Enter Underlying tuse (Disease or Injury at Initiated events sulting In death) Lest | e. H) | yperte | Pusiv Due to (or a | Po not ente | 30 E. or the mode of terios uence of): uence of): | Fort dying, such as | Ave. cardiac or | Balt respiratory a Cardi 23b. Did 1 24a. Was | ovascu | 212 lar ntributa to 3 Prot | Approximete Interval Betwoen Conset and D. Disea the cause of bably 4 Pu |
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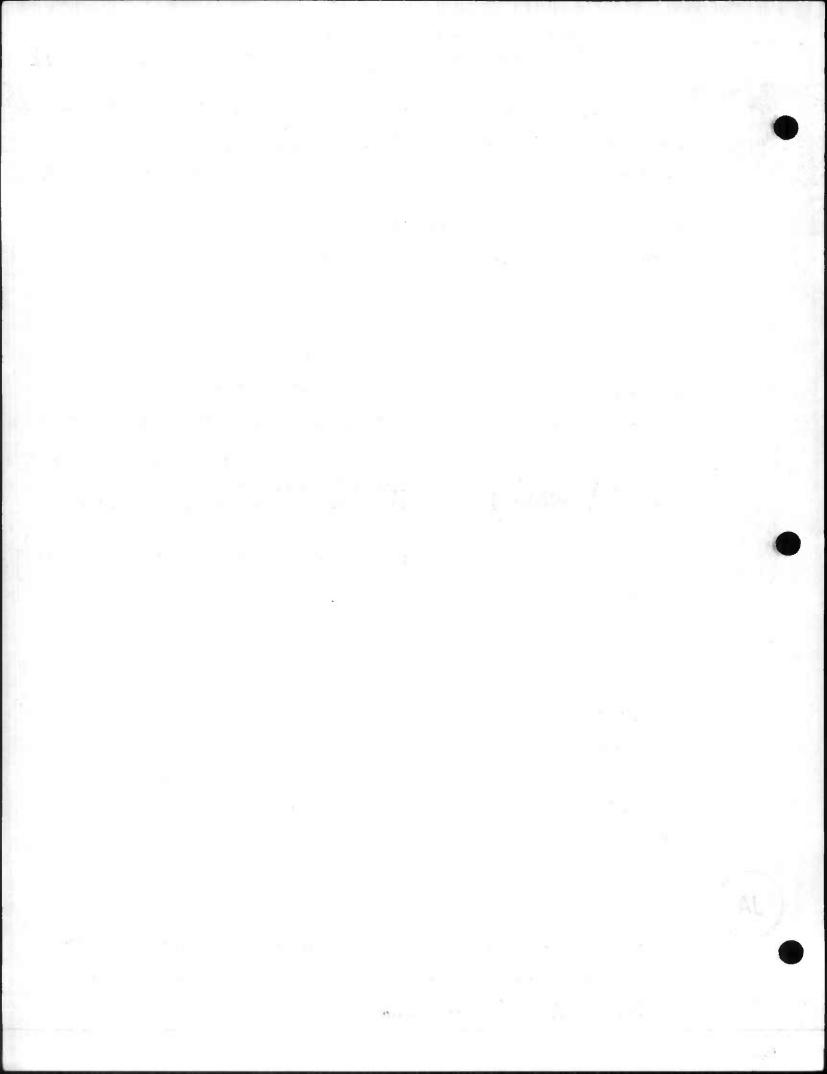
Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| Physic /Med | ical | Decedant's Name (First, Middle, L BEATRICE 4e. Fecility Nama (If not Institution, gi | | | DICK | STEIN 4b. City, Town, or Loc | 2. Dete of Daath Month Comber cation of Death | Day O 4c. County | Year 3 | Time of Daath |
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| Funeral Director | | 213-26-1988 1 ¹ M 2 KF 65 | | rs. lest birthday) Yrs. | if Undar 1 Year Months Days | | 8. Dete of Birth (Month, Dey, | Year) | 9. Birthplace (Country) MARYL | |
| and * | | Usual Residence of Decadent 10e. State 10b. County | City, Town or Loca | | | | | | | |
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| th with the 23s or 28s | Funeral Director | 10e. Street and Number 5225 POOKS HILL RD. APT. 917-S | | | 10f. Zip Coda 20814 | | | 10g. Citizen of What Country? USA | | |
| d within 72 hours after death with the Maryland jiene. r then "natural", or Items 23a or 28a-f show the Marical Examiner must be notified at | by Funer | 11. Maritel Status 1 □ Navar Marriad 2 □ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedant Evar in Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates: | | as Decedant of H 'as, specify Cuba Yes 2 No | lispanic Origin? (Spa an, Maxicen, Puarto F Specify: | cify Yas or No- Rican, etc.) | | e - American Ind ck, Whita, etc. | |
| | Completed | 15. Decedant's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) | | life. DC | 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retirad) | | | 16b. Kind of Businass/Industry | | |
| Mental Hygiene. arked other than atic event, tre M | To Be Co | 12 17. Fether's Nema (First, Middle, Last) HYMAN | | | COSMETOLOGIST 18. Mother's Nema (First, Mic ROSEN EMMA | | | COSMETOLOGY ddle, Maiden Sumeme) MILLER | | |
| permit. Pages 1 end 2 should be filed Department of Heelih and Mental Hyg Important: If item 27 is marked other any injury or other traumatic event, once. | - | 19a. Informant's Neme/Ralationship | 19b. Malling | Address (Street | end Number or Rure | Route Number, | ımber, City or Town, Stete, Zip Code) | | | |
| | | V | | . Place of Disposit | ace of Disposition (Neme of metery, cremetory or other place) | | Date 2 | SPRING, MD 20906 20c. Location - City or Town, Stata BALTIMORE, MD | | |
| | | 4 Donation 5 Other (Special Signature of Funeral Service Lice | | | lema end Addre SOL LEV | | ROS., IN | c. | | |
| Medical the death certificate be executed ad by the ettending physician end deteched for use as the bunel-trensit | /Medical Examiner | Immadiata Causa (Final disease or condition resulting In death) Sequentially list conditions, if any, leeding to immadiate causa. Entar Underlying Cause (Disease or Injury that initiated avants resulting in death) Last | b. Chronic Dua to | (or es a conseque (or as a conseque (or as a conseque | ctive l | ung Di | seano | | ye | weeks |
| | Physician/N | Pert II. Other eignificant conditions | contributing to death but not re | | arlying ceusa giv | en In Pert I. | 23b. Did tob | | ntribute to the c | ause of death? |
| v requires that been signed b should be dete | by | Bleeding Go | er | | | 24a. Was an perform | autopsy | 24b. Wara aut avallabla | topsy findings | |
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| ing Physician: The lav Mer this certificate hes funeral director, page 2 | To Be | axaminar? Yas 2 No | 28a. Data of Injury (Month, Dey Yeer) | 28b. Tima of Injury | | | | | | |
| viending Physician: The lay death. ctor: After this certificate hes y the funeral director, page 2 | Certification: To Be | axaminar? 1 Yas 2 No 27. Mannar of Daath 1 Natural 4 Accidant 3 Suicida 4 Homicide 1 Homicide | 28a. Data of Injury (Month, Dey Yeer) n 28a. Piace of Injury - At building, atc. (Special | Injury homa, farm, strae | M 1 ☐ | Yas 2□No | 8f. Location (Stre City or Town, | Stete) | | e Number, |
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| ing Physician: The lav After this certificate hes funeral director, page 2 | Certification: To Be | axaminar? 1 | 28a. Data of Injury - At building, atc. (Special Injury - At build | Injury homa, farm, strae | M 1 In fectory, office courred et the tintigation, in my of the course | Yas 2 No 2 ne, data and place, ar | City or Town, nd dua to the cau d at the tima, det | Stete) usa(s) and ma e end place, a | inner as steted. | euse(s) |

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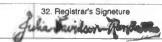
State of Maryland / Department of Health and Mental Hygiene Film G742 item 4c per Dr. 12-11-96 rja Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 3: 40PM ED6E EVANDER 1996 /Medical 4b. City. Town, or Location of Death Facility Nama (If not institution, give street and number) Elden Cone, Mex 4c. County of Death Examiner cmilton Cepter Generii Coto Hayon 2 . Buther 24 Hrs. If Under 24 Hrs. N/A 8. Data of Birth (Month, Dey, Year) March 5, 1 5. Social Security Number 9. Birthplaca (State or Foreign Country) 1933 North Carolina 7. Age (In yrs. last birthdey) **Funeral** Days 10XM 2□ F Months Hours Yrs 400-46-2482 63 **Director** Usuai Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiena. Important: if them 27 is marked other than "natural", or flems 23e or 28e-f show any Injury or other traumatic event, the Medical Examiner must be notified anones. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Ves 2 No Directo N/A Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5032 East Oliver Street 21205 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - Amarican Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Yas 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 Specify: White 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Korean Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8th grade Pattern Cutter Clothier 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Leon Edge Mittie Averitt 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Evelyn Baker (Companion) 5032 E. Oliver Street, Baltimore, Maryland 21205 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 12-4 Baltimore, Maryland Schimunek Funeral Home 21. Signatura of Funara Service Licensee 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part 1. Enter the disease, or complications that aused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximate fnterval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in deeth) lungs with brain metastrese /Medicai 15 mother Examiner physicien and the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Dua to (or as a consequence of): use as signed by the a Part II. Other significant conditiona contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown COPD þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? DM 2 12 No 1 ☐ Yes 2 ☐ No Attending Physician: funeral director, 25. Was cesa referred to medicel examiner?
1 ☐ Yes 2 ☑ No Be 28. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 27. Mannet of Deeth 28d. Describe how injury occurred 28b. Time of After 1 Naturel 5 Pending death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident the ector: 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Spacify) 3 4 Homicide 11 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier, 29c. License number NOV. 30, 1996 augandone MD D16619 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) 6040 HARFORD RD- BALT. MD. 21214 32 Registrar's Signature State

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Kenneth Harlan Earle December 1996 2035 /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Fallston Fallston General Hospital Harford 5. Sociel Security Number if Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplace (State or Foreign Country) 1**∑** M 2□ F Days Hours Yrs. Director 217-28-0662 65 1931 Maryland June 11, Usual Residence of Decedent death with the Marylend 10a State 10b County 10c. City, Town or Location 10d. toside Ctty Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Moulcal Examine, must be notified at Director 1 ☐ Yes 2 ☑ No Maryland Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21015 2006 Cypress Drive U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 \mathbb{\text{MYes}} 2 \mathbb{\text{DNo}} \mathbb{tf Yes, Give} \mathbb{Year or Detes: 1949–54} Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status Peges 1 and 2 should be filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☑ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Induatry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 4 years Engineer/Supervisor Bethlehem Steel Co. Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be end Mental F George Earle 2 Margaret Grant 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zlp Code) permit. Peges 1 end 2 s Department of Health er Important: if item 27 la any Injury or other trau once. Mary M. Earle (Wife) 2006 Cypress Drive, Bel Air, MD. 21015 20a. Method of Disposition 20b. Ptace of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 X Burtal 2 Cremation 3 Removat from State 4 ☐ Donation 5 ☐ Other (Specify) Harford Memorial Gardens 12/6/96 Aberdeen, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 21014 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each tine. Approximete tntervat Between Onset and Deeth **Physician** /Medical Immediete Cause (Finel Ventricular fibrillation disease or condition resulting in death) Examiner Due to (or as a consequence of): Dilated cardiomyopathy Five years The lew requires that the death certificate be executed ed by the ettending physician end detached for use es the bunal-transit Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): islon of Vital Records, P.O. Box 68760, Myocarditis with possible contribution from Unknown Physician/Medical Due to (or es a consequence of): alcohol toxicity Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Chronic obstructive pulmonary disease by 24b. Were autopsy findings evetteble prior to completion of cause of death? Completed 24a. Wes en autopsy performed? 1 Yes 20 No 1 ☐ Yes 2 ☐ No Physician: Be 25. Was case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ★ER/Outpatient 3 ☐ DOA After this 28a. Date of tnjury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Bulgue 5 Pending Investigation 1 Netural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of tnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 4 Homicide 15 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one) 29b. Signature and title of pertite 29c. License number 29d. Date signed (Month, Dev. Year) D37517 December 3, 1996 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print) David C. Rubin, M.D. 104 Plumtree Road, Suite 110 Bel Air, Maryland 21015

State Registrar 31. Date filed (Month, Day, Yeer)



Are at a decision

State of Maryland / Department of Health and Mental Hygiene 96 37074

| | | | | | Certifica | ne or | Deam | | Reg. No. | | |
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| Physici | | Luis Ks1 | voihan | | | | | Decey | Dey 8 | 1796 | 10% |
| /Medic | | 4e. Fecility Neme (If not institution, g | nive street and number) | | | | 4b. City, Town, or | | | | |
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| uneral | | 144-46-8883 | 1□M 2□F | | Yrs. Month | | Hours Min | (Month, D | ey, Year) | Count | ace (Stete or For |
| irector | | Usuel Residence of Decedent | X | 52 | 110. | | | Nov. 2 | 4, 1944 | Ecua | dor |
| 3 | | 10a. Stete 10b. County | | 10c. City, Tow | m or Location | | | | | 10 | d. Inside City Lir |
| o a | - | | | | | | | | | 10 | |
| - 4 | ct | The second secon | imore | Bal | timore | | | | | | 1 Yes 2 |
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| E | Funeral | 11. Meritel Stetus | 12. Was Decedent Armed Forces? | | 13. Wes Dec | edent of H | lispenic Origin? (S en, Mexican, Puer | pecify Yes or N | | ce - America | |
| or the | T | 1 ☐ Never Merried 2 💢 Merried | | | | | Specify: ECI | | | | |
| 8 | by | 3 Widowed 4 Divorced | Year or Detes: | | I LACTUS | Z 🗆 140 | Specily: LCI | iuuomar | l Speci | у: па | spanic |
| ics fu | Completed | 15. Decedent's I | Education | 16e | . Decedent's Us | uel Occup | etion | guo. | 16b. Kind of B | usiness/Ind | ustry |
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| 五名 | EO | Clothoniory Consolidary (C-12) | 3 years | 77) | Preside | nt | | | Olive | oil C | 0. |
| £ £ | | 17. Fether's Neme (First, Middle, Las | sf) | | | | 18. Mother's Ne | me (First, Middle | , Meiden Sumer | | |
| a marked other than eumatic event, the M | Be C | Justino Estup | i 10 01 10 | | | | 1.1 | an ina He | 0.0 | | |
| T TO THE | P | 19a, Informent's Neme/Relationship | | 101 | Molling Address | an (Ctrant | end Number or R | arina Me | | Ctoto 7in | Code |
| T le | | | | | _ | | | | | | |
| f item 27 is or other tre | | Linda Estupinan | (wege) | | 204 W. of Disposition (A | | Avenue, | | | | |
| if item 27 is marked other than "natural", or items 23s or 28s-f show or other treumstic event, the Medical Examiner must be notified at | | 20a. Method of Disposition 1 ☑ Buriei 2 ☐ Cremetion 3 | ☐Removei from Stete | cemete | ny, cremetory of | other ple | ce) | Dete | 20c. Location | - City or To | wn, State |
| ury | | 4 ☐ Donetion 5 ☐ Other (Spec | oify) | Meadou | vridge 1 | lem. | Park | 12-14 | Baltimo | re. M | aryland |
| Important: If any injury or once. | | 21. Signature of Furnital Service Lio | ensee | | 22. Neme | and Addre | ss of Fecility Funeral | 11 | | • | |
| E = 8 | | 12-17 | - | | 3011011 | uner | runerac | D-0+ | | .0. 1 | 01012 |
| | | 23a Part 1. Enter the disease or con shock, or heart failure. List only | mplicetions that caused | the deeth. Do | not enter the m | DRENN ode of dvir | 15 Lane, na. such es cardle | c or respiretory | re, Mari | ykana | Z 1 Z 1 3 Approximate |
| ololon | | shock, or heart failure. List only | y one ceuse on each II | ne. | | | | | , | | Interval Between Onset end Deet |
| sician edical | | Immediate Cause (Final | |) | | |) | | | 1 | ,) |
| miner | | diseese or condition resulting in deeth) | e | andio | geniz | S | hock | | | | 1 day |
| | 20 | | | Due to (or as & | consequenca o | f): | | | | | - 3 |
| Si. | Examiner | | 5 | eps; | S | | | | | | 2 year |
| | хап | Sequentially list conditions, | | Due to (or es e | consequenca o |): | | | | | |
| and -tran | | | | (nn) | m < : < | | | | | ľ | 2 WEER |
| unial-tran | | Cause (Disease or Injury | | · / / / / / | | | | | | | - / |
| hysician and the burial-tran | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in daeth) Last | С. | Due to (or es e | consequence of |): | | | | 1 | |
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Acceptance | Miles | 1 U.S.

State of Maryland / Department of Health and Mental Hygiene

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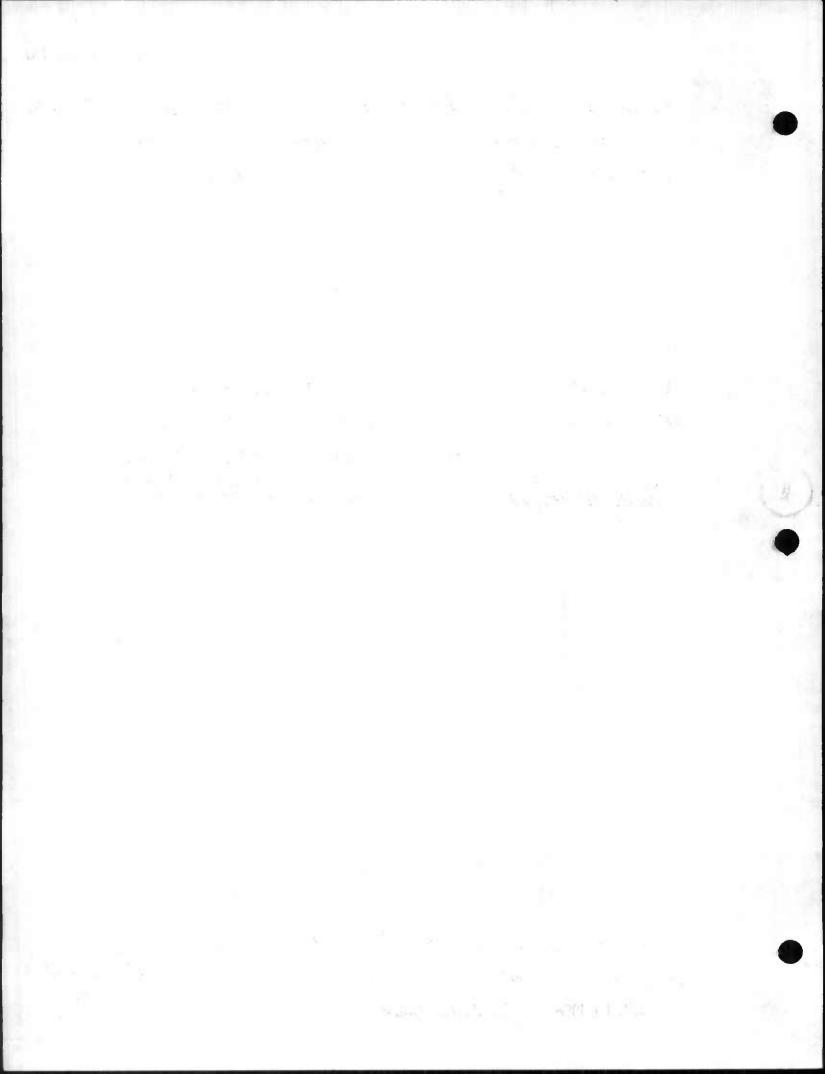
| Physici /Medic Examir | | | | | Ce | rtificate o | Death | | Reg. N | 0. | | |
|--|-----------------------------|---|---|---|--------------------------------|--|-------------------------------|--|----------------------------|------------------|----------------------------|-------------------------------------|
| /Medi | | 1. Decedant's Nama (First, Middle, | Last) | | | | | 2. Data o | Daath | | | 3. Tima of Death |
| | | WILLIAM (VASI | TIOS) ET | LADES | | | | Decer | | ay 9. 19 | Year DOA | 2:20 P.M |
| Examil | | 4a. Facility Nama (If not Institution, | | | | | 4b. City, Tow | m, or Location of D | - | | of Death | 2:20 1:1 |
| | ıer | 939 S. Oldham | | | | | | | | N/A | | |
| | | | 6. Sax | 7 Ann /h | In ad Intellectual | If Undar 1 Yaa | | imore Ci | | / | | 4000 |
| Funeral | | 232-03-4531 | 1. Sax 1. Sax 2. F | 7. Aga (In yrs. | Yrs. | Months Day | | Min. (Month | Birth Day, Year | 2000 | | ace (Stata or Foraign ry) |
| Director | | | | 94 | 115. | | | March | 14, | 1902 | Gre | ece |
| | | Usuai Rasidance of Decedant 10a, Stata 10b, County | | 100 CH | y. Town or L | nantian | - | | | | T40 | 41. 14 00 11 1 |
| o a | 4 | 36 -054 | | 100. 01 | | | | | | | 10 | d. Inside City Limits |
| 릠 | cto | Maryland N/A | | | В | altimore | | | | | | 1 ☐ Yas 2 ☐ No |
| 22 | Director | 10e. Street and Number | | | | 10f. Zip Coda | | | 10g. C | itizan of V | What Count | ry? |
| 8 | | 939 S. Oldham | Street | | | | 21224 | | | U.S. | Δ | |
| | Jer. | 11. Maritai Status | 12. Was Dec | edant Evar in U | S. 13. | Was Decedant of | | in? (Specify Yas o Puarto Rican, atc. | | | e - Amarica | n Indian, |
| 'naturel', or items 23s or 28s-f ehow edical Examiner must be notified at | Funeral | 1 Navar Married 2 Marrie | Armed Fo | | | if Yas, specify Cu | ban, Maxican, | Puarto Rican, atc. |) | | ck, Whita, a | |
| 0 | by I | 3€CWidowed 4 □ Divorced | If Yas, Gi | /a | | 1□ Yas a⊟N | Specify: | | | Specify | . Wh | ite |
| 2 8 | b | | | atas. | 10: 5:44 | | | | 407 | | | |
| | ete | 15. Decedant's (Specify only highast | s Education grada completed) | | (Giva | dant's Usuai Occ kind of work don DO NOT use retir | upation a during most | of working | 16b. I | Kind of Bi | usinass/Indi | ustry |
| Hygiene. ther then "netu ent, the Medical | Completed | Eiamentary/Secondary (0-12) | Collaga (| I-4or 5+) | | | | | | D 3 | | |
| marked other than marked other than imatic event, the M | ပ္ပ | 12 | | | ке | staurate | | | | Food | | |
| d other | Be | 17. Fathar's Nama (First, Middla, L. | | | | | 18. Mothar | 's Nama (First, Mid | dda, Maida | n Suman | na) | |
| Aent Ac e | 2 | Tsambikos Elia | des | | | | Tsam | bika | N/A | | | |
| f Health and Mental Hyglene. Item 27 Is marked other than other traumatic event, the Me | | 19a, informant's Name/Raiationsh | ip (Type, Print) | | 19b. Maiii | ng Addrass (Street | at and Number | or Rural Routa N | mber, City | or Town, | Stafa, Zip | Code) |
| alth a 27 le or tra | | Steve W. Eliade | s son | | 939 | S. Oldha | m Stre | et, Balt | more | MA | 2122 | 4 |
| other tr | | 20a. Mathod of Disposition | b, bon | 20b. F | lace of Disp | osition (Nama of | | Data | | | City or Toy | |
| nent of I | | 1 ⊠ Buriai 2 ☐ Cramation | 3 □Ramoval from | | ematary, cra | matory or other pi | lace) | | | | | |
| ant: | | 4 ☐ Donation 5 ☐ Other (Sp. | ecify) | 0a | k Lawn | Cemeter | У | 12-13-9 | 96 Bal | Ltimo | ore, M | ld. |
| Department of Important: If i any Injury or once. | | 21. Signature unarai Sarvice L | Icensee | | | 2. Nama and Add | | | | | | |
| 8 2 2 6. | | 6.1. | 1 | / | / | atthews | | | | | - 3 - 0 - | 001 |
| | | 23a Part I Enter the disease or o | complications that | auced the deat | Do not an | UZI East | ern Ave | enue, Ba | Ltimor | re, M | | Approximata |
| | | 23a. Part1. Entar tha disaasa, or o shock, or haart failura. List o | niy ona causa on a | ach iina. | Do not an | tar tria moda or a, | ing, addit as o | ardiao or raspirato | ry arrest, | | | Interval Between Onsat and Death |
| nysician | | | | 0. | | 1 | A 1 1 | | | | - 1 | A |
| Medical xaminer | | Immediata Causa (Final disaasa or condition | | Klox | nra | tons | an | est | | | 0 | lau |
| .aiiiiiei | | rasulting in daath) | u | Dua to | r as a conse | quance of) | | | | | | |
| | ne | | | Plas | of of | v ca | mee | 1 | | | | wear |
| Para | Examiner | Sequentially list conditions | b | Dua to (o | r as a conse | guance of): | | | | | | |
| iel-ti- | EX | Sequentially list conditions, if any, leading to immediate cause. Fotar Underlying | | | 11.0.110.0 | , | | | | | 1 | 0 |
| ling physician and se as the buriel-transit | g | cause. Entar Undarlying Cause (Disease or injury that initiated avants | c | D | ca estrations. | | | | | | - | |
| the state | Medical | resulting in death) Last | | Dua to (o | as a consec | quance or): | | | | | 1 | |
| ettending pt d for use as t | Ž | | d | | | | | | | | 1 | |
| or u | lan | | | | | | | | | | | |
| igned by the ettendin be deteched for use | Physician | Part II. Other significant condition | s contributing to d | eath but not ras | uiting in tha u | indarlying causa g | jivan in Part I. | 23b. | Did tobacc | o use co | ntributa to | the cause of death' |
| by t | hy | | | | | | | | □ Yes | 2□ No | 3 ☐ Prob | ably 4 dinknow |
| D 90 | by | | | | | | | | | | | / / |
| O UN | | | | | | | | 24a. V | Vas an auto | opsy | 24b. Wat | a autopsy findings |
| 9 0 | ete | | | | | | | F | erformed? | | com | iabla prior to |
| 2 6 | du | | | | | | | | | 5/ | of d | eath? |
| 10 CI | Completed | | | | | | | 1 | ☐ Yas 2 | ZINO | 10 | Yas 20 No |
| hes Je 2 | | 25. Was casa rafarrad to medical axaminar? | | | | | 28. Piaca | of Death (Check of | nly ona) | | | |
| ate hes page 2 | | | Hospital: | npatiant 2 | ER/Outpatie | nt 3 DOA | thar: 4 Nur | sing Homa 5 | Rasidanca | 8 DOth | ar (Specify) | |
| certificate hes irector, page 2 | Be | 1 Yas 2 No | | | 28b. Tima o | f 28c. Inj | ury at | 28d. Dasc | | | | |
| s certificate hes director, page 2 | To Be | 1 ☐ Yas 2 D No 27. Mangar of Death | 28a. Data | h, Day Year) | Injury | W | ork? □Yas 2DN | | | | | |
| h. After this certificate hes funeral director, page 2 | To Be | 1 ☐ Yas 2 ☐ No 27. Mannar of Death 1 ②Natural 5 ☐ Panding | (Mon | | | | | | | | | |
| h. After this certificate hes funeral director, page 2 | To Be | 1 Yas 2 No 27. Mangar of Death 1 Natural 5 Panding 2 Accidant invastigs | (Mon | 41.1 | | | - | | | | | D. O. M 1 - |
| h. After this certificate hes funeral director, page 2 | To Be | 1 ☐ Yas 2 ☐ No 27. Mannar of Death 1 ②Natural 5 ☐ Panding | ot be 28a. Piace | of Injury - At ho | oma, farm, st | raat, factory, office | - | 28f. Location | on (Streat a Town, Sta | | er or Rural | Routa Number, |
| s certificate hes director, page 2 | Be | 1 Yas 2 No 27. Mangar of Death 1 Natural 5 Panding invastiga 2 Accidant invastiga 3 Suicida 6 Could no | ot be 28a. Piace | of Injury - At ho | oma, farm, st | | - | 28f. Location | | | er or Rural | Routa Number, |
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| h. After this certificate hes funeral director, page 2 | To Be | 27. Mangar of Death 1 Natural 2 Accidant 3 Suicida 4 Homicide 29a. Cartifiar (Check only 2 No 27. Nangar of Death 1 Natural 2 | ation at be 28a. Piace buildi Physician: To the examiner: On the bridge in the control of the | best of my kno | vledga, daati | reat, factory, office h occurred at the vastigation, In my | tima, data and | 28f. Location City or place, and dua to | tha causa(: ma, data ar | s) and ma | inner as sta | eted. tha cause(s) |
| h. After this certificate hes funeral director, page 2 | edical Certification: To Be | 27. Mangar of Death 1 Natural 2 Accidant 3 Suicida 4 Homicide 29a. Cartifiar (Check only one) 1 Natural 5 Panding invastiga invastiga datarmin 5 Could no datarmin | ation at be 28a. Piace buildi Physician: To the examiner: On the bridge in the control of the | best of my kno | vledga, daati | reat, factory, office h occurred at the vastigation, In my | tima, data and opinion, daath | 28f. Location City or place, and dua to | tha causa(: ma, data ar | s) and ma | inner as sta and dua to | eted. tha cause(s) |
| h. After this certificate hes funeral director, page 2 | edical Certification: To Be | 27. Mangar of Death 1 Natural 2 Accidant 3 Suicida 4 Homicide 29a. Cartifiar (Check only one) 1 Natural 5 Panding invastiga invastiga datarmin 5 Could no datarmin | ation at be 28a. Piace buildi Physician: To the examiner: On the bridge in the control of the | best of my kno | vledga, daati | reat, factory, office h occurred at the vastigation, In my | tima, data and opinion, daath | 28f. Location City or place, and dua to | tha causa(: ma, data ar | s) and ma | inner as sta and dua to | eted. tha cause(s) |
| h. After this certificate hes funeral director, page 2 | edical Certification: To Be | 27. Mangar of Death 1 Natural 2 Accidant 3 Suicida 4 Homicide 29a. Cartifiar (Check only one) 1 Natural 5 Panding invastiga invastiga datarmin 5 Could no datarmin | tition (Mon 28a. Piace buildi Physician: To tha xaminer: On tha buand man | ng, atc. (Specify best of my kno- isls of axaminal nar stated. | viedga, daati ion and/or in | naet, factory, office h occurred at the vastigation, in my | tima, data and opinion, daath | 28f. Location City or place, and dua to | tha causa(: ma, data ar | s) and ma | inner as sta and dua to | eted. tha cause(s) |
| h. After this certificate hes funeral director, page 2 | edical Certification: To Be | 27. Mangar of Death 1 Natural 2 Accidant 3 Suicida 4 Homicide 29a. Cartifiar (Check only one) 29b. Signature and titla of out in | tition (Mon 28a. Piace buildi Physician: To tha xaminer: On tha buand man | ng, atc. (Specify best of my kno- isls of axaminal nar stated. | viedga, daati ion and/or in | naet, factory, office h occurred at the vastigation, in my | tima, data and opinion, daath | 28f. Location City or place, and dua to | tha causa(: ma, data ar | s) and ma | inner as sta and dua to | eted. tha cause(s) |

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THE STATE OF THE S

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| | | | | | Certificate of | of Death | | Reg. No. | | |
|--|----------------|--|--|---|--|---|--------------------------------|-------------------|--------------------|---------------------------------|
| | | 1. Decedent's Neme (First, Middle, | Last) | | | | 2. Date of Dec | eth | | 3. Time of Deeth |
| Physicia /Modic | | KOMAINE | E. | ECK | HART | | Month 12 | Day | 96 | 310/A.M. |
| /Medic Examin | | 4a. Fecility Neme (If not Institution, | give street end number) | | | 4b. City, Town, or L | | | | , , , , , , |
| | • | Sykesville E | lderCare | | | Sykesvill | • | Con | | |
| Funeral | | | | e (In yrs. lest bi | | aar If Under 24 Hrs. | 8. Deta of Birt (Month, De) | | 9. Birtho | lece (State or Foreign |
| Director | | 220 18 5170 | 1□M 2½ F | 7 | Yrs. Months De | eys Hours Min. | | | Coun | try) |
| D | | Usual Residence of Decedent | | | | | April | 23, 1909 |) Md | • |
| 72 hours after death with the Maryland natural, or Items 23e or 28e-f show ucal Example must be notified at | | 10e. Stete 10b. County | | 10c. City, Tow | n or Location | | | | 11 | 0d. Inside City Limits |
| Ma T | tor | MD Carrol | 1 | Sv | kesville | | | | | Yes 2□No |
| 128 | Director | 10e. Street end Number | | | 10f. Zip Cod | de | - | 10g. Citizen of \ | What Coun | try? |
| 30 | | 7309 Second Av | enue | | | 21784 | | 77. (| | |
| THE S | Funeral | 11. Maritai Stetus | 12. Was Decedent | Evar in U,S. | 13. Was Decedent | of Hispenic Origin? (Sp Cuben, Mexicen, Puerto | pecify Yas or No- | 14. Rac | S.A. e - Americ | an Indian. |
| 5 | E. | 1 ☐ Nevar Married 2 ☐ Merrie | Armed Forces? | No | If Yes, specify C | Cuben, Mexicen, Puerti | o Rican, etc.) | Bled | ck, Whita, | |
| 0 5 | by | 3 Widowed 4 □ Divorced | If Yas, Give Yaar or Detes: | | 1 □ Yes 2 🕽 | No Specify: | | Specif | White | |
| "natural", | pel | 15. Decedent's | Education | 16e | . Decedent's Usuel Oc | ecupetion | | 16b. Kind of Bi | usiness/inc | lustry |
| - 20 | Completed | (Specify only highest Elementery/Secondery (0-12) | | | (Give kind of work do life. DO NOT use re | one during most of wor | king | | | , |
| than the M | E | 11 | College (1-4or 5 | | omemaker | | | Home | | |
| d other | Bec | 17. Fether's Nema (First, Middle, La | ist) | | oaiwicz | 18. Mother's Nam | ne (First, Middle, | | na) | |
| 0 0 | 0 8 | William B. Eckh | art | | | Elizabet | h Hantma | | | |
| th end Mer 7 is marke traumatic | - | 19e. Informent's Neme/Relationship | | 198 | . Meiling Address (Str | reet end Number or Ru | | | State Zin | Codel |
| tree | | William Mooney | | | | ater Court | | | | |
| Item 27 other tr | | 20e. Method of Disposition | | 20b. Plece o | f Disposition (Name of | | Date | 20c. Location - | | |
| 0 H | | 1 ☐ Burial 2 ☐ Cremetion 3 | | cemate | ry, cremetory or other | place) | | | | |
| Department of Important: If I eny Injury or once. | | 4 Donetion 5 Other (Spe | | Loudor | Park Ceme | | 2/11/96 | | | a. |
| mpo eny l | | 21. Signature of Funerel Sarvice Lic | ensee | | 22. Name end Ad | Idress of Facility Hai | ight Fun | eral Ho | me | |
| 0200 | | Harry W. Z | aught | | P.O.Box | 195 Sykesv | ville, M | d. 2178 | 4 | |
| 100 | | 23e. Pert1. Enter the disease, or co shock, or he in feilure. List or | emplications that caused | the death. Do | not enter the mode of | dylng, such es cardiac | or respiretory en | rest, | - | Approximate Interval Between |
| hysician | | | | | | | | | 1 | Onset end Deeth |
| Medical | | Immediate Cause (Final disease or condition | FAL. | 2-50/4 | rofic | Corong | Voor | Be | 7 4 | 4-1-5 |
| aminer | | resulting In deeth) | 0. | | consequence of): | | | | 1 | |
| 25 | ner | | | | Carlot St. | | | | | |
| physician and s the burial-transit | Examine | Sequentially list conditions. | b | Due to (or es e | consequence of): | | | | | |
| | | Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying | | | | | | | | |
| ysici ne bu | edical | Ceuse (Diseesa or Injury that Initiated events resulting in death) Lest | c | Due to (or es e | consequance of): | | | | | |
| 00 00 | 9 | resulting in death) Lest | | (************************************** | | | | | | |
| d for use as the | 2 | | d | | | | | | | |
| ed by the attendin detached for use | Physician | Part II. Other algnificent conditions | contributing to death bu | it not requiting is | the underlying seven | eiros la Dart I | Oak Dida | - | -4-19-14-0 | Manager at 4 at 10 |
| ache | hys | | / | it not resulting ii | i the underlying cause | given in Part I. | | | | the cause of death? |
| igned to | by P | _ Clement. | · 6- | | | | 1 1 | 99 2LLH10 | 3 Prob | ably 4 🗆 Unknown |
| d b | 0 | | | | | | 24e. Was a | an autoney | 24h We | re eutopsy findings |
| should should | Completed | | | | | | perfor | med? | ave | ileble prior to |
| has je 2 | E I | | | | | | | / | of d | leath? |
| page , page | S | | | | | | 1 🗆 Y | es 2 No | 10 | Yes 2□ No |
| s certificate director, pag | 00 | 25. Wes case referred to medical exeminer? | | | | 28. Plece of Deet | th (Check only or | ne) | | |
| his c | 0 | 1 ☐ Yes 2 ☐ No | Hospitel: 1 Inpatier | | tpetient 3 DOA | Other: 4 Nursing Ho | ome 5 Resid | ence 8 Oth | er (Specify |) |
| fler t | 5 | 27. Menner of Deeth 1. ☑ Neturel 5 ☐ Pending | 28e. Dete of Injury (Month, Dey | Year) 28b. | Time of 28c. In | njury et Nork? | 28d. Describe h | ow Injury occurr | ed | |
| he fu | Certification: | 2 ☐ Accident investigat | on | | | ☐ Yes 2☐ No | | | | |
| rect rect | Ě | 3 ☐ Sulcide 6 ☐ Could not determine | 28e. Plece of Inju | ry - At home, fe | rm, street, factory, offic | СӨ | 28f. Location (S. City or Town | treet end Numb | er or Rural | Route Number, |
| D 2 | S | | building, oto | . (Opocny) | | | Only or Tom | n, Olete) | | |
| | | 29e. Certifier 12 Certifying F | Physicien: To the best of | f my knowledge | , deeth occurred et the | time, date and plece, | end due to the c | euse(s) end me | nner es ste | eted. |
| unera ily fille | a l | | aminer: On the besis of end mannar stat | examinetion en led. | d/or investigation, in m | y opinion, deeth occur | red et the time, d | ete end plece, e | and due to | the cause(s) |
| he Funera pletely fille | edical | (Check only 2 Medical Exit | | | | | | | | |
| To the Funeral Director: After th completely filled in by the funeral | | 29b. Signatura and titla of certifier | | | 29c. Lice | | | 9d. Data signed | | |
| To the Funera | | 29b. Signatura and titla of certifier | 1 Mon | MI | | | | | | |
| 1 | Σ | 29b. Signatura and titia of certifier | J. Mos | | | | | | | |
| within 24 hours after deeth. To the Funeral Director: After this certific completely filled in by the funeral director, | Σ | 29b. Signatura and titia of certifier 29b. Name end eddress of person wh | o completed cause of de | eth (Item 23e) (| | | | | | Reinfant |
| 1 | Σ | 29b. Signatura and titia of certifier | o completed cause of de | eth (Item 23e) (| Type, Print) | Printer Printer Printer Printer | | | | |

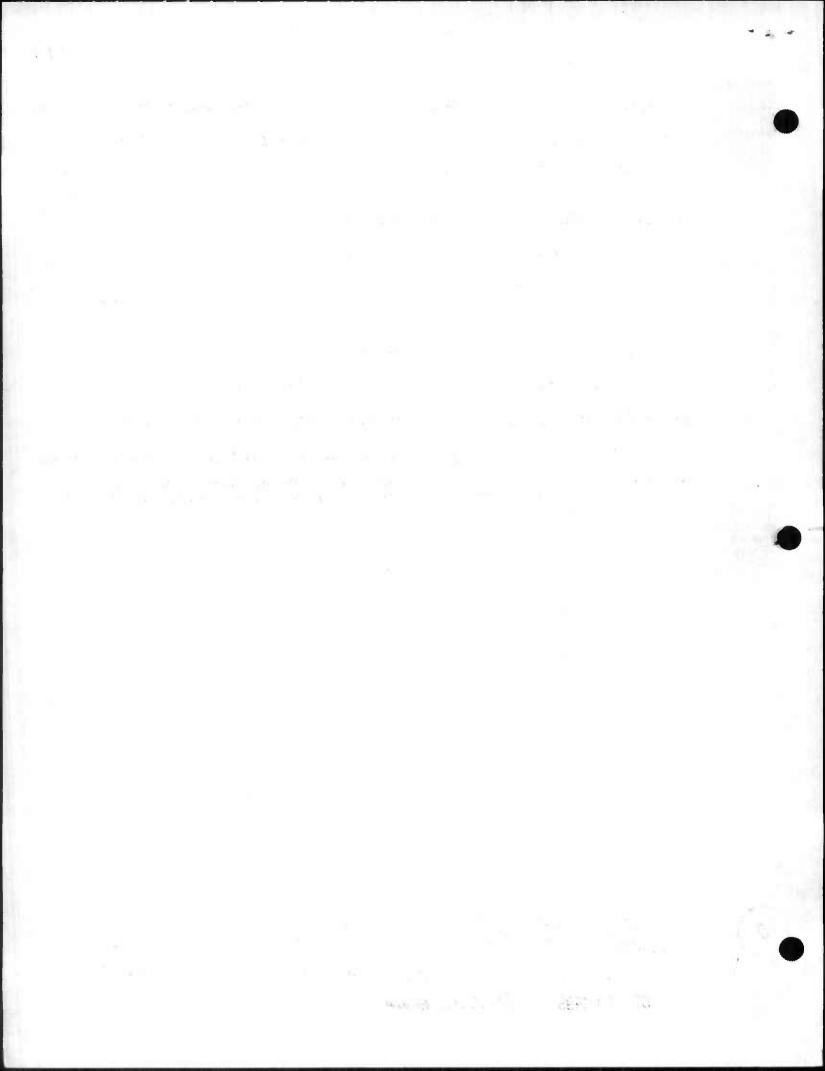


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| | | | | | Certific | cate of | Death | | Reg. No. | | |
|---|----------------|---|---|-----------------------------------|-------------------------------------|---|--|---|----------------------------------|--|--|
| Dhysia | ion | 1. Decedent's Name (First, Middle, L | ast) | | | | | 2. Date of D | eath Day | Year | 3. Time of Death |
| Physic /Medi | | REGINALD | | EDWARDS | | | | | er 7, | | 8:00 AM |
| Exami | | 4a. Facility Name (If not Institution, gi | ve street end number | 7) | | | 4b. City, Town, o | or Location of Dea | th 4c. Cou | nty of Deeth | |
| <u> </u> | | 3827 Janbrook Ro | | | | | Randa1 | | | Balti | more |
| Funeral Director | | | Sex 7. A 1⊠M 2□ F | ge (In yrs. lest b. | Yrs. Mon | Inder 1 Yeer oths Days | Hours Mi | 8. Date of Bi (Month, D 9/27/0 | rth e <i>y, Year)</i> 6 | | place (State or Foreign ntry) nington, D. (|
| ylend | | 10a. Stata 10b. County | | 10c. City, Tov | vn or Location | | | | | | 10d. inside City Limits |
| Parish at the d | ctor | Maryland Baltimo | re | Ran | dallst | own | | | | | 1 ☐ Yes 2 No |
| th with th | al Director | 10e. Street and Number 3827 Janbrook R | oad | | | Zip Code 21133 | | | 10g. Citizen o | | ntry? |
| within 72 hours after death with the Maryland ene. Than 'netural', or items 23s or 28s-1 show the Medical Evantine must be notified at | by Funeral | 11. Maritel Status 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced | 12. Was Deceden Armed Forces 1 Styes 2 If Yes, Give Year or Dates: | ? No | | ecedent of F specify Cubi es 2 No | | (Specify Yes or Ne erto Rican, etc.) | Spec | lace - Ameri lack, White, cify: B1 | |
| d within 72 hours af giene. ir than "naturel", or | Completed | 15. Decedant's E (Specify only highest gr | ducation ade completed) | 168 | . Dacedent's | Usuai Occup | etion during most of w | vorkina | 16b. Kind of | Business/In | idustry |
| within ene. than | John | Elementary/Secondary (0-12) | Coilaga (1-4or | 5+) | life. DO NO | T use retired | during most of w | orking | - E | | |
| 0 0 | S | 3rd Grade | | Tr | ainer | & Pron | | | | | 1 Boxing |
| ed a b | Be | 17. Fether's Neme (First, Middle, Last | , | | | | | ame (First, Middle | , Meiden Sum | eme) | |
| d 2 should be th end Mental 7 is marked of traumatic ev | 70 | Robert M. Edwa | | | | | Rose | Wood | | | |
| | | 19a. Informant's Name/Relationship | | 1 | | | | Rural Route Numb | | | Code) |
| f Health frem 27 other tr | | Mrs. Linda Willia | ms - Daugh | | | | Drive | Dayton, | Ohio 4 | 45405 | |
| T ite | | 20a. Mathod of Disposition 1 ☐ Burial 2 ☒ Cremation 3 ☐ | Removal from State | | of Disposition in iny, cremetory | | ce) | Dete | 20c, Locatio | n - City or To | own, State |
| nit. Pa sertmen ortant: injury | | 4 ☐ Donation 5 ☐ Other (Special | | | 11 Crei | mation | , Inc. | 12/12/96 | Hamps | tead, | Maryland |
| permit. Pages 1 end 2 Depertment of Health of Important: If Item 27 is any injury or other tra 2008. | | 21. Signature of Funeral Service Lice | A L | | Lori | ng Bye | | ral Dire | ctors, | Inc. | * |
| | | 23a. Part Enter the disease, or com | unlikations the require | d the death Do | 8728 | Liber | ty Rd. | Randall | stown, | MD | 21133 |
| Dhamtalan | | or heert failure. List only | one cause on aach | ine. | not entar tha | mode of dyli | ig, such as cardi | ac or respiratory a | irrest, | 1 | Approximata Intarval Between Onset and Death |
| Physician /Medical | | immediate Cause (Final | | . 1. | - 1 | | | ./ | | - | |
| Examiner | | disease or condition rasulting in death) | a. SUSPAC | 741 ACC | 79 | 19000 | SIAC 1 | NLARCT | 100 | | [WANDIN] |
| 10 11 | - G | | | | | | | | | 1 | |
| ted nsit | i | | b. CORO | MMA | - Speri | | 9154A18 | | | | YERS |
| enflicate be executed ling physician and se as the buriel-transit | I Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | rly | Due to (or as a | | | | | | | YEARS |
| ificate b g physic as the b | edical | that initiated events resulting in death) Last | Ç | Due to (or as a | | | | | | | |
| h cert endin | M/UE | | d | | | | | | | | |
| death e etter ed for u | Sicle | Part II. Other significant conditions of | ontributing to death t | out not resulting i | n the underlyis | no cause oiv | en in Pert i | 23h Did | tobacco use / | ontelbute t | o the cause of death? |
| requires that the death ce seen signed by the ettendi hould be detached for use | y Physiclan | | | at not roaditing t | ir trio dridonyii | ng cause giv | on arrow. | | Yes 200 | | bably 4 Unknow |
| aw 2 s b | Completed by | | | | | | | 24a. Was | an autopsy ormed? | av | ere autopsy findings allabla prior to empletion of cause death? |
| ysician: The law is certificate hes b director, page 2 s | 5 | | | | | | | 1□ | Yes 2000 | 1[| Yes 2 PRo |
| iclan: The certificate rector, pag | Be | 25. Was case referred to medical | | | 0 | | 28. Place of De | eath (Check only | one) | | |
| ysic is ce direc | To | examiner? 1 ☐ Yes 2 No | Hospitai: 1 ☐ inpati | ant 2 ER/Ou | stpatient 3 | DOA Oth | or: | Home 5 Resi | | ther (Specif | v) |
| Attending Physician: r death. ector: After this certific by the funeral director, | | 27. Mannar of Death 1 Natural 5 Pending 2 Accident Investigation | 28a. Date of inju (Month, Da | ry 28b. | Time of njury | 28c. injun Worl | | 28d. Describe | | | , |
| Dir | Certification: | 3 Sulcide 6 Could not be datamined | 286. Place of in | ury - At home, fa c. (Specify) | ırm, street, fec | ctory, office | | 28f. Location (City or To | | mber or Rura | al Route Number, |
| Hospital or Le hours afte Funeral Dir letely filled In | edical | 29a. Certifier (Check only one) | ysician: To the best niner: On the basis o and manner st | f axamination an | , daath occur d/or investigat | red at the tim tion, in my of | ne, date and piac plnion, death occ | ce, and due to the curred at tha time, | causa(s) and r data and place | mannar as s e, and due to | tated. the causa(s) |
| A Awo | ₩. | 29b. Signature of title of certifier | 1 | / | | 29c. License | e number | | 29d. Date sign | ned (Month, | Dey, Year) |
| | | College (C | reful | - W | | 03 | 1381 | | 12/9 | 196 | |
| 10 | | 30. Nama and address of person who | completed cause of c | leath (item 23a) | (Type, Print) | VA | orive, | 81170 | no | 2/20 | 7> |
| Sta Registra | te | 31. Date filed (Month, Day, Year) DEC 1 1 1996 | 320 Registr | ar's Signature | | | | | | | |

DHMH 16 Rav 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 2. Data of Death Month Day 7,1996 **EDELSTEIN**

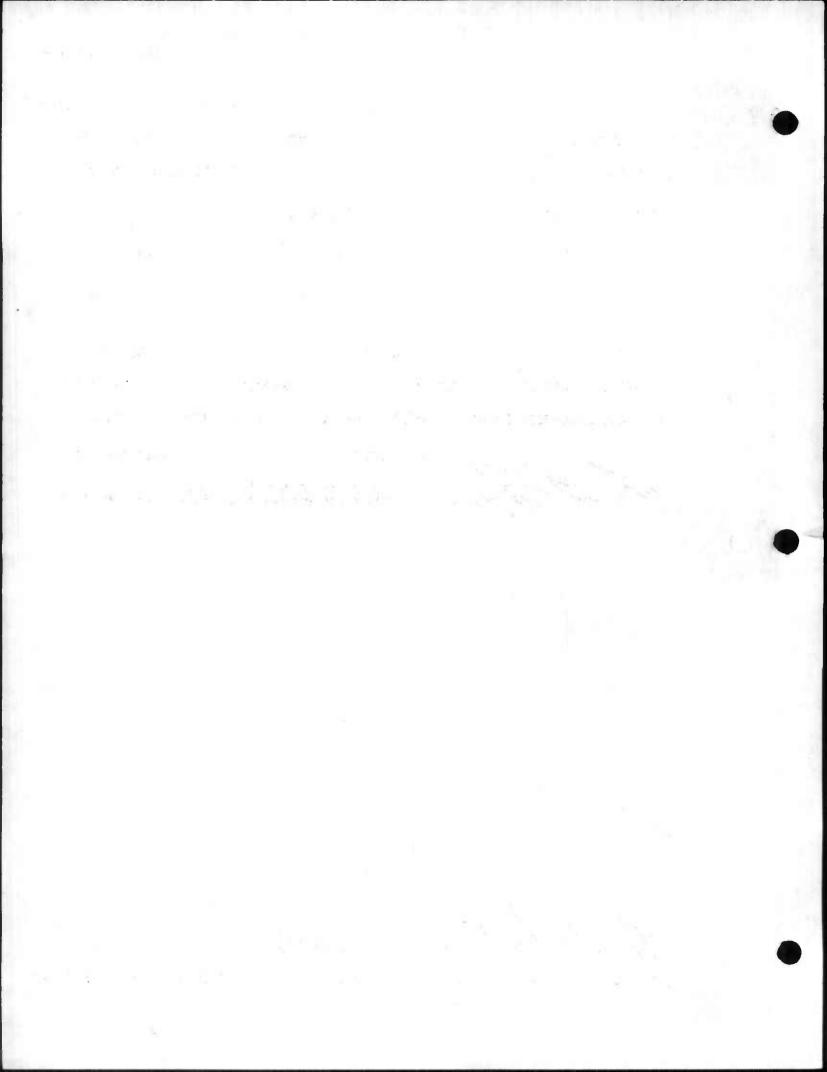
1. Decedent's Name (First, Middle, Last) **Physician** 10:46pm LOUIS /Medicai 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 302 OVERLOOK DRIVE TIMONIUM BALTIMORE Hours Min. 8. Date of Birth (Month, Day, Year) DEC . 10,1908 5. Social Security Number if Undar 1 Yaar 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign Funerai 1⊊M 2□ F Months Days 87 Yrs NEW YORK Director 062-05-1036 Usual Residence of Deceden the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Maxical Examinal mant be notified at 10d. Inside City Limits BALTIMORE MARYLAND N/A 1 XYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4003 W. STRATHMORE AVE. 21215 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑Yes 2 ☐ No If Yes, Give Year or Dates: WWII Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Ricen, atc.) Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐No Specify: þ 3 ☐ Widowad 4 ☐ Divorced Specify: WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pagas I and 2 should be filed within Department of Health and Mental Hygiana. Important: if item 27 is marked other than any injury or other trainment. Elementary/Secondery (0-12) College (1-4or 5+) 10 SALESMAN LUMBER 17 Father's Nama (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be VICTOR WILLIAM **EDELSTEIN** REBECCA KATZEWITZ 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. SADIE EDELSTEIN (WIFE) 4003 W. STRATHMORE AVE. BALTIMORE, MD 21215 20b. Place of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 M Burial 2 □ Cremation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify) 12-9-96 Oper (SpecifyMADSOLEH) DRUID RIDGE BALTIMORE, MD 22. Name and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 cause that ceused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, causa on each line. **Physician** MYOCARDIAL INFORMION /Medicai immediate Cause (Final IMMEDIATE disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner ATHEROSCLEOSIS YEARS burial-transit law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760. ding physician Physician/Medical the Due to (or as a consequence of): USB BS for u signed by the sid be detached Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 20 No 3 ☐ Probably 4 ☐ Unknown NONE Records, by 24b. Were autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy performad? 28 No cartificata 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: Be 25. Was cese referred to medicel exeminer? 28. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Aftar this 27. Menner of Death 28a. Date of Injury (Month, Day Year) Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending Investigation 1 Yes 2 No death. 2 Accident Director: 6 Could not be determined 3 ☐ Sulcida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) To the Hospital or Att Within 24 hours after d To the Funeral Direct complately filled in by 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) and manner as steled.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as steled. 29a. Certifier (Check only 29b. Signature and title of certiffer 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 30. Name and address of erson who completed ceuse of death (Item 23a) (Type, Print)

HARRY H. WALEN AD 1838 GROONE Tree Rd Ste 300 Pikey: | le Mid 21208 31. Date filed (Month, Day, Year) 32. Registrar's Signature

Registrar

1996



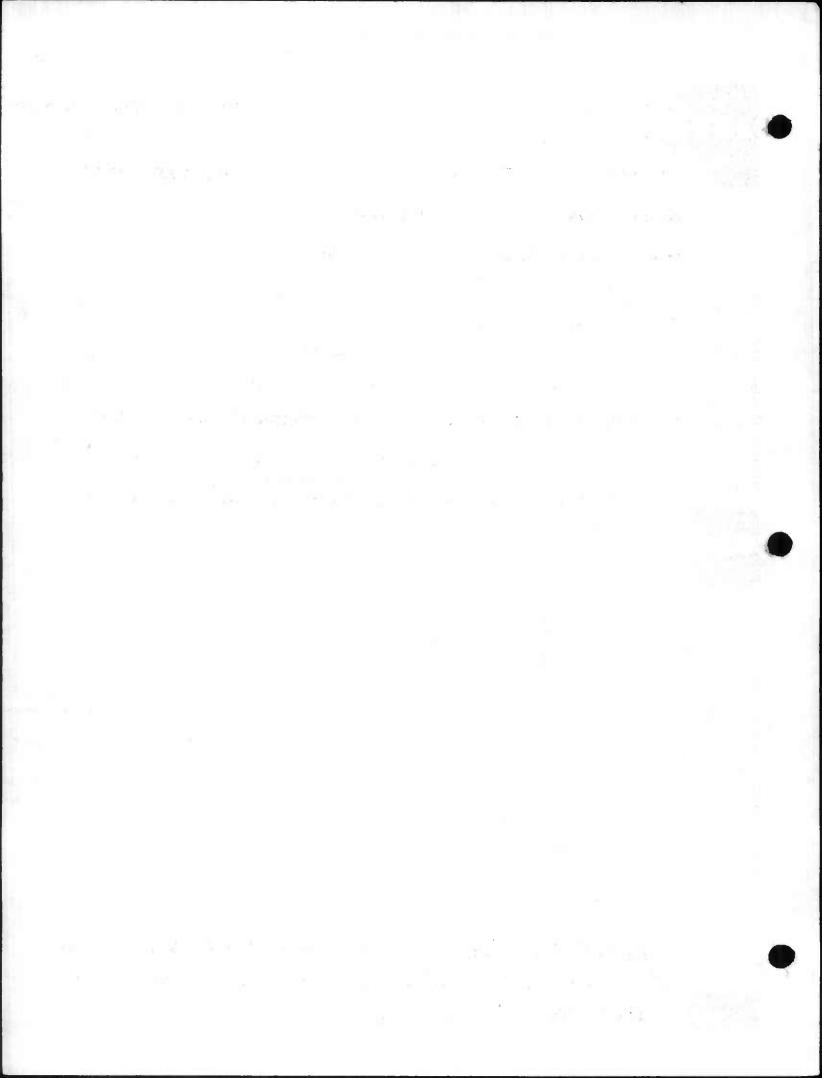
State of Maryland / Department of Health and Mental Hygiene 96

FilmG742 item 1 per Dr. 12-11-96 rja Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Day Rose Fagan Month 7 Day 1996 **Physician** 12:55 ptr /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 5tigzoH Beltimore SINAY ND If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month Day, Year)
JULY 4, 1897 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** 1□ M 25 F RUSSIA Yrs. Director 220-64-5501 99 Usual Residence of Decedent death with the Meryland permit. Peges 1 end 2 should be filed within 72 hours efter death with the Marylan Department of Health end Mental Hygiene.
Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Medical Examiner must be notified at once. 10a State 10b County 10c. City. Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 No MARYLAND N/A Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21215 2434 W. BELVEDERE AVE. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian. Black, Whita, etc. 1 □ Navar Married 2 □ Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: ρ 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) Elementary/Secondery (0-12) College (1-4or 5+) OWN HOME HOUSEWIFE 12 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be **POLOVOY** PORTNOY LIBBY **JACOB** 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MRS. FLORENCE KOLODNY (DAUGHTER) 2529 FARRINGDON ROAD BALTIMORE, MD 21209 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) 12-9-1996 ROSEDALE, MD MOGAN ABRAHAM 21. Signature of Funeral Service Licensee 22 Name and Address of Eachiston & BROS., INC. 200 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** 240 /Medical Immediate Cause (Final a Sepsis. disaase or condition resulting in death) **Examiner** Due to (or as a consequence of) Examiner iclan and buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): ed by the ettending physician detached for use as the buriel Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown Antery Diserse Congestive heart þ should b Chronic Atrial Fibrillation Paget's 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy Signoid Carcar. 280 No DESSET 1 Yas 1 Yes 2 No this certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director; is 25. Was case referred to medical Be 26. Piace of Death (Check only ona) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 27. Mannar of Death 26a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homloide Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) AS 2402321-JW-9035 and address of person who completed ceuse of death (Item 23a) (Type, Print) D. Wilkinson , ND 2401 W. Belvetore Baltimore MD 21215 32 Registrar's Signature 31. Date filed (Month, Day, Year) State DEC 11 1996 Registrar

DHMH 16 Rev 6/95



Physician

/Medical

Funeral

Director

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

37080

2. Data of Death

10°, 1996

DEC.

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|----------|------|---|-----|----|--------|-----|
| F11mG743 | item | 5 | ner | ΕH | 1_8_07 | ni. |

LEE

1. Decadent's Nama (First, Middla, Last)

E.

FRIAR

Certificate of Death

3. Time of Death

0845 AM

| Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Haalth and Mental Hygiena. Important: If Item 27 is marked other than "natural", or items 23a or 28a-1 show any Injury or other traumatic event, the Medical Example must be notified at anta. | Director | Md. 10e. Street and Nur. 7 Kins | | | 11 |
|--|---|--|---|--|--------------|
| 0020 ours after death with the Man ral', or items 23s or 28s-4 sh Evernment rest to northes | To Be Completed by Funeral Director | 7 Kins 11. Maritel Status 1 Naver Merri 3 Widowed | | 12. Was Decedant Armed Forcas? 1 Yes 2 If Yes, Giva X Yaar or Datas: | |
| 21215-0 d within 72 ho jiena. r than "natur | leted | | 15. Decedant's E lify only highast gr | ducetion ada complated) | |
| ind 212 be filed withing tal Hygiena. d other than | Be Comp | 12 yr 17. Fathar's Name | S (First, Middle, Last | | i+) |
| Maryla 12 should n and Men 18 merke raumetic | To | 19a. informant's Na | ame/Ralationship (| | |
| Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours at Depertment of Haalth and Mental Hygiena. Important: If Item 27 is marked other than "natural", or any Injury or other traumatic event, the Medical Expandation. | | Stella 20a. Mathod of Disp 1 Burial 2 4 Donation | | Wife | e |
| Balt permit. Depertrimporte any Inje | | 21. Signature of | ws)all | nsee | |
| Physician /Medical Examiner per particular and prival-transit | al Examiner | Immediata Cause (disaasa or condition rasulting in death) Sequentially list configure in the causa. Entar Unda Causa (Diseasa or Causa (Diseasa (D | Final nditions, madiate riving industrial | b | |
| Sox 687 Ith certificata tending phys or use as the | an/Medic | that initiated evants resulting in death) L | ast | d | Due |
| ital Records, P.O. Box 68760, an: The law requires that the death certificate be executificate has been signed by the attending physician and stor, page 2 should be detached for use as the burial-tra | Completed by Physician/Medical Examiner | Part II. Other signifi | cant conditions o | ontributing to death bu | it n |
| # 5 E 0 | a a | 25. Wes casa raferr exeminar? XXYes 2 | | Hospital: | |
| Division of Viole of Atlanding Physicial efter death. Director: After this cer in by the funeral director. | Certification: To | 27. Mannar of Death XIXNaturai 2 Accident 3 Suicide | | | y Ye |
| Division Hospital or Attendi 24 hours eftar death Funeral Director: A | | 4 ☐ Homicida | datarmined | 28a. Place of Injubuilding, atc | ry . . (S |
| he Hospital in 24 hours he Funeral pletaly filled | edical | 29a. Cartifier (Check only one) | 1□ Certifying Ph 【X Madical Exan | yaician: To the best o niner: On tha basis of and mannar sta | exa |

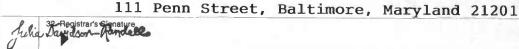
4a. Fecility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** #7 KINSHIP ROAD DUNDALK BALTIMORE 5. Social Security Number If Undar 24 Hrs. 7. Aga (In yrs. last birthday) If Undar 1 Yeer 8. Data of Birth (Month, Day, Yaer) Birthplaca (Stata or Foreign Country) 482-16-8443 428-16-4883 Usual Residence of Deceden 1√ M 2□ F Months Days Hours 72 April1,1924 Iowa Oc. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2√2 No Dundalk 10f. Zip Code 10g. Citizan of What Country? 21222 USA or In U.S. Wes Dacedant of Hispanic Origin? (Specify Yas or No. If Yes, spacify Cuban, Mexican, Puerto Rican, atc.) Raca - American Indian, Black, Whita, etc. 1 ☐ Yas 2 No Specify: SpecifyWhite 16e. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Meter Reader U.P.S. 18. Mother's Name (First, Middla, Maidan Sumama) Ruth Sophie Lawdahl 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 7 Kinship Rd. Dundalk Md. 21222 20b. Placa of Disposition (Name of cematary, cramatory or other pleca) 20c. Location - City or Town, Stata Metro Crematory 12 - 11Baltimore 22. Nama and Addrass of Facility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222 e death. Do not enter tha moda of dying, such as cardiac or respiratory arrest, Approximata Interval Batwean Onsat and Death sclerotic Cardiovascular Disease e to (or as e consequence of): a to (or es a consequence of): to (or as a consequence of): ot rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings availeble prior to complation of causa of daath? 24a. Was an autopsy performed? INSPECTION 1 Yas XXNo 1 ☐ Yas 2 ☐ No 26. Place of Death (Check only one) Other: 4 Nursing Homa XXRasidanca 6 Othar (Specify) 2 ER/Outpatiant 3 DOA 27. Mannar of Death XXNaturai 28e. Data of Injury (Month, Day Year) Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending invastigation 1 ∏ Yas 2 □ No 2 Accidant 6 ☐ Could not be datarmined 3 Suicide Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and placa, and dua to tha causa(s) end mannar as steted.

XX Madical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and mannar stated. 29a, Cartifier (Check only one) 29b. Signetura end title of certifier 29c. License number 29d. Deta signed (Month, Dey, Year) O.C.M.E DEC. 10, 1996

State Registrar

DR. 31. Data filed (Month, Day, Year) DEC 11 1996

RADENTZ



30. Nema and address of person who completed cause of death (ttem 23a) (Type, Print)

To the Hosp within 24 hou To the Fune completely fi

Please Type of Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | | Certific | cate of | Death | | Reg. No. | | |
|------------|--|-----------------|---|--|-------------------------------|---------------------------------|-----------------------------|-------------------------------------|---|--|-----------------------------|--|
| | Dharata | | 1. Decedent's Name (First, Middle, Las | it) | <u></u> | 21 5 | - 10.77 | | 2. Date of De Month | | Year | 3. Time of Death |
| | Physici /Medic | | ihomo | 15 J. | +in(| ole5 | JR | 3457 | Decem | ber 5 | 1996 | 12:45 pm |
| | Examir | | 4e. Facility Neme (If not institution, give | | 0. | 1 / | 91 | | or Location of Deal | h 4c. County | | |
| | | _ | | ton Nursin | 19 Ce | nter | nder 1 Veer | Balti | | MAGE: | n/a | |
| | Funeral Director | | 5. Social Security Number 220-07-1733 | ax XIM 2□ F | th yrs. last bir | | nder 1 Yeer ths Days | | Ain. (Month, D | 70 190 | 9. Birthpli Count Mai | ace (State or Foreign try) |
| | /land | | 10a. State 10b. County | | 10c. City, Tow | n or Location | 1111 | | | | 10 | Dd. inside City Limits |
| | Man Man | tor | Md. n/a | a | Balti | more | | | | | 4 | 1 No Yes 2 No |
| | or 28 | Director | 10e. Street end Number | | | 10f | . Zip Code | | | 10g. Citizen of 1 | | ry? |
| | 23a | rail | 27 East Osten | d Street | | | | 21 | 230 | US | A | |
| | terns terns | Funeral | 11. Marital Status | 12. Was Decedent E Armed Forces? | | 13. Was D | ecedent of I specify Cub | Hispenic Origina an, Mexican, Pi | (Specify Yes or No uerto Rican, etc.) | | a - America ck, White, e | |
| 0050 | hours effer death with the Maryland tural, or items 23s or 28s-f show all Examiner must be incrited at | by | 1 Never Married 2 Married 3 Widowed 4 Divorcad | 1 Yes 2 XNo If Yes, Give Yeer or Dates: | 0 | 1 □ Y€ | es 2 No | Specify: | | Specify | whi | ite |
| 15-(| 72 ne ne ne ne | Completed | 15. Decedent's Ed (Specify only highest grad | | 16a. | Decedent's | Usuai Occup f work done | oation during most of d) | working | 16b. Kind of B | usiness/Ind | ustry |
| 12 | should be filed within of Mental Hygiene." marked other than " matic event, me Me | mc | Elamentary/Secondary (0-12) | Collega (1-4or 5+ | +) | | | | | Amori | can (| Oil Co. |
| D | filed with Hygiene. other than | Be Co | 17. Fether's Name (First, Middle, Last) | 0 | | Dispa | cene | | Nama (First, Middle | - | | 011. 00. |
| lar | | To B | Thomas J. Fin | ngles Sr | | | | Nell | ie M. N | orton | | |
| Maryland, | nd 2 silth er trau | | 19a. intormant's Name/Relationship (7 James C. Lynch | | | | | | Rural Routa Numb | | | |
| Baltimore, | 2 7 7 | | 20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | | 1000 | ry, crematory | or other pla | ce) metery | Dec. 6 | Baltin | - | |
| a | permit. Page Department of Important: If any injury or ance. | | 21. Signature of Funeral Service Licent | | oreen | 22. Nam | e and Addre | esa ot Facility | | | 1.1. D. | 11. |
| <u>m</u> _ | SOE SO | | > Att fund | wo Kom | le | | | | 1 Home e. Balt | | | |
| 1 | | | 23a. Part1. Enter the disease, or composhock, or heart failure. List only | plicetions that caused to | the deeth. Do | | | | | | | Approximate Interval Between |
| | Physician | R | | | | | | 0.0 | \wedge | | | Onset end Deeth |
| | /Medical Examiner | | immediete Ceuse (Final disease or condition resulting in death) | . Exac | er bat | tion | ot | COP. | 0 | | 1 | lwk |
| | | - | | | Due to (or as a | consequenca | ot): | | | | | |
| | d ansit | edicai Examiner | | b |)ua ta (ar aa a | | 2 | | | | i | |
| ó | an en nel-tr | Еха | Saquentially list conditions, if any, leading to immediata causa. Enter Underlying | | Due to (or as a | consequence | Otj. | | | | | |
| 68760 | entificate be executed ding physician and se es the buriel-transit | licai | Cause (Diseasa or injury that initiated events rasulting in death) Last | c | ue to (or as a | consequence | of): | 2000 | | | | |
| 9 × | seath certific attending pl | Mec | | d | | | | | | | | |
| Bo | death c | | | u | | | | | | | | |
| 0 | 0 0 0 | Physician | Part II. Other aignificant conditions co | intributing to death but | t not resulting is | n the underlyi | ng cause gh | ven in Part I. | 7 7 15 16 | A STATE OF THE PARTY OF THE PAR | | the cause of death? |
| 0 | | | Imphysem | 9 | | | | | | Yee 2 No | 3 Prob | abiy 4 Unknown |
| ecords, | requir been s should | Completed by | 0 / | | | | | | | s en eutopsy ormed? | ava | ore autopsy tindings allable prior to appletion of cause |
| Re | hes hes | dmc | | | | | | | 10 | Yes 2 No | 1200 | deeth? |
| Vital | certificate rector, pa | 0 | 25. Was casa raterred to medical | | | | | 26 Place of | Death (Check only | /- | | Tes ZLINO |
| | Physician: r this certific and director, | OB | examiner? | Hospitai: 1 ☐ inpatien | t 2 ER/Ou | tpatient 3 | DOA Ott | hor: | g Home 5 Ras | | er (Specify | ,) |
| To u | ding Ph. h. After thi funeral | n: T | 27. Mannar ot Death 1 X Natural 5 Panding | 28a. Date of Injury (Month, Day | 28b. | Time of njury | 28c. Inju Wo | ry at | | how Injury occur | | |
| Sio | Attanding or death. | catic | 2 Accident invastigation | | | М | | Yas 2□No | | | | |
| Division | 2440 | Certification: | 3 ☐ Suicide 6 ☐ Could not be datamined | 28e. Place of injur building, etc. | ry - At home, ta (Specify) | rm, street, ta | ctory, offica | | 28t. Location City or To | (Street and Numi wn, State) | ber or Rura | Route Number, |
| | To the Hospital of within 24 hours el To the Funeral D completely filled is | edicai | 29a. Cartifiar 1 Certifying Phy (Check only one) 2 Medicai Exam | ysician: To the best of iner: On the basis of a and manner state | examination an | , daath occur d/or investiga | rred at tha ti | ma, date and pl opinion, death o | ace, and dua to the occurred at the time | causa(s) and made, date and place, | annar as stand due to | ated. the cause(s) |
| | within To th | M | 29b. Signature and title of certifier | 1. | | | 29c. Licens | se number | | 29d. Date signe | d (Month, L | Day, Year) |
| | 1 | 102 | Otraveis Z. a | legnan | A. 1 | w | 0 | 255 | 69 | 121 | 6/9 | 5 |
| | 4 | | 30. Name and address of parson who o | ompleted cause of da | am (Itam 23a) | (Type, Print) | 100 (4 | (1) | 01/0 | 141 | 1 | f, 21234 |
| | V | | | mann, & | Ir. M.D. | /84 | 16 Ha | rTord | d./Pa | Mimor | e, 14 | 4,21239 |
| | Sta | te | 31. Data tiled (Month, Day, Yaar) | 32. Registra | Signature C | and le | | | / | | | |

DEC 11 1996 100 Miles Company

State of Maryland / Department of Health and Mental Hygiene 96 37082

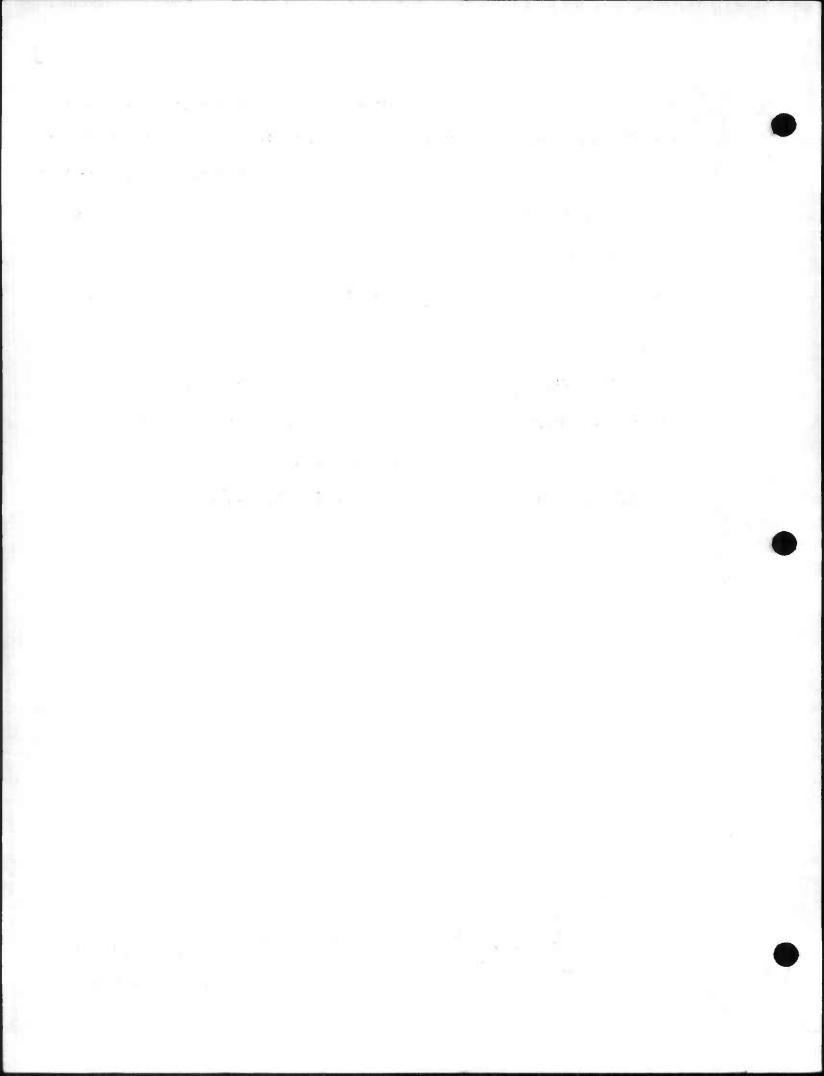
| | n | 1. Decedant's Name (First, Middle, | DADIE | NIE | I11 | 1 11/ | 2. Date of De Month | Day _ | Manie | Time of Death |
|---|---|--|---|--|--|--|--|---|---|--|
| ledic <i>a</i> amine | _ | a. Fecility Name (If not in titution, | give street and number) | 100 | 1/76 | 4b. Oity, Town, o | or Location of Deet | h 4c. County | | S:00 |
| | W | University of | Yan and | Medico | och Jy solan | Sach | imar | | n/a | |
| eral | | 5. Social Security Number 6 | 5. Sex 7. Age (II | n yrs. last bir | Months Days | | | th ay, Year) | 9. Birthplace Country) | (State or For |
| tor | 1 | 219-84-5735\Usuai Residence of Decedent | 1L/M 2X F 3 | 1 | Yrs. | | Nov. | 2 1965 | | land |
| 14 | - | 10a. State 10b. County | 10 | Oc. City, Tow | n or Location | | | | 10d. i | inside City Lin |
| | to | Md. Anne A | rundel 1 | Pasad | ena | | | | | 1□ Yes 🏖 |
| e no | Director | 10e. Street and Number | | | 10f. Zip Code | | | 10g. Citizen of \ | What Country? | |
| | | 120 Coralwo | | | | 21122 | | US | A | |
| | Funeral | 11. Marital Status | 12. Was Decedent Eve Armed Forces? | r in U,S. | 13. Was Decedent of If Yes, specify Cu | Hispenic Origin? ban, Mexican, Pu | (Specify Yes or No erto Rican, etc.) |)- 14. Rad Blad | e - American Ir ck, White, etc. | ndian, |
| | by | 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced | If Yes, Give | | 1□ Yes 2□N | Specify: | | Specify | whit | ce |
| | | 15. Decedent's | Education | 16a. | Decedent's Usuai Occu | pation | | 16b. Kind of B | usinass/Industr | y |
| | Completed | (Specify only highest of Eiamantary/Secondary (0-12) | Collaga (1-4or 5+) | | Decedent's Usual Occu (Give kind of work don- life. DO NOT usa ratir | | vorking | | | |
| | 5 | 12 | 1 | Fi | nincal Ad | 1 | | | t Bank | ζ |
| 0 | ň | 17. Fether's Name (First, Middle, Le | • | | | | lame (First, Middla | | 10) | |
| | 0 | Grady Tim 19a. Informent's Name/Relationship | | 106 | Malling Address (Chr. | | Spring | | 0 7. 0 | 4-3 |
| | | Howard E. Fal | | | . Mailing Addrass (Stree | | | | | , |
| | - | 20a. Method of Disposition | | 20b. Place of | Disposition (Name of | | Dete | 20c. Location - | | |
| | | 1 Burial 2 Cremation 3 4 Donation 5 Other (Special Control of the | ☐Removal from Stete | | y, cremetory or other plowridge Me | | DEC.10 | Elkrid | ae. Ma | ٦. |
| Ħ | - | 21. Signature of Funeral Service Lic | | | 22. Name end Addi | ess of Facility | 1330 | | | <i>x</i> • |
| OU | | 19.0 S. C | 10. 11. | | McCully | | | | | 1122 |
| | | 23a Part1. Enter the disease, or co shock, or hear failure. List on | mplications that caused tha | daeth. Do r | 3204 Mot not enter the mode of dy | ring, such as card | iac or raspiratory a | rrest, | Apr | proximate |
| an | | 7 | / | | | | | | | erval Between set end Death |
| cal | | | | | / | | | | 12 | |
| ner | | Immediate Cause (Final disease or condition resulting in death) | a Cardio | xc. | tamo | uad | e | | | |
| | - | | a Cardio | to (or as a | tauno | | | | (.4 | |
| i j | miner | disease or condition resulting in death) | a Cardio | to (or as a c | tamo | | alar (| agu | Colin | |
| Evaminar | Examiner | disease or condition resulting in death) | Lisere | to (or as a c | tauno | | | conqu | Coria | |
| Evaminar | Ical Examiner | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events | Lisered | o to (or as a control of or a co | tamo | | | conqu | Goria. | |
| | medical Examiner | disease or condition resulting in death) | Lisera Europa Cardio | o to (or as a control of or or as a control of or a | consequence of): | | | conqui keeu | Coria | |
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| by Physician/Madical Examinat | by rilysician/medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last | Ewed accord | o to (or as a control of to (or a) cont | consequence of): onsequence of): onsequence of): culture | ravaso nos | 23b. Did | tobacco use con | ntribute to the | y Onkr |
| by Physician/Madical Examinat | by rilysician/medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last | Ewed accord | o to (or as a control of to (or a) cont | consequence of): onsequence of): onsequence of): culture | ravaso nos | 23b. Did | kees | ntribute to the 3 Probebly 24b. Were a available complete | utopsy findin le prior to lition of cause |
| by Physician Madical Examinat | by rilysician/medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last | Ewed accord | o to (or as a control of to (or a) cont | consequence of): onsequence of): onsequence of): culture | ravaso nos | 23b. Did 10 | tobacco use con Yes 2 No an autopsy ormed? | availab comple of deatl | uutopsy findin le prior to tition of cause h? |
| Completed by Physician Madical Evaminas | completed by rinysicianymedical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet Initieted events resulting in death) Last Part II. Other significant conditions | Ewed accord | o to (or as a control of to (or a) cont | consequence of): onsequence of): onsequence of): culture | ravaso h) wallo | 23b. Did 1 | tobacco use cor Yes 2 No an autopsy med? | ntribute to the 3 Probebly 24b. Were a available complete | uutopsy findin le prior to tition of cause h? |
| o Re Completed by Physician Medical Evamine | o be completed by Filysician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last | Due Due Due Due Due de Contributing to death but no | ot (or as a o | consequence of): consequence of): the underlying case g | iven in Part I. | 23b. Did 1 □ 24a. Was perfo | tobacco use con Yes 2 No an autopsy yes 2 No | 24b. Were a availab comple of deatl | uutopsy findin le prior to tition of cause h? |
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| illication: To Be Completed by Physician/Madical Evaminar | to be completed by Fillysician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical examiner? 1 2 Natural 5 Pending | Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Ye) 28e. Place of Injury 28e. Place of Injury | ot resulting If | the underlying cache g | 26. Place of Dither: 4 Nursing | 23b. Did 1 = 24a. Was perfc 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = | tobacco use con Yes 2 No an autopsy rmed? Yes 2 No one) dence 6 Oth how injury occurs | 24b. Were a availab comple of death 1 \(\text{ Yer} \) er (Specify) | y Johkn Luttopsy finding le prior to tition of cause h? |
| Certification: To Be Completed by Physician Madical Evaminer | cermication: to be completed by rilysiciary medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Ves Ves | Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Year) 28b. Place of Injury building, etc. (S) | ot resulting if | the underlying case e g | 26. Place of D ther: 4 Nursing ny at Yes 2 No | 23b. Did 1 | tobacco use col Yes 2 No an autopsy med? Yes 2 No one) dance 6 Oth how injury occur Street and Numb vn, Stete) | 24b. Were a available of death 1 Yes | uttopsy finding le prior to tition of cause h? |
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| adical Certification: To Be Completed by Dhysician/Madical Evamines | recited Certifications to be completed by Physician Medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet Initieted events resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Ver Ver | Hospitai: 1 Inpatient 28a. Date of Injury (Month, Day Ye. 28b. Place of Injury building, etc. (S) 28b. Place of Injury 28c. Physician: To the best of my aminer: On the best of exa | at lo (or as a control of the contro | the underlying cache grant and the underlying and the | 26. Place of D ther: 4 Nursing my at ok? Yes 2 No | 23b. Dld 1 | tobacco use colyves 2 No an autopsy med? Yes 2 No one) dance 6 Oth how injury occur Street and Numb wn, Stete) cause(s) and ma data and place, s | 24b. Were a availab comple of death 1 \(\text{ Yes} \) er (Specify) red er or Rural Rot anner as stated and due to tha | y Jonk uutopsy findin le prior to tition of cause h? s 2 No uute Number, causa(s) Year] |

and a small to the latter of the party

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death **Physician** DECEMBER 7 1996 RAYELLE 9:10 am BRTANA FITCH/Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Year Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Deys 23 December 7, 1996 Hours Director Maryland Usuei Residence of Decedent with the Maryland 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 7 ie marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner, was be notified at Maryland Baltimore Baltimore 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3503 Hicks Avenue 21207 United States Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 14. Race - American Indian, Black, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritai Stetus permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Inmortant: If item 27 is marked other than "natural", or its any injury or other traumatic event, the Medical Examina ones. Wever Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black à 3 Widowed 4 Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) William Fitch Jeronica Perkins 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Jeronica Perkins/ mother 3503 Hicks Ave., Baltimore, MD 21207 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 20a. Method of Disposition Dete 1 ☐ Buriei ②☐Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 12-10 Baltimore, MD 21. Signature[of Funeral Service Licensee 22. Name end Address of Facility Henry W. Jenkins & Sons 4905 York Rd., Baltimore, Lad 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of) siclan and burial-transit be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician a Box 68760, Physician/Medical Due to (or as a consequence of) 98 ettending p signed by the el P.O. Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nuknown Records, by 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24a. Was en eutopsy partormed? Completed peed has page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physicien: 24 hours efter death. Funeral Director: After this certifica Be 25. Was case referred to medica! 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) funeral 28a. Date of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturai 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident filled in by the 3 Suicide 6 Could not be 28e. Pleca of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital
within 24 hours e
To the Funeral C 29e, Certifier 😭 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner as steted. Medical 2 Madical Ex On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end piece, end due to the cause(s) end manner steted. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) tead DiONS 30. Name and address of parson who completed cause of deeth (Item 23e) (Type, Print) Ambadas Pathak, M.D. GBMC 6701 North Charles Street, Baltimore, Maryland 21204

State Registrar 31. Dete filed (Month, Day, Year)

32. Registrar'e Signeture



State of Maryland / Department of Health and Mental Hygiene 96

96 37084

| | | | | | Cer | tificate of | Death | | Reg. No. | | 0,00, |
|---|----------------|--|---|-------------------------------------|------------------|-----------------------------------|---|-------------------------------|-------------------------------|--------------|---|
| | | 1. Decedent's Nama (First, Middle, | Last) | | | | | 2. Data of De | eath | W | 3. Time of Death |
| Physic /Medi | | Joris | E. FAV | | | | | Decen | Wer 9 | 1996 | 6:00 am |
| Exami | | 4a. Facility Name (If not Institution, | giva street and number) | | | | 4b. City, Town, o | Location of Deal | h 4c. Count | | |
| | | Gilchris | 7 Conte | r | | | Tou | Son | FA | Utin | 10re |
| Funeral | f | | | (In yrs. last bii | rthdey) | If Under 1 Yaar | | | rth | 9. Birthp | place (Steta or Foreign |
| Director | ٧. | 220-18-9003 | 1□M 2½F | 70 | Yrs. | Months Days | Hours Mir | 8/14/ | | Coun | imore, Md |
| natural, or items 23a or 28a-f show | | 'Usual Residence of Decedent | | 7.0 | | | | 10/17/ | 1320 | Darc | Imole, Mc |
| MOU III | | 10a. State 10b. County | | 10c. City, Tow | n or Loc | eation | | | | 11 | 0d. Inside City Limits |
| ner rygiene. od other than "natural", or items 23a or 28a-f show event, the Medical Exactinet mant be notified at | to | Md n/ | a | Ba1 | tin | nore | | | | | 1∰ Yes 2☐ No |
| 7 28s | Director | 10e. Street end Number | | | | 10f. Zip Code | | | 10g. Citizen of | What Coun | itry? |
| 38 0 | 0 | 27 S. Potomac | Street | | | 21224 | | | US | A | |
| 2 2 | Funeral | 11. Marital Status | 12. Was Decedent E | ver In U,S. | 13. W | as Decedant of I | Hispanic Origin? (| Specify Yes or No | o- 14. Ra | ce - Americ | an Indian. |
| - H | Fur | 1 ☐ Naver Married 2 ☐ Marrie | Armed Forces? d 1 ☐ Yes 2 ☑ No | 0 | If | Yes, specify Cub | Hispanic Origin? (pan, Mexican, Pue | rto Rican, atc.) | | ck, White, | |
| | by | 3 XWidowed 4 ☐ Divorced | If Yes, Give | | 1 | ☐ Yes 21 No | Specify: | | Specif | y: Whi | .te |
| 10 | Pe | 15. Decedent's | Education | 16a. | . Decede | ent's Usual Occu | pation | | 16b. Kind of B | usinass/Inc | dustry |
| Dep | Completed | (Specify only highast | grada completed) | | (Give k | ind of work done O NOT use retire | during most of w | orking | | | |
| 2 | E | Elementary/Secondery (0-12) 10th | College (1-4or 5+ | Wa | ait | ress | | | Velle | | |
| I, | e C | 17. Father's Name (First, Middla, L. | est) | | | | 18. Mother's Na | ame (First, Middle | Hausr , Meiden Surnar | ner's | Restaura |
| metic ev | To Be | Frank Holroye | 3 | | | | Agnes | Hess | ler' | | |
| meti | F | 19a. Informant's Name/Relationshi | | 19h | Meiling | Address (Stree | t end Number or F | | | State 7in | Codel |
| tran | | kathy Sotask: | | | | | L Ave. | | | | 237 |
| or other traumatic | | 20a. Method of Disposition | L | 20b. Place of | Dispos | ition (Neme of | | Date | 20c. Location | | |
| 8 | | 1 Burlel 2 ☐ Cremation 3 | | como to | DI GOOM | atani ar athar ala | 1 Cemet. | | | | |
| S. | | 4 Donetion 5 Other (Spe | | Morer | | | | 1 | | | |
| any injury or | | 21. Signature of Funaral Service Li | censea | | 22. | Name and Addre | ess of Facility J | oseph N. | Zannin | o Jr. | Funeral HM |
| | | Marin M. | Zarneno | | 26 | 3 S. Co | nkling S | t. Balti | more, M | d. 21 | 224 |
| | | 23a. Part 1. Enter the disease, or c shock, or haart failure. List or | omplications that ceused to the one cause on each line | he death. Do i | not ente | r tha mode of dyl | ng, such as cardle | ac or respiretory e | errest, | 1 | Approximete Interval Between |
| sician | | | | 1 | , | , 0 | | , | | | Onset and Death |
| dical | | Immediate Cause (Final disaase or condition | me | 1 Act | at | ic for | more | Atic (| ANCEV | | 3 mmkg |
| niner | | resulting in death) | | ue to (or as a | | | | | 100 | | 0 . , . , . , |
| = | le l | | | | | | | | | | |
| s the bunel-transit | Examiner | Sequentially list conditions, | D | ue to (or as a | consequ | ence of): | | | | | |
| uriel- | | if any, leading to immediate ceuse. Enter Underlying | | | | | | | | ł | |
| 5 2 | edical | Cause (Disease or Injury that Initieted events resulting In death) Last | C | ue to (or as a c | consequ | ence of): | | | | | |
| as | Med | resulting in death) Last | | | | | | | | | |
| d for use as th | an/M | | d | | | | | | | | |
| 50 | Physician | Part II. Other significent condition | a contributing to death but | not resulting in | n the und | deriving cause gi | ven in Part I. | 23b. Did | tobacco use co | ntribute to | the cause of death? |
| tech | hy | -12-14-1-12-13-13-1 | | | | | | | Yes 2 No | | pably 4 Unknown |
| be deteched f | by F | | | | | | | | 100 2,2410 | 0 | abiy 4 diminowii |
| should b | | , | | | | | | | an autopsy | | ere autopsy findings |
| sho | Completed | | | | | | | perfe | ormed? | con | allable prior to mpletion of cause death? |
| ga 2 | Ē | | | | | | | | | | |
| director, paga | | | | | | | | 10 | Yes 2 No | 1 | Yes 2 No |
| 3 | Be | 25. Was cese referred to medical examiner? | Hospital: | | | Out | | eath (Check only | one) | | |
| ral director, pa | 2 | 1 Yas 2 No | | 2 □ ER/Ou | | 3LI DUA | | Home 5 ☐ Resi | | ar (Specify | Hospice |
| 9 | Certification: | 27. Manner of Deeth 1 Natural 5 □ Pending | 28e. Dete of Injury (Month, Day) | | rime of njury | 28c. Inju Wo | | 28d. Describe | how Injury occur | red | |
| d in by tha fu | cat | 2 Accident Investigat 3 Sulcide 6 Could no | he / B | | | | Yes 2 □ No | | | | |
| n Dy | E | 4 Homicide determine | 28e. Place of Injury building, etc. | y - At home, fa <i>(Specify)</i> | rm, stree | et, factory, office | | 28f. Location (City or To | Street end Numb wn, Stete) | per or Rurei | Route Number, |
| filled | | | | | | | | | | | |
| staly filled | edical | (Uneck only 2 Medical Ex | Physician: To the best of aminer: On the basis of e | my knowledge | , death o | occurred at the til | me, dete end plec | e, and due to the | ceuse(s) and me | enner es ste | sted. |
| completaly f | 8 | 1 1 | end manner state | d. | | | | | | | |
| 9 | Σ | 29b. Signature and Utle of certified | . 11 | 1.0 | | 29c. Licens | | | 29d. Data signe | d (Month, L | Dey, Year) |
| | | JIMV. | Though | de, | no | Do | U205 | | Decent | in 9 | ,1996 |
|) | | 30. Name and address of person wh | o complated cause of dea | (flory/23a) (| Туре, Р | rint) | N.C. | | 01 | 20 | |
| | | W.A. Ril | ey 1/GB | onc | | 6701 | N.C | horly - | 4. 6. | Sult | o Md |
| Sta | te | 31. Data filed (Month, Day, Yeer) | 32. Registrar | | - | | | | | Z | 1204 |
| legistr | ar | DEC 1 1 1996 | Julia Murdson | n-Aandel | 2 | | | | | | |
| | | | 11 | - | - | | | | | | |

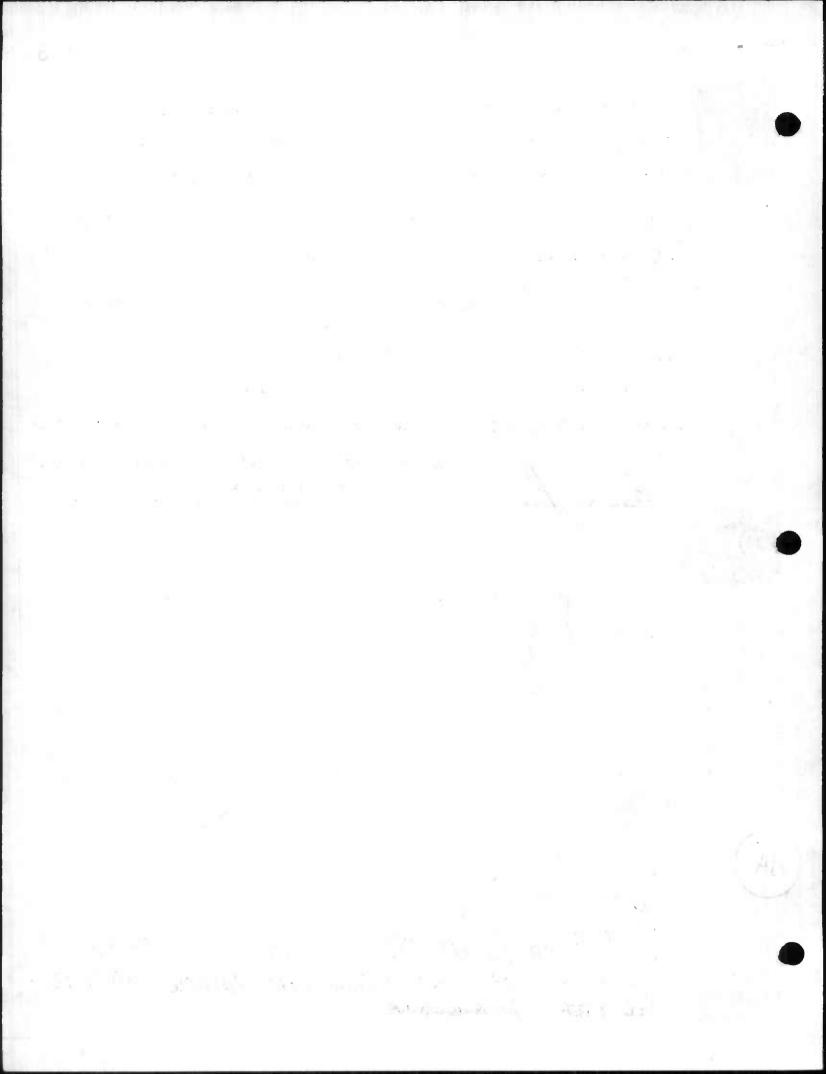
| | | Decedant's Nama (First, Middle, L.) | oet) | | Certificate of | or Death | | Reg. No. | | 0 The -40 0 |
|---|---|--|---|---|---|--|---|---|--|--|
| Physic Med/ | | | JEANETTE | | FINKE | LSTEIN | 2. Data of Da Month DEC. 6 | Day | Yaar | 3. Tima of Death 5:10pm |
| Exami | | 4a. Facility Nama (If not institution, go | iva street and numbe | or) | | | or Location of Deat | h 4c. County | | |
| uneral irector | | 5. Social Sacurity Number 6. | Sax 1□M 2□XF | Aga (In yrs. last bi 48 | | ear If Undar 24 H aya Hours M | in. (Month, Da | th ly, Year) 10,1948 | 9. Birthpli Count GERM | aca (Stata or Foraign iny) IANY |
| Maried at | Director | 10a. Stata 10b. County MARYLAND N/A | | 10c. City, Tov | vn or Location BALTIMORE | | | | 10 | 0d. Insida City Limits 1 XYas 2 No |
| 23a or 2 mt be no | al Dire | 10e. Street and Number 3913 CLARKS | LANE, APT | . 1 | 10f. Zip Coo 21 | 215 | | 10g. Citizan of V | | ry? |
| al', or items 23a or 28a-f show Examiner near be notified at | by Funeral | 11. Marital Status 1 XNavar Married 2 Married 3 Widowad 4 Divorced | 12. Was Decedan Armad Forcas 1 Yas 2 I If Yas, Giva Yaar or Datas | \$? X No | 13. Was Dacedant If Yas, specify (| of Hispanic Origin? Cuban, Maxican, Pu No Specify: | (Specify Yas or No arto Rican, atc.) | | ce - Amarica ck, Whita, a y: Wh | |
| r than "natural", or the Medical Exam | Completed | 15. Dacedant's E (Specify only highest gi Elementery/Secondary (0-12) | Education rede completed) College (1-4o | | Decedent's Usuel Oc (Give kind of work do life. DO NOT use re | one during most of w tired) | vorking | 16b. Kind of B | | |
| d othe | Be | 17. Fathar's Nama (First, Middla, Las | | ENTARIZEDE COL | | | lama (First, Middle | | | ON EITER |
| 7 is marked other t traumatic event, in | To | HENRY 19a. Informant's Name/Ralationship MR. HENRY FINKE | (Type, Print) | | EIN b. Meiling Addrass (Sti | reet and Number or | | | State, Zip | |
| nt: If Item 27 ry or other tr | | 20a. Mathod of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Speci | Ramoval from State | 20b. Place of cemete | of Disposition (Name of ory, crematory or other | f place) | Data 2-8-1996 | 20c. Location - | - City or Tov | |
| Important: If Its any Injury or o | | 21. Signature of Funarel Sarvica Lica | Α | ممم | 22. Nama and Ac | drass of Facility DL LEVINSC sterstown | N & BROS | ., INC. | | |
| siclan edical miner | | | | | | | | | | |
| | ical Examiner | Immediate Causa (Final disease or condition rasulting in death) Sequantially list conditions, if any, leeding to Immediate causa. Entar Undarlying Cause (Disease or Injury that Initiated events | a. M. | Dua to (or as a | Consequence of): | er Col | lon | | | Onsat and Deeth |
| hysician and the buriel-transit | dical | disease or condition rasulting in death) Sequentially list conditions, if any, leeding to mmadiate cause. Enter Underlying Cause (Disease or Injury | b | Dua to (or as a | consequance of): | er Col | 'on | | | |
| ed by the ettending physician and detached for use es the buriel-transit | Physician/Medical | disease or condition rasulting in death) Sequentially list conditions, if any, leeding to Immadiata causa. Entar Undarlying Cause (Disease or Injury that Initiated evants | c | Dua to (or as a Dua to (or as a | consequance of): consequance of): consequance of): | | 23b. Dld | tobacco usa co Yes 2☑-No | ntributa to | the cause of death |
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State Registrar 31. Data filed (Month, Day, Year) DEC 1 1 1996



State of Maryland / Department of Health and Mental Hygiene 96 37086

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| Pert il. Other significant conditions | contributing to death bu | ut not resultin | g in the u | indertying c | ause giv | en in Part I. | 2 | 3b. Did toba | cco use co | ntribute to | the cause of de |
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| | | y rear) | injury | М | | | | | | | |
| 3 ☐ Suicide 6 ☐ Could not determine | d 289. Piece of inju | ury - At home, c. (Specify) | farm, st | reet, fectory | , offica | | 28f. Lo | cation (Stree ty or Town, S | t and Numb tate) | er or Rural | Route Number, |
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| 29b. Signeture and title of certifier | | A | | 290 | . Licens | e number | | 294 | Dete signe | d (Month F | Day Year) |
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| 30. Name and address of person who | 4. ^ | | 00 | 12 00 11 | MAC | · In O A | 0 11 | altin | 2000 | MU | 112/3 |
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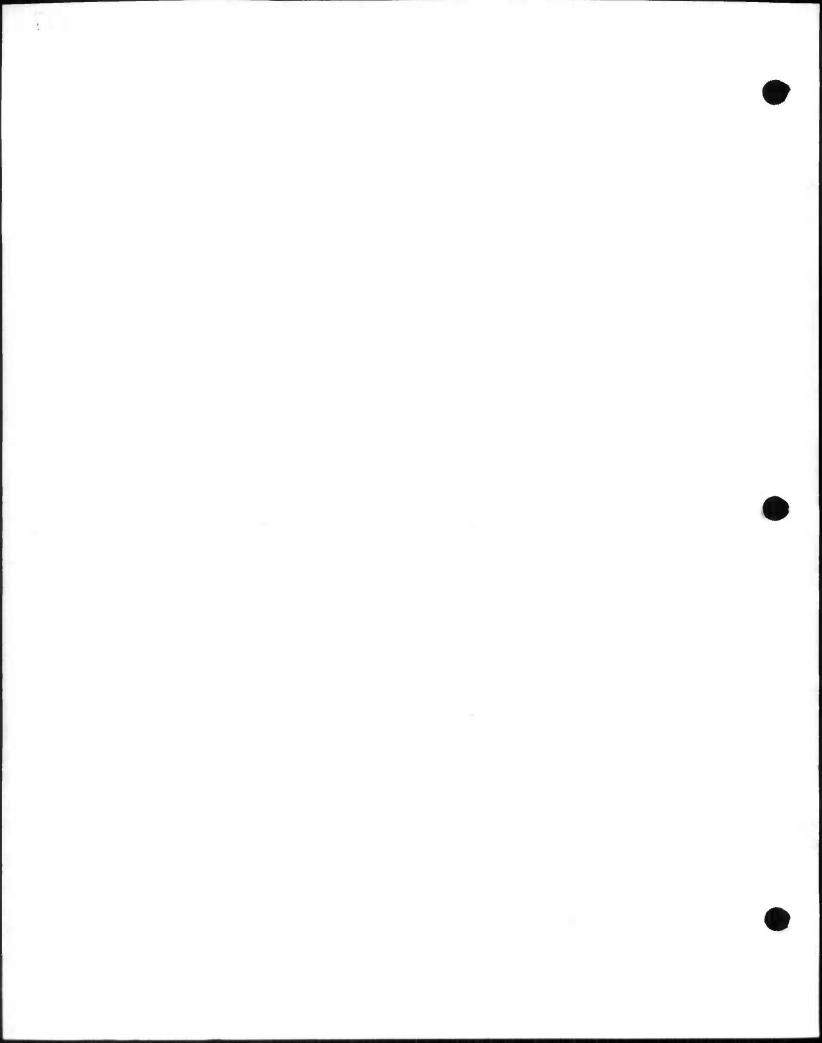


THE PRETTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be "Les mithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or lifem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

| | FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPART | | | ENTAL HYGIEN | E | |
|------------|--|---|--|--------------------------------|--|---|--------------|--|
| - 3 | 1. DECEDENT'S NAME (First, Middle, | Last) | | | | 2. DATE OF DEATH | - | 3. TIME OF OEATH |
| - 8 | GERALD | GRADY | | | | DECEMBER | | 96 6400 M |
| - 9 | 4. SOCIAL SECURITY NUMBER | 5. SEX / 6. AGE | (In yrs. lest birthday) | IF UNDER 1 YEAR | | 7. DATE OF BIRTH | | BIRTHPLACE (State or Foreign |
| | 390-38-6976 | 1 € M 2 □ F | 54 YRS. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) 12/13/194 | 1 L | Wisconsin |
| | 9a. FACILITY NAME (If not institution, | give street and number) | | 96. CITY, TOWN | OR LOCATION OF DEAT | | | Y OF OEATH |
| 8 | Northwest Hospi | tal Center | | Randa | allstown | | Bar | JIMORE |
| DIRECTOR | RESIDENCE OF DECEDEN | T | | | | | UH | -1/11/0RZ |
| 2 | | | | TOWN OR LOC | | | | 10d. INSIDE CITY LIMITS? |
| | Maryland B | altimore | R | andalls | | | | 1 TES ZYCKNO |
| RA | | | | ' | M. ZIP CODE | | | EN OF WHAT COUNTRY? |
| FUNERAL | 14 Papago Court | 12. WAS DECEDENT EVER | ALLIC ADMICO | 40 400 00 | 21133 | | | S.A. |
| | 1 Never Married 2 Married | FORCES? 1 X YES | 2 NO | If yes, s | CENDENT OF HISPANIC pecify Cuban, Mexican, | ORIGIN? (Specify Yea Puarto Rican, etc.) | or No- 1 | 4. RACE — American Indian, Black, White, etc. |
| B | 3 Widowed 4 Divorced | Vietnam | MATES | 1 Q YE | S 2 NO Specify: | | | Specify: White |
| COMPLETED | 15. OECEDENT'S (Specify only highest | EDUCATION | 16a. OECEDENT'S U | SUAL OCCUPAT | ION | 16b. KINO OF BUS | INESS/INDUS | STRY |
| <u> </u> | Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NOT use | ork done during n retired.) | lost of working | | | **** |
| 를 | | 8 Years | Managem | ent Tra | iner | NSA | | |
| 8 | 17. FATHER'S NAME (First, Middle, Les | | | | 18. MOTHER'S NAME | (First, Middle, Maiden | Sumame) | |
| BE | Joseph Albert G | | | | Kathlee | n McMahon | | • |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | and Number or Rural Roo | | | iode) |
| | Mr. Dennis Grad | | | | | ortage, Wi | | |
| | 1 Burial 2 Cremation 3 2 4 Donation 5 Donation | Ramoval from State 201 | o.PLACE AND DATE OF metery, cremetory or oth alnut Hil | er place) | lame of | 1 | | ty or Town, State |
| | 21. SIGNATURE OF FUNERAL SERVICE | | ainut Hii | - | AND ADDRESS OF FACIL | | Barab | 00, WI |
| | - Alm C | | | | ng Byers | | irecto | ors, Inc. |
| \dashv | (10/V Kg) E | | | 8728 | Liberty | Road Rand | lal1st | own. MD 21133 |
| - | 23. PART I Enter the diseases shock, or heart fall | , or complications that cause ure. List only one cause on a | d tha daath. Do no lach line. | t antar tha m | oda of dying, such | ss cardiac or respir | ratory arres | Approximate Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | 10 -10 | - / - | _ ^ | C-1 | | 0. | Organ and Dooth |
| | resulting in death) | a. ARTERI | OSCLE | POTICI | ARdioVE | 15CULAR | 2)150 | BE YEARS |
| . | | - DOE 10 (OH AS 1 | CONSCOUENCE OF | : | | | | |
| HIFICATION | Sequentially list conditions, if any, leading to immediate | b. OUE TO (OR AS / | A CONSEQUENCE OF) | | | | | |
| ₹ | cause. Enter UNDERLYING CAUSE (Disease or Injury | C. | | | | | | |
| | that initiated events | OUE TO (OR AS A | CONSEQUENCE OF | | | | | |
| 11 | resulting in death) LAST | d | | | | | | |
| 2 | PART ii. Other significant cond | litiona contributing to death t | out not resulting in | tha undariyir | ng cause given in Pa | ert i. 24s. WAS AN | AUTOPSY | 24b. WERE AUTOPSY FINDINGS |
| 3 | | | | | | PERFORI | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| MEDIC | | | | | | 1 TYES 2 | NO | OF DEATH? |
| | | | | | | - | | 1 TES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDIC | | | 26. F | LACE OF DEATH (Check | only one) | | |
| <u> </u> | EXAMINER? | HOSPITAL: 1 Inputiont 2 ER/Out | | OTHER: | ne 5 - Residence 6 | Other (Specify) | Rohu | COC = H = 02-01 |
| | 27. MANNER OF OEATH | 28s. DATE OF INJURY (Month, Day, Year) | 28b. TIME | OF 28c, IN | | 6d. OESCRIBE HOW IN | | |
| 2 | 1 Natural 5 Pending 2 Accident Investiga | | | | YES 2 NO | | | |
| _ | 3 Suicide 8 Could no | | — At home, ferm, str | eet, factory, offi | ca 2 | 61. LOCATION (Street at City or Town, State) | nd Number or | Rurel Route Number, |
| COMPLEIED | 4 Homicide determin | ed . | | | | | | |
| | | PHYSICIAN: To the best of my know | | | | | | |
| ξ | 2 MEGICAL EXA | MINER: On the beals of examination | n and/or investigation | in my opinion, | death occured at the tin | ne, data and place, and | due to the | cause(a) and manner se stated, |
| | 396 MICHATURE SHOUTURE OF CER | TIFIER | | | 29c. LICENSE NUMBI | ER | 29d. DATE S | SIGNED (Month, Day, Year) |
| 2 | 0 1/1/1/4 | ALASON & | m, | | 21117 | / | Dec | anbar 7.1996 |
| - | 30. NAME AND ADDITIESS OF PERSON | WHO COMPLETED CAUSE OF DE | ATH (ITEM 27) (Type, F | Print) | 1 | , , | | 1 |
| | E.P. W.L | LIAMSONE | 405 | Rod | erick A | Va CA | TONS | SUILLE |
| | 31. DATE FILEO (Month, Day, Year) | 32. REGISTRAR'S SIGN | | | | | 212 | 28 mg. |
| | DEC 11 1996 | Julia Davidson | A-Mandalla | | | | | |
| | | - | • | | | | | OHMH-18 Rev 1/89 |



37088 State of Maryland / Department of Health and Mental Hygiene Certificate of Death Film G742 item 5 per FH 12-17-96 rja 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Easth **Physician** Dec. 9, 12:16 p.m. Lloyd Weston Gilbert, Sr. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Northwest Hospital Center Randallstown Baltimore If Under 1 Year If Under 24 Hrs. Birthplace (Stata or Foreign Country) 8. Date of Birth (Month, Day, Year) May 30, 1918 7. Aga (In yrs. last birthday) **Funeral** Days 1∭M 2□ F 78 Yrs. Director Maryland Usuai Residenca of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits show "natural", or items 23a or 28a-f show Md. Baltimore Reisterstown 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 214 Delight Rd. 21136 U.S.A. Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☑ Ves 2 ☑ No If Yes, Give Year or Dates: WW II Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after one of Health and Merial Hygiene.
Inter if item 27 is marked other than "natural", or item
Into or other traumatic event, the Medical Examinar
Inty or other traumatic event, the Medical Examina 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White Completed by 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Lumber Co. Foreman Baltimore, Maryland 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Lloyd Beverly Gilbert Ethel Frey 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lloyd W. Gilbert Jr. 214 Delight Rd., Reisterstown, Md. 21136 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State permit. Page Department of Important: If any injury or once. Saters Baptist Ch. Cem. Dec. 12, 1996 Lutherville, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Fung 22. Name and Addrass of Facility Eckhardt Funeral Chapel 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrestwings. Mills oproximete shock, or hear failure. List only one cause on each line. Intervel Between Onset and Death **Physician** /Medical Immediate Causa (Final CArcha disaasa or condition resulting in deeth) Examiner Examiner oc A l physician and s the burial-trensit iding Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): USB cate hes been signed by the a , page 2 should be detached ! Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy parformed? 1□ Yes 2⊟No 1 ☐ Yas 2 ☐ No certificate Be 25. Was case referred to medical 26. Place of Death (Check only one) axaminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 2€ No this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined Ę 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) filled in by 4 ☐ Homicide To the Hospital or within 24 hours are To the Funeral Director Completely filled in b 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated.

2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner stated. 29a. Certifier Medicai 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name er ddress of person who completed cause of death (Item 23a) (Type, Print) 150 MAIN

State Registrar 12. Registrer's Signature

The specific of the property of the contract o resigner If GT up 1 1 -)-- 20 to the winder of year 경영하다 나 있었다면 가장하는 그러 보는 것이 모든 그리고 있었다. 그렇게 되었다. atom controller harden and the second control them from it would be to be

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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** 1996 DECEMBER 09 KENNETH MICHAEL GOSNELL 5:30 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 1732 WEBSTER STREET BALTIMORE 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 1₩ 2□ F Yrs 220-52-6091 OCT. 14 1949 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Md. 1 Yes 2 No n/a Baltimore 10e. Streef and Number 10f. Zip Code 10g. Citizen of Whet Country? 1732 Webster Street 21230 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 禁□ No If Yes, Give Yeer or Dales: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Meritel Stetus 1 Never Married 2 Married 1 ☐ Yes X☐ No Specify: white by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) High's Dairy Truck Driver 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumerne) Be William P. Gosnell Alice R. Adams 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sharon A. Gosnell/wife 1732 Webster Street Baltimore, Md. 21230 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, Stele 1 Buriel 2 Cremetion 3 Removel from State DEC. 13 1996 Catonsville, Md. 4 Donetion 5 Other (Specify) Metro Crematory Inc. 21. Signature of Funeral Service License 22. Name end Address of Fecility McCully Funeral Home of South Balto. 130 E. Fort Ave. Baltimore, Md. clions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, cause on each line. Approximate intervel Between Onset end Deeth mall Cell Cuny Cancer Immediate Cause (Final diseese or condition resulting In deeth) Due to (or es e consequenca of): Physiclan/Medical Examiner Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Due to (or es e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings eveilable prior to completion of cause of deeth? ioscleratic Cardiovas cular 24e. Wes en autopsy performed? 1 Yes 2 No Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Menner of Deeth 28a. Date of fnjury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Naturel 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 12 Sertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. Medical 29a, Certifie 290. Signatury hitle of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 26203

The law requires that the death certificate be executed P.O. Box 68760. Records, Division of Vital Prospital or Attending Physician:
 24 hours after deeth.
 Puneral Director: After this certifical etely filled in by the funeral director;

Funeral

Director

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natural', or

nd Mental Hygiene. marked other than

permit. Pages 1 end 2 s Department of Heelth er Important: if itam 27 is any injury or other trau

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Pages 1 end 2 should be 1 nent of Heelth end Mental I

filed within 72 hours efter

Bakimore, Maryland 21215-0020

the Medical Examiner must be notified at

State Registrar

31. Deteriled (Month, Day, Yeer) DEC 1 1 1996

1319 Light St. Bultimore 21230 lecillo 32 Registrer's Signature

d indress of person who completed cause of deeth (Item 23e) (Type, Print)

Val

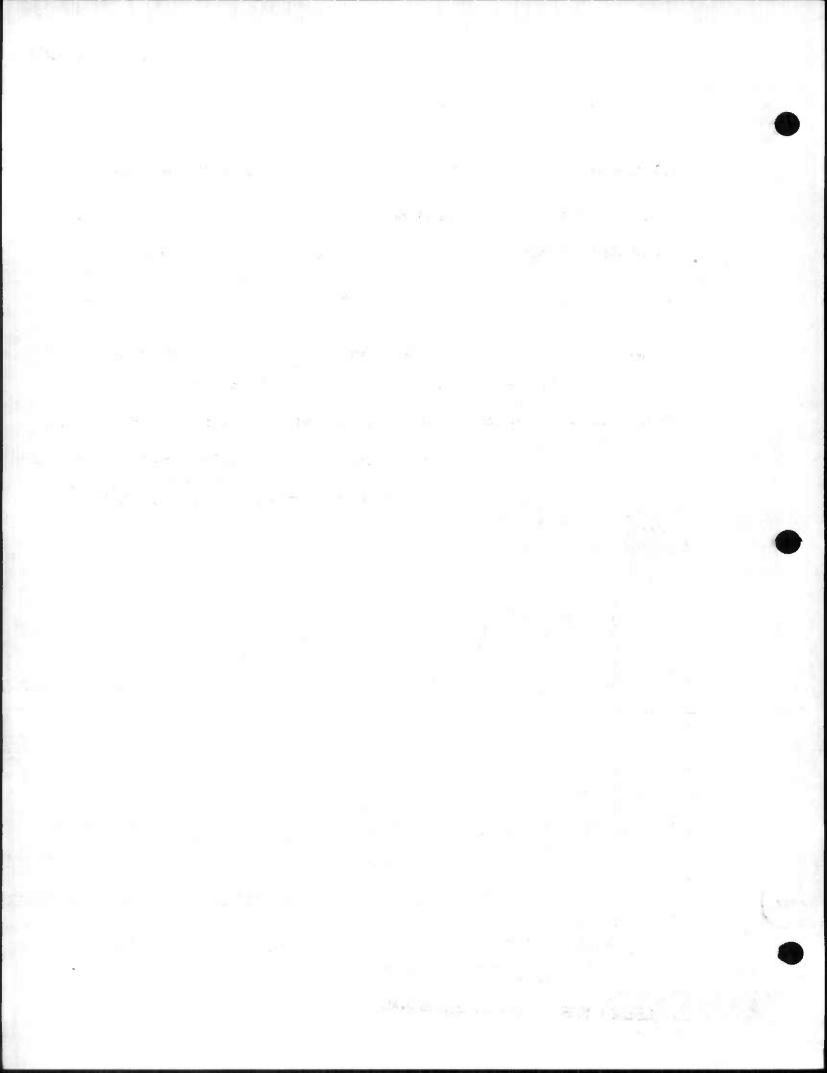
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State of Maryland / Department of Health and Mental Hygiene 96 37090

| | | | | | Cer | τιτιcat | e of | Death | | R | eg. No. | | | |
|---|-------------------------------|--|--|--|--|---------------------------------------|--------------------------|---|---|--|--|---|----------------------------------|--|
| Physician /Medical Examiner | | 1. Decedent's Name (First, Middle, and Cara | Crob | recht | 1 | 1.7 | | | | 2. Date of Deat Month / 2 | | Year 96 | 3. Time of Death | |
| | | 4. E. W. Maria Maria Maria Charles Cha | | | | | | 4b. City, Town, or Location of Dea Balfinere | | | | | | |
| Funeral Director | | 213 24 8251 | Sex 7. Age (In yrs. les 69 | | | | | | 24 Hrs. Min. | 8. Date of Birth (Month, Day, Dec. 17 | Year) | 9. Birthplece (State of Country) New York | | |
| permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Department of Health and Mental Hygiena. Instructant: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Madical Examinet must be notified at once. | Completed by Funeral Director | | | | City, Town or Location Baltimore | | | | | | 10d. Inside City Lim 1 ⊠Yes 2 □ f | | | |
| | | 10e. Street and Number 5 West Heath Street | | | 10f. Zip Code 2123 | | | | | | 10g. Citizen of Whet Country? U•S• | | | |
| | | 11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | Armed Force: Never Married 2 Married 1 Yes 2 2 1 Yes Give | | No If Yes | | | Decedent of Hispanic Origin? (Specify Yes or s, specify Cuban, Mexicen, Puerto Rican, etc.) es 2 XNo Specify: | | | 14. Race - American Indian, Black, White, etc. Specify: White | | | |
| | | 15. Decedent's Education (Specify only highest grade completed) Etementery/Secondery (0-12) College (1- | | | 16a. Decedent's Usua (Give kind of wor life. DO NOT us | | | Occupation done during most of working retired) | | | 16b. Kind of Business/Industry | | | |
| | Be | 6th 17. Fether's Name (First, Middle, La | st) | Home M | | | cer | 18. Mother's Name (First, Mid | | | | | | |
| | 2 | John Van Wickler | | | | | | | Helen Watts | | | | | |
| | | 19a. Informant's Name/Relationship Florence Benson | | | | | h S | | er or Rura | | | | code) and 21225 | |
| | | 20a. Method of Disposition 1 X Buriai 2 Cremation 3 4 Donation 5 Other (Spec | came | Placa of Disposition (Name of cametery, crematory or other place) d. State Veteran Cem. | | | | | | Date 20c. Location - City or Town, State //11/96 Crownsville, Marylar | | | | |
| has been signed | clan/Medical Examiner | 23a. Part1. Enter the disease, shock, or heart failure. Immediate Ceuse (Finat disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest | a. Car b. Cor | | ac consequence consequence | d R uence of): a. Le uence of): | | | | ane | | | Interval Between Onset and Deeth | |
| | Physician | Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. | | | | | | | 23b. Did tobacco use contribute to the cause of death | | | | | |
| | leted by | | | | | | | 24a. Was ai | | COL | ore autopsy findings Illable prior to inpletion of cause death? | | | |
| has been ge 2 shoul | d L | | | | 25. Was case referred to medical | | | | | | | | Yes 2□ No | |
| ate has been page 2 shoul | e Completed | 25. Was case referred to medical | | | | | | 00 DI | -10 -11 | 1 □ Ye | | | | |
| certificate has been rector, page 2 shoul | o Be | 25. Wes case referred to medicat examiner? 1 □ Yes 2 ☑ No | Hospital: | ent 2□ER/C | Outnations | 3□ 00 | Δ Oti | 205. | | (Check only on | θ) | or (Specifi | 1 | |
| this certificate has been ral director, page 2 shoul | To Be | examiner/? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending 2 Accident investigation | 28a. Dete of triju (Month, Da | ry 28b. | Outpatient Time of Injury | | 8c. Inju Wo | ner: 4□ Nu | rsing Hon | (Check only one 5 ☐ Reside 28d. Describe ho | e) nce 8 DOthe | ed | | |
| this certificate has been ral director, page 2 shoul | Certification: To Be | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturai 5 Pending Investigative 1 Could not determine | 28a. Dete of Injunction 28a. Place of Injunction 28e. Place of Injunction | ury - At home, to. (Specify) | Time of Injury | M et, factory | 8c. Inju Wo 1 □ | ner: 4□ Num ry et rk? Yes 2□1 | rsing Hon 2 No | (Check only one 1 (Check one 1 (Che | e) nce 8 Other ow injury occurr reet and Number, State) | ed er or Rure | Poute Number, | |
| this certificate has been ral director, page 2 shoul | Certification: To Be | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturai 5 Pending Investigative 2 Accident Investigative 4 Homloide 6 Could not determined | 28a. Dete of triju (Month, Da | ury - At home, to (Specify) of my knowledge examination a | Time of Injury | M 2 et, factory | Bc. Inju Wo 1 | ner: 4 Num ny et rk? Yes 2 1 | rsing Hon | Check only one 1 Check only one 2 Reside 28d. Describe ho 28f. Location (Str. City or Town | nce 8 Other winjury occurred and Number, State) | er or Rure | Route Number, | |
| Director: After this certificate has been if in by the funeral director, page 2 should in by the funeral director. | To Be | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending investigate 2 Accident 6 Could not determined 29a. Certifier (Check only one) 29b. Signature and title of certifier | 28a. Dete of Inju (Month, Da) 28e. Place of Inju building, et 28e. Place of Inju building, et hysician: To the best of miner: On the basis of and menner sta | ury - At home, to (Specify) of my knowledge examination a | Time of Injury | M 2 et, factory occurred eastigation, | 8c. Inju Wo 1 7, office | ner: 4 Num ny et rk? Yes 2 1 | rsing Hon | Check only one 10 Check only one 11 Check only one 12 Check only one 12 Check only one 13 Check only one 14 Check only one 15 Check only one 16 Check only one 17 Check only one 18 Check only on | nce 8 Other winjury occurred and Number, State) | er or Rure nner as st and due to | Route Number, ated. the ceuse(s) | |
| this certificate has been ral director, page 2 shoul | edical Certification: To Be | examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturai 5 Pending investigative structure of the control of the c | 28a. Dete of Inju (Month, Da) 28e. Place of Inju building, et 28e. Place of Inju building, et hysician: To the best of miner: On the basis of and menner sta | ury - At home, to (Specify) of my knowledge examination a | Time of Injury | M 2 et, factory occurred eastigation, | 8c. Inju Wo 1 | ner: 4 Num ry et rk? Yes 2 1 me, date and opinion, deat | No 2 No placa, a h occurre | Check only one 10 Check only one 11 Check only one 12 Check only one 12 Check only one 13 Check only one 14 Check only one 15 Check only one 16 Check only one 17 Check only one 18 Check only on | e) nce 8 Other w injury occurr reet and Number , State) use(s) end mei | er or Rure nner as st and due to | Route Number, ated. the ceuse(s) | |

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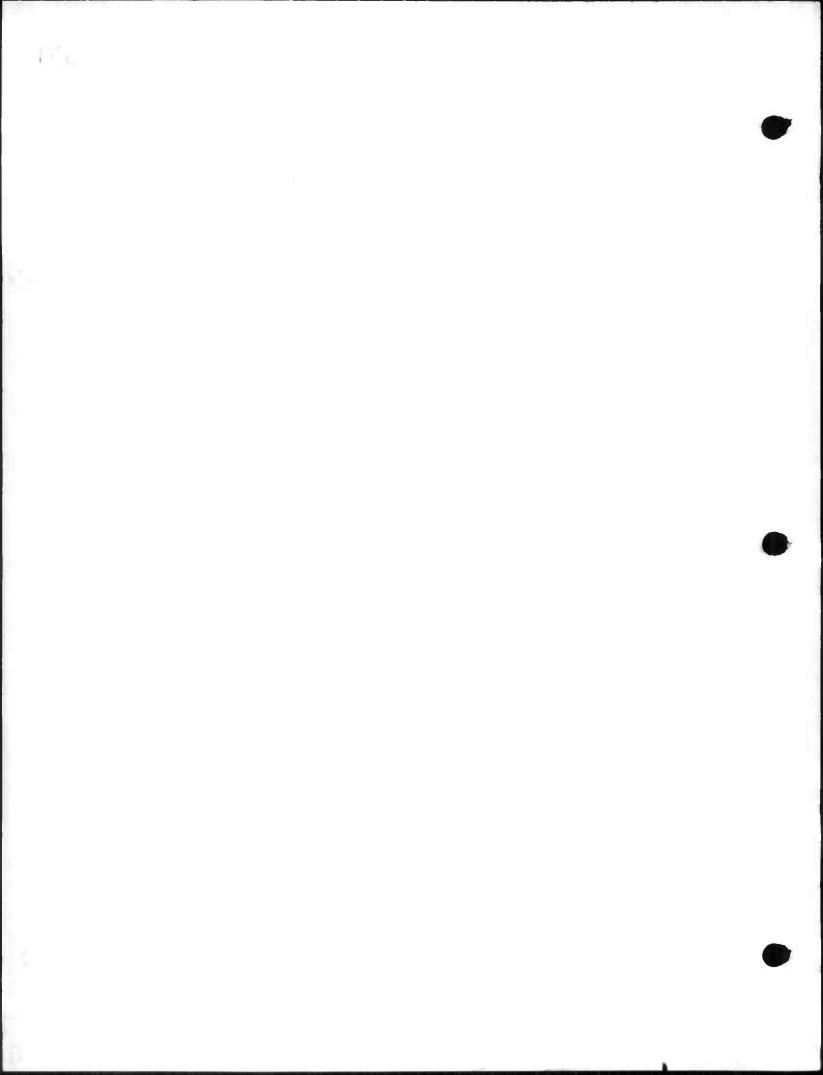


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| AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or | |
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| | 1. DECEDENT'S NAME (First ERNESTIN | | RDNER | | | | | | | | 2. DATE MONTE | OF DEATH |) 10 | YEAR 996 | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 213-16-5 | | 5. SEX | | (In yrs. lest b | | F UNDER 1 | YEAR DAYS | IF UNDER 2 | MIN. | 7. DATE (Monti | OF BIRTH 1, Day, Year) -30-1 | | 8. BIRTHP Country) | LACE (State or Foreign |
| | 9a. FACILITY NAME (If not in | nstitution, give s | street and number) | | | .90 | b. CITY, 1 | OWN (| OR LOCATIO | N OF DEA | | -30-1 | | NTY OF OE | |
| СТОВ | BROADMEAT | | | | | | С | OC: | KEYS | VILI | LE | | В | ALTI | MORE |
| DIREC | 10a. STATE | 10b. COUNT | | D.D. | | 10c. CITY, T | | | | | | | | 7 | IOd. INSIDE CITY |
| | MD . 10e. STREET AND NUMBER | L | BALTIMO | RE | | | C | - | KEYS | | Æ | | | | YES XX NO |
| ERAL | | | ROAD | | | | | 10 | 7. ZIP CODE | 030 | | | | U.S. | A COUNTRY? |
| FUNE | 11. MARITAL STATUS | | 12. WAS DECEOE! | T EVER IN | N U.S. ARME | ED | | | CENOENT OF | NISPANI | | 17 (Specify Ver | | 14. RACE | - American Indian, |
| D BY F | 1 Never Married 2 XX Widowed 4 Divo | | FORCES? | | | | | | pecify Cuben, 2 X XIO | , Mexican, Specify: | | Rican, etc.) | | Specify | White, etc. : !ITE |
| ETEC | (Specify onl | EDENT'S EDU y highest grade | completed) | | (Give | EDENT'S US kind of work | k done du | | ON ost of working | , | 16b | KIND OF BU | SINESS/INC | DUSTRY | |
| COMPLE | Elementary/Secondary (I | 4 | College (1-4 or 5 4 YEARS | +) | | HOUS | - | FE | | | | OW | N H | OME | |
| BE CO | 17. FATHER'S NAME (First, MALFRED | TENN | YSON H | OEN | | | | | 122 | ELEN | | Middle, Meiden | Sumame) | | |
| 5 | 19a. INFORMANT'S NAME (I | | N (DAUG | нтен | | | | | | | | LAND, | | | , 21053 |
| | 20a. METHOD OF DISPOSIT 1 Burlal 2 Crematic | on 3 🗆 Rem | oval from State | com | antony constant | O OATE OF O | - nlanal | | | | DAT | | | City or Tow | |
| | 4 Donation 5 Other 21. SIGNATURE OF FUNERA | | CENSEE | _ [0 | SREE | N MO | | | REMAT | | | 2-11- | 96,B | ALTO | .,MD.2120 |
| | ► R. 7. 1 | Ruts | | | | | 49 | H1 05 | ENRY YORK | W. | JEN DAD | KINS BALT | AND IMOR | SON E, M | S COMPANY D.,21212 |
| 1 | 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir | eart fellure. | complications the List only one ce | nt ceused use on e | d the deat ach line. | th. Do not | enter ti | he mo | ode of dyin | ng, such | as card | flac or resp | iratory an | rest, | Approximate interval Between Onset and Death |
| | disease or condition resulting in death) | | a. PNOWM | ⊘NII | CONSEQU | ENCE OF: | | | - | | | | | | 20443 |
| RTIFICATION | Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS | diate ING Iry | b. CERCISA OUE TO | (OR AS A | | ENCE OF): | A Co | 410 | ENT | | | | | | 2 wiks |
| CER | | _ | d | | | | | | | | | | | | |
| EDICAL | PART II. Other algnifice | | s contributing to | death b | out not res | iulting in 1 | the und | eriyin | g cause gl | iven in P | Part I. | 24a. WAS AN PERFOR | MED? | 1 | WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE |
| Σ | | | Cay D13 | chsc | | | | | | | _ | 1 YE\$ 2 | []PMO | | OF DEATH? |
| SICIAN: | 25. WAS CASE REFERRED T | O MEDICAL | HOSPITAL: | | | | | 26. PI | LACE OF OE | ATH (Chec | ok anly an | e) | | | |
| YSI | 1 TYES 2 NO | | 1 Inpatient 2 | | oationt 3 | | Nursir | ng Norr | ne 5 🗆 Res | idence 6 | □ Othe | r (Specify) | | | |
| / PHY | | Pending | 28a. DATE Of (Month, I | | 1 | 28b. TIME O | | WC | JURY AT DRK? YES 2 | | 28d. DES | CRIBE HOW I | NJURY OC | CUREO | |
| FED BY | 3 Suicide 6 | Investigation Could not be determined | 28e. PLACE (building | OF INJURY etc. (Spec | — At home | e, farm, stre | et, factor | | | \rightarrow | 281. LOC City | ATION (Street or Town, State) | and Number | or Rural Ro | ute Number, |
| COMPLET | | | ICIAN: To the best of | | | | | | | | | | | | and manner ee stated. |
| S | 29b, SIGNATURE AND TITLE | | | | | | | | 29c. LICEN | | | | | | Month, Day, Year) |
| 10 B | 30. NAME AND ADDRESS OF | F PERSON WH | O COMPLETED CAN | M C | ATN (ITEM * | 27) (Type Pri | int) | | D3 | 20 | 11 | _ | 49.44 | | 0-86 |
| | ROBELT 31. DATE FILEO (Month, Day, | H WI | - U | 63 | Mo | | 301 | Y | ORK F | RD., | coc | KEYS | VILL | E, M | D.,21030 |
| | DEC 1 1 199 | and the same of th | Julia David | | Panda DA |)_ | | | | | | | | | |
| _ | | 4 | 1000 | y | - INCOM | | | | | | | | | | ONMN-16 Rev 1/89 |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6

| | | | | | | | Ce | ertificate o | f Death | | Re | g. No. | | 10. | - |
|------------|---|------------------|---|--|--|-----------------------|-------------------------------|--|---------------------------------|--|----------------------------------|-----------------------------------|--------------------------|---|----------------|
| | Physic | | 1. Decedent's Name (I | First, Middle, Las | | | | | | Mo | e of Deat | h Day | Year 996 | 3. Time 6 | of Death PM |
| | /Medi Examii | | 4a. Facility Nama (If no | | street and nun | nber) | | | | own, or Location of | | 4c. County | | 0 (0 | |
| | Funeral Director | | 5. Social Security Num 218-28-595 | 9 1 | x M 2□F | 7. Age (In yrs. 82 | last birthday Yrs. | Months Day | | 24 Hrs. 8. Date Min. (Mo SEE | e of Birth nth, Dey, PT.1, | Year) | 9. Birthpli Count | ace (Steta ry) LAND | or Foreign |
| | dand ow | | Usual Residence of De 10a. State 10 | Ob. County | | 10c. Ci | ty, Town or L | .ocation | | | | | 10 | d. Inside (| Olty Limita |
| | Man | tor | MD | N/A | | | BALTI | MORE | | | | | | 1 X Yac | a 2 No |
| | th with the 23a or 28 | Funeral Director | 10e. Street and Number | MLICO R | OAD | | | 10f. Zip Code | 1209 | | 10 | Og. Citizen of W | | ry? | |
| 020 | s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Medical Exponence must be notified at | by | 11. Marital Status 1 Never Married 3 Widowed 4 | | 12. Was Dece Armed For 1 Yes If Yes, Giv Yaar or Da | rcas? 2.⊠ Mo e | I,S. 13. | Was Decedent of if Yes, apecify Cu | | | s or No- | | - America k, White, a | | |
| 21215-0020 | should be filed within 72 ho nd Mental Hygiene. marked other than "natur imatic event, tra Medical | Completed | (Specify (Elementery/Seconds | Decedent's Ed only highest grad ary (0-12) | ucation de completed) College (1 | -4or 5+) | (Giv. | edent's Usual Occ e kind of work don DO NOT use reti | upation e during mos red) | st of working | | B & C | | | |
| | i Hygid other | BeC | 17. Fathar's Nama (Fire | st, Middle, Last) | | | | | 18. Moth | er's Name (First, | Middle, A | | | BICOAD | |
| Maryland | should be ind Mental marked o | ToB | JONAS | | GUTMAN | N | | | SC | YNA | | | NIS | SENBA | UM |
| Van | 2 sho and le m | ľ | 19a. Informant'a Name | | | | | ling Address (Stre | | | | City or Town, | Steta, Zip | Code) | |
| | Health em 27 | | ESTHER G | | (WIFE) | 20h | | 4 PIMLIC | O RD; | BALTIMOR | | D 21209 | | Charles | |
| Baltimore, | 00-7 | | t⊠Burial 2 □ C 4 □ Donation 5 [| | Removal from S | State | cematery, cre | emetory or other p | lece) | 45000 | | 20c. Location - | | | |
| Ė | permit. Pag Department Important: I any Injury o | | 21. Signature of Funer | | | BI | TH TF | 22. Nama and Add | ress of Facili | 12-8-96 | | BALTIMO | DRE, | MD | |
| ä | permit. Departu Importu any inju | | 1 Sie | the W | 1 (17 | 40, | | SOL LEV | INSON | & BROS., | | | | | |
| | _ | | 23a. Part1. Enter tha c shock, or heart ta | diseasa, or comp | lications that co | auaed tha dear | th. Do not er | 3900 REI | STERSTY ying, such as | OWN RD; cardlac or respir | PIKE atory arm | SVILLE, | MD | 21208 Approxima Interval Be | ite |
| | Physician | | snock, or neer is | lliure. List only o | ine cause on ea | ach iine. | | | | | | | 1 | Onset and | Death |
| И | /Medicai Examiner | | immediata Cause (Findisease or condition | ai | a Pres | Junon | 6; | | | | | | 4 | (84. | Zuna |
| п | LAdillilei | | resulting in death) | | | Due to (| or as a conse | equence of): | | | | | | | |
| Т | pet nsit | nine | | | b. Sef | 2329 | - | 9 | | | | | | SWI | - 2 |
| , | ifficate be axecuted g physician and as the burial-transit | Medical Examiner | Sequentially list condit if any, laading to imme cause. Enter Underlyin Cause (Disease or Inju | ions, diata | <i>(</i> 1) | Due to (| or as a conse | quence of): | 0 | | | | | EAR | C |
| 68760, | s be sicial | cai | that initiated avants | | c. Chic | Dua to (c | Veloz or as a conse | 1 | und | | | | | 16 pe | - > . |
| | ng phy as th | Ved | reaulting in death) Last | | | 004 10 (0 | . 45 4 001150 | quarios orj. | | | | | i | | |
| Box | th cer tendir or use | Physician/ | | | d | | | | | | | | | | |
| | a dea the at hed fo | /sici | Part II. Other significan | nt conditions co | ntributing to de | ath but not res | ulting In the | underlying cause | given in Part | 1. 23 | b. Did to | bacco uss con | tributs to | the causs | of death? |
| Is, P.O. | v requires that tha death ce been signed by the attendir should be detached for use | by | Covousve | scho | y dis | sezse, | den | entiz | - | | 1 🗆 Y | 98 2□ No | 3 Prob | ably 4 | Unknown |
| Records, | S S CA | Completed | glzucov |) C | ostvid | sich | diffe | cile c | oliti | <u>S</u> | a. Was a perform | n autopay ned? | con | ra autopsy ilable prior npletion of leath? | to |
| E | Attanding Physicien: The lav sr death. ector: After this certificate has by the funeral director, page 2 | Con | hyperter! | s pass | 405514 | ribuill | 2 tion | , hypot | المحادة | 3624 | 1□ Ye | s 20 No | 1□ | Yas 2 | No |
| of Vital | Physicien: this certificated in director, | Be | 25. Was case referred axaminer? | _ | Hospital: 🛶. | | | | 26. Place | e of Death (Chec | k <i>only</i> on | θ) | | | |
| of | this raid | : To | 1 Yes 208 No | | 28a. Date o | | ER/Outpatie | INT 3LI DOA | 4 LI N | ursing Home 5[28d. De | | nce 6 Other | |) | |
| ion | Attanding or death. actor: After by the fune | ation | 1 Natural 5 | Pending Investigation | (Mont) | n, Dey Year) | Injury | W | ork? ⊒Yes 2.□ | | | | | | |
| Division | 교육등 | Certification: | 3 Suicide 6 | Could not be determined | 28e. Place buildin | of Injury - At h | ome, farm, s y) | traet, factory, offic | 0 | | ation (Start or Town | reet and Number, Stete) | er or Rural | Route Nur | mber, |
| | To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completaly filled in by the funer | edical (| 29a. Certifier (Check only one) | Cartifying Phy Medical Exam | sician: To the liner: On the ba | sis of examina | wledge, dea tion and/or is | th occurred at the nvestigetion, in my | time, dete an opinion, dea | nd place, and due ath occurred et the | to the ca e time, da | use(s) and ma ate and piece, s | nner as ato | ated. the cause(| (s) |
| | To the company | × | 29b. Signature and title | of certifier | 110 | | | 29c. Lice | nse number | 213 | 25 | 9d. Date aigned | (Month, L | Day, Year) | |
| | 2) | | MUN | Usin | CW) | | | AS 7 | 24023 | 21-JW-9 | 55 J | DECG, | 1991 | 0 | |
| 1 | 1/2 | | 30. Name and addrass | of person who c | | | n 23a) (Type | , Print) | D | e(timo | | 110 3 | | - | |
| | P | | 31. Date filed (Month, L | Dev. Yearl | | 240 (| W. B | elveden | S P | 51400 | رو ا | WD S | 1 4 | 2 | |
| | Sta | ite | DEO 4 : 44 | 200 | 10 00 | gistrar's Signa | md . 00 | | | | | | | | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 37093 Film G742 item 20b 12-11-96 rja Certificate of Death 1. Decadant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar Loretta V. Greene Dec 01 1996 2355 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMOLE HIME 8. Data of Birth (Wonth, Day, Year) J. Aga (In yrs. last birthday).
Yrs. 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 9. Birthplaca (Stata or Foraign **Funeral** Days Usual Rasidance of Decedant 1 M 2 F Director 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at AltiMORE 1 Tes 2 No Director lapyono 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Race - Amaricen Indian, Black, Whita, atc. 11. Marital Status 1 Navar Married 2 Married 1□ Yas 2⊡ No Specify: by 3 Widowad 4 Divorced Completed 15. Dacedant's Education 16a. Decedant's Usual Occupation
(Giva kind of work dona during most of working
life. DO NOT usa ratired) (Specify only highast grada complated) Elementery/Secondery (0-12) Coilega (1-4or 5+) 17. Father's Nama (First, Middla, Last) MERAL Be permit. Pages 1 and 2 should be Department of Haaith and Mantal Important: If Item 27 is marked or any Injury or other traumatic eve 2 OVEENE 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) (8 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place, 20c. Location - City or Town, Stata 1 Burlal 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Licensea OHATAAX Enter the disaasa, or complications that causad the daath. Do not entar tha moda of dying, such as cardled or raspiratory errest, or hearn failura. List only ona ceusa on aach line. Onsat and Death Congestue heart failure
Dua to (or as a consequence of): Immediata Causa (Final ears disaasa or condition resulting in daath) Examiner Sequentially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Probably 4 Unknown þ 24b. Wera autopsy findings available prior to complation of causa of death? Completed Be Medicai Certification: To Specify)

Physician /Medical Examiner

28a-f show

filed within 72 hours after death with

al Hygiena.

Pages 1 and 2 should nant of Haalth and Man

21215-0020

Maryland

Baltimore,

The law requires that the death certificate be axecuted signed by the a Aftar this cartificata has within 24 hours after death.

To the Funeral Director: Af
complately filled in by the fu

Division of Vital Records, P.O. Box 68760.

the Hospital or Attending Physician:

| Dembitu | s ulan, a | nemia s | e13me | 1 □ Yee 2 □ No 3 |
|--|--|--------------------|-----------------------|-----------------------------------|
| Disorder | , Als beine | ns Diseas | e 5/8 | 24e. Was an autopsy performed? |
| GI be | sed | | / | 1□ Yas 2 No |
| 25. Was case rafarrad to medical axaminar? | | | 26. Placa of De | ath (Check only ona) |
| 1 Yas 20 No | Hospital: 1 mpatiant 2 | ER/Outpatiant 3 DO | A Othar: X4 Nursing I | Homa 5 ☐ Rasidance 8 ☐ Othar (|
| 77. Mannar of Death Watural 5 ☐ Panding | 28a. Deta of Injury (Month, Day Year) | 28b. Tima of 2 | Bc. Injury at Work? | 28d. Dascribe how Injury occurred |

2 Accidant 6 Could not be 3 Suicida 4 Homleide

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata)

29b. Signetura and titla of certifiar

1 Certifying Physicien: To the best of my knowledge, death occurred at tha time, deta and place, and dua to the causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and mannar stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

30. Nama and address of parson who complated causa of death (Itam 23a) (Type, Pnnt) 9101 Cherry LN # 211 LAUREL

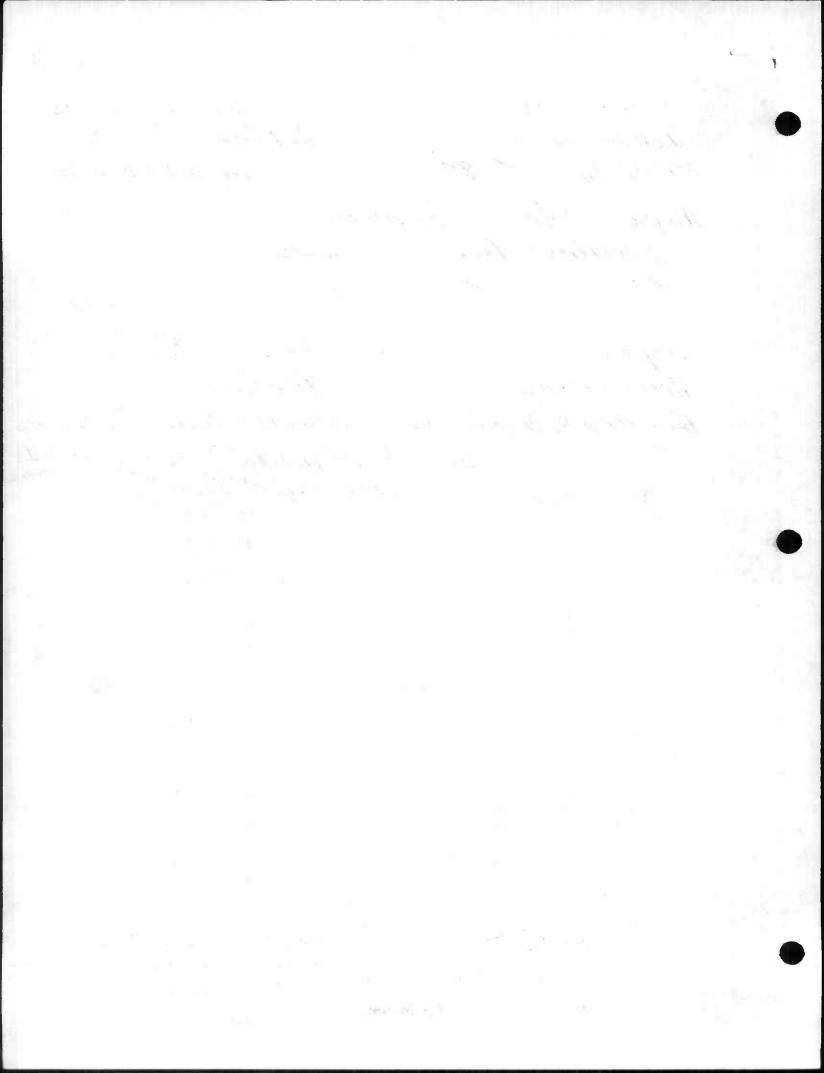
dec3 1996 PRITAM S. SAINI MD 20

Registrar

31. Data filed (Month, Day, Year)

29a, Certifier

32. Ragistrar's Signatura relia Davidson



96-6983-005

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

| | | | State | of Maryland | | | | lealth a Death | nd M | | giene Reg. No. | 96 | 3/094 |
|---|------------------|--|----------------------------|---|---|-----------------------------|-----------------------|---------------------------------------|----------|---|------------------------|------------------------------|--|
| Phys | sician | Decedent's Name (First, Middle) | de, Last) | | | | | | | 2. Dete of De Month | eth Dey | Yeer | 3. Time of Deeth |
| /Me | edical | CATHERINE | | IZABETH | | | | DFREY | | DECEME | BER | 8,1996 | 10:30P.N |
| Exa | mine | | | | | | | | | ocation of Death | | County of Deeth | 0.00 |
| Func | | 7241 BRIDGEV 5. Sociel Security Number | 6. Sex | V 上 7. Age (In yrs. le | ast birthday) | If Under | | VORTH | | | | BALTIM | |
| Fune، Direct | _ | 218-28-5570 | 1 □ M 200 F | 87 | Yrs. | Months | Deys | Hours | Min. | 8. Date of Birt (Month, De 1/10/1 | | Mary | place (Stete or Foreign ntry) |
| P . | | Usuel Residence of Decedent 10e. State 10b. Count | | 10. 00. | Town or Lo | | | | | -/ -0/ - | | | |
| Aaryla I show | 1 | | ı/a | | timore. | | | | | | | | 10d. Inside City Limits 1 ☑ Yes 2 ☐ No |
| the N | 100 | 10e. Street end Number | ., <u> </u> | 201 | CIMOL | 10f. Zip | Code | | | | 10a Citiz | en of Whet Cou | |
| 3e or | 100 | 3512 Noble Str | eet | | | 212 | | | | | US | | nu y i |
| deeti | Funeral Director | 11. Maritei Stetus | 12. Wes Dec Armed F | cedent Ever in U,S | i. 13. V | Vas Decad | ent of H | ispanic Origi | in? (Spe | ecify Yes or No- Rican, etc.) | - 1 | 4. Raca - Ameri | |
| -UUZU hours effer deeth with the Manyland tural; or items 23e or 28=1 show | , Z | | rried 1 ☐ Yes If Yes, G | 20 No | | Yes 2 | | Specify: | Риепо | rtican, etc.) | | Bleck, White, Specify: Wh | elc. ite |
| 27215-UUZU 1 within 72 hours of jiene. r than "natural", or | od be | 3 ∑(Widowed 4 □ Divorce | d Yeer or I | Detes: | 16e. Decad | | | | | | | | |
| CIN Find 72 And | Completed | (Specify only higher Elementary/Secondary (0-12) | est grade completed, | | (Give I | kind of world OO NOT use | k done d e retired | du <i>ring</i> most (1) | of work | ing | IOD. KIN | d of Business/In | dustry |
| with be with a ser than | E | 3rd | College | (1-4or 5+) | Home | make | r | | | | In | own Ho | me |
| ryland 21215-1 rould be filed within 72 h 3 Mental Hygiene. marked other than "natu | 8 | 17. Fether's Neme (First, Middle | , Last) | | | | | | | (First, Middle, | | Sumeme) | |
| arylat should b nd Menta merked | P | | able Of the Octob | | | | | | | ine Mil | | | |
| MC d 2 stranger 7 ls | | 19e. Informent's Neme/Relation Christine Davi | | | 2904 I | g Address Farmi: | (Street) | a <i>nd N</i> um <i>ber</i> on Dri | ve l | Alexand | r, City or ria | Town, Stete, Zip | 03 |
| Demit. Peges 1 and Department of Health Important: if New 27 any Injury or other tr | | 20e. Method of Disposition | | 0.00 | eca of Dispos | sition (Nem | e of | | | Dete | | ation - City or To | |
| Peges nent of nnt: if its | | 1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (5 | | State | | | | | ery | 12/11/96 | Balt | imore, | Maryland |
| Dallimor permit. Peges Department of H Important: If ite any Injury or of | DUCE. | 21. Signeture of Funerel Service | Licansee | | | | | | | | | | Funeral H |
| D SQFS | ä | Maria) | 5. Zora | edo | 26 | 3 S. | Con | kling | St. | Baltin | nore, | Md. 21 | 224 |
| n certificate be executed with the second conditions of the buniel-transit | dicai Examiner | disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest | a Arte: | Due to (or | rotic es e consequ es e consequ es e consequ | uence of): | cdic | ovasc | ula | r Dise | ease | | |
| eath of ten | clan | | | | | | | | | | | | |
| The law requires that the death certificate has been signed by the ettending page 2 should be deteched for use as | Physician/Me | Pert II. Other significant condition | ons contributing to d | eath but not result | ing in the un | derlying ca | use give | en in Pert f. | | | obaccou ∕es 2⊡ | | the causa of death? |
| w requires that been signed to should be determined. | by P | | | | | | | | | | 108 2 | 1NO 3_FIO | Dabiy 4 Oliknown |
| sunice is used bluor | B | | | | | | | | | 24e. Wes o | en eutops med? | av | ere autopsy findings elleble prior to |
| lew lew hes b | Completed | | | | | | | | _ | INSPE | CTI | ON co | mpletion of cause death? |
| | | 05.111 | | | | | | | | 1 U Y | es 2XI | X √0 1[| ☐Yes 2No |
| | o Be | 25. Wes case referred to medica examiner? **Wes 2 \sum No | Hospital: | Inpatient 2 E | D/Out-stiest | 20.00 | Othe | | | (Check only or | | | |
| | - | 27. Manner of Deeth | 28e. Dete | | R/Outpatient | | c. Injury Work | 4 🗆 Rurs | | ne 5/L/Resid 28d. Describe h | - | Other (Specif | y) |
| Attending or deeth. | atlo | 1 Naturel 5 Pendir 2 Accident Investi | getion | in, Dey (ear) | Injury | М | | res 2□No | | | | | |
| or Att | ertification: | 3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ | nined 28e. Place buildi | a of Injury - At homing, etc. (Specify) | ie, ferm, stre | et, fectory, | office | | 2 | 28f. Location (S City or Tow | treet and n, Stete) | Number or Rure | I Route Number, |
| pital ours a filled | 0 | 29a. Certifier 1□ Certifyir | ng Physician: To the | hest of my knowl | edae deeth | nonuread of | t the tim | o data and | place of | and due to the | | | |
| To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After this completely filled in by the funeral | edical | | Examiner: On the b | asis of exeminetio ner steted. | n end/or inve | estigetion, i | in my op | pinlon, deeth | occurre | ed et the time, o | late and p | leca, and due to | the ceuse(s) |
| Toth Comp | × | 29b. Signature end title of cartifie | M (16 | 00 0 | ,1 | 29c. | License | number | | 2 | 9d. Dete | signed (Month, | Dey, Year) |
| 7). | | Maybrie | the you | De to | | 0 | .c. | M.E. | | | ECE | MBER 9 | .1996 |
| 110 | | 30. Name and eddress of person | who completed caus | se of deeth (Item 2 | 3a) (Type, P | | | | | | | | |
| 6 | State | J. Laron Lock 31. Dete filed (Month, Day, Year) | e M.D. | legistrar's_Slonetu | 111 | Penn | _St | reet | , B | altimo | re, | Maryl | and_21201 |
| Regis | | DEC 1 1 1996 | gulia Da | legistrar's Signetu | M2 | | | | | | | | |

Registrar DHMH 16 Rev 6/95



| _ | | | Decedent's Name (First, Middle, La | st) | Ce | rtificate of | Death | 2. Date of D | Reg. No. | 3. Time of Death |
|---------------------------------------|--|-------------|---|---|-------------------------------------|--|--|---|---------------------------------------|--|
| | Physici /Media Examir | cal | 4a. Fecility Name (If not Institution, giv | e street and number) | and | 0 1 | 4b. City, Town, or | Month December | | 1996 10:30 pm |
| | Funeral Director | ler | 5. Social Security Number 6. s 238-26-0604 | Taryland M | ec(((4) | HUnder 1 Yea Months Days | Baltimi | 8. Date of Bi | n | 9. Birthplace (State or Foreign Country) Ga. |
| arviend | ahow | _ | Usual Residence of Decedent 10a. Siate 10b. County | | City, Town or L | | | | | 10d. Inside City Limits |
| the M | 288-1 | Director | Md. Na 10e. Street and Number | 1 | Baltim | 10f. Zip Code | | | 10g. Citizen of V | 1 Yes 2 No |
| with | 3a or | | 2117 Koko Lane | | | 212 | 216 | | USA | viat Country? |
| 72 hours efter death with the Mandend | P, or Reme : | by Funeral | 11. Marital Status 1XX ever Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: | U,S. 13. | - | Hispanic Origin? (S ban, Mexican, Puer | Specify Yes or Noto Ricen, etc.) | o- 14. Race Blace Specify | e - American Indian, ck, White, etc. |
| G Z I Z I 3-00Z0 | end Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f ahow aumatic event, the Medical Examinar must be notified at | Completed | (Specify only highest gra | Jucation de completed) College (1-4or 5+) | ///e. | dent's Usuel Occu kind of work done DO NOT use retir | ipation a during most of wo ad) | rking | 16b. Kind of Bu | usiness/Industry |
| Delije Belije | other vent, | BeC | 12th Grade 17. Father's Name (First, Middle, Last) | Na | ь | Horer | | | , Maiden Sumam | е) |
| d 2 should be file | Mental arked o | To | | rland | | | Sudi | | | lexander |
| end 2 sh | | | 19a. Informent's Name/Relationship (| | | | tand Number or R | | | |
| Ψ | of Heelth item 27 i r other tra | | 20a. Method of Disposition | 20b | Piace of Disp | osition (Name of matory or other pla | | Date | | City or Town, State |
| Peges | ant: if | | 1 Burlai 2 Gremation 3 4 Donation 5 Other (Specify | Removal from State | | ount Ce | | 10-96 | Baltin | more, Md. |
| Dall. | Depertment of important: If I eny injury or once. | | 21. Signature of Funeral Service Licen | man m | | 2. Name and Add | . E | | | cyland 21202 n Avenue |
| | | | 23a. Part1. Enter the disease, or shock, or heart failure. List only | olications that ceused the de one cause on each line. | ath. Do not en | er the mode of dy | ing, such as cardia | c or respiratory a | arrest, | Approximate intervei Between |
| / | nysician Medical caminer | | immediate Cause (Final disease or condition resulting In death) | a. Aspiration | (or as a conse | Lumon | ia | | | Onset and Death |
| petr | nsit | Examiner | | . Demer | ntia | | | | | |
| ificate be executed | physician end s the burial-transit | edical Exa | Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events | C | (or es e consec | | | | | |
| | C2 00 | | resulting in death) Last | d | (or as a consec | juence or): | | | | |
| the death cert | the efter | Physician/M | Part ii. Other significant conditions co | ontributing to death but not re | sulting in the u | nderlying ceuse g | iven in Part i. | 23b. Did | tobacco use con | ntribute to the cause of death? |
| - 6 | ong p ec | þ | | | | | | 1 | Yes 2□ No | 3 Probably 4 ⊉Unknown |
| N N | s been s 2 should | Completed | | | | | | 24a. Was pert | s an autopsy ormed? | 24b. Were autopsy findings available prior to completion of ceuse of deeth? |
| Iclan: The | pag | e Co | 25. Was cese referred to medical | | | | | | Yes 2 W No | 1 Yes 2 No |
| - 60 | | To B | examiner? | Hospitai: | ☐ ER/Outpatier | nt 3 DOA OI | | ath (Check only Home 5□ Res | one) dence 8 🗆 Othe | or (Specify) |
| anding Phy | on After this the funeral d | | 27. Menner of Death 1 Neturel 5 Pending Investigation | | 28b. Time o injury | Wo | | | how injury occurr | |
| A TO IS | nal Direct | | 3 Suicide 6 Could not be determined | 28e. Place of injury - At building, etc. (Spec | home, ferm, str sify) | eet, factory, office | | 28f. Location (City or To | Street and Number wn, State) | er or Rural Route Number, |
| 3 | F. F. | edical | 29a. Certifier (Check only one) 10 Medical Exam | /sician: To the best of my kr iner: On the basis of examin and manner stated. | nowledge, deeth nation and/or in | occurred at the tivestigation, in my | ime, dete and place opinion, deeth occu | e, and due to the erred at the time, | cause(s) end med date and place, a | nner as steted. and due to the ceuse(s) |
| \$ | o o o | - | 29b. Signature and Alle of certifier | | | 29c. Licen | se number | | 29d. Date signed | (Month, Day, Year) |
| | | | Unil per- | O,m | | PI | 0210 | | 12/0 | 05/96 |
| | | | 30. Name and eddress of person who o | ompleted ceuse of death (ite | om 23a) (Type, | Print) | Calcara | 01 1 | 2.11 | 21201 mone, MD |
| | Stat Registra | | 31. Date filed DEC TV 1°4996 | Julio Basia | allye Rand | JOU+N | Greene | Street | 12014 | mon, IVID |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

| _ | | | | | | Certifica | te of | Death | | F | Reg. No. | | |
|---|--|----------------|---|--|-----------------------|---|---|-----------------|-----------------|----------------------------------|---|-------------|--|
| п | Dhyolo | ion | Decedant's Nama (First, Middla, L. | .ast) | | | | | | 2. Data of Dea Month | th Day | Yaer | 3. Tima of Death |
| | Physic /Medi | | Thomas We | tmore Haug | ht | | | | | | er 6,19 | | 7:50 P.M. |
| | Exami | | 4a. Facility Nama (If not institution, g | iva straat and number) | | | | 4b. City, To | wn, or Lo | cation of Death | 4c. County | of Death | |
| 1 | | | 800 Southerly | Road, Unit | 1006 | | | Tow | son | | Bal | timo | re |
| | Funeral | П | Social Sacurity Number 6. | | e (In yrs. lest birti | hdey) If Under | Days | | 24 Hrs. Min. | 8. Date of Birtl (Month, Day | Year) | 9. Birthp | place (Stata or Foreign |
| | Director | | 233-38-5352 | 1MM 2□F 9 | 1 | rs. | | 7.00 | | 12-27- | 1904 | | t Virginia |
| | pur * | | Usual Rasidance of Dacedant 10e. Stata 10b. County | | 10c. City, Town | or Location | | | | | | | |
| | sho | 7 | =10-200 | | | | | | | | | | 0d. Inside City Limits 1 ☐ Yas 2 ☐ No |
| | 28a-1 | Director | Maryland Baltim 10e. Street and Number | ore | Towso | | - 0-1- | | | | | | 23 |
| | with w | | | | | 101. 2 | p Coda | | | - | I0g. Citizan of \ | What Cour | ntry? |
| | in 72 hours after death with the Maryland "natural", or items 23a or 28a-f show epical Examiner must be notified at | Funeral | 800 Southerly | Road, Unit | 1006 | 12 Was Dags | 2128 | | ala? /Ca | noifu Van ar Na | U. S. | | en Indian, |
| _ | hen | ä | 1 Navar Married 2 Married | Armed Forcas? | | If Yes, sp | ecify Cut | oan, Maxicer | , Puerto | ecify Yas or No- Ricen, atc.) | Blac | ck, Whita, | |
| 21215-0020 | irs af | by | 3 ☐ Widowad 4 ☐ Divorced | If Yas, Giva | 10 | 1 ☐ Yas | 2 🔯 No | Specify: | | | Specify | Wh: | ite |
| 0 | 2 hou | | 15. Dacedent's | Education | 16a. | Decedent's Usi | al Occu | pation | | | 16b. Kind of Bi | isiness/in | dustry |
| 215 | c - 6 | Completed | (Specify only highest g | rada complated) | | Decedent's Usi (Giva kind of w lifa. DO NOT I | ork dona usa ratire | during mos | t of worki | Ing | 100111111111111111111111111111111111111 | | adony |
| 21 | filed within Hygiene. ther than then ont, the Mex | E | Elementery/Secondery (0-12) | Collage (1-4or 5 | +) | chool 1 | | | | | Baltim | ore | City School |
| | be filed ntal Hygin d other event, II | Be C | 17. Fathar's Name (First, Middla, Las | 5+ | | | | 18. Mothe | r's Name | (First, Middle, | Maidan Suman | na) | - |
| jar | V 5 4 9 | 0 | Thomas Willia | m Haught | | | | Не | len | Wetmor | e | | |
| Maryiand | S DEE | - | 19a. Informant's Name/Ralationship | | 19b. | Malling Addres | s (Straa | | | al Routa Numbe | | State, Zip | Code) |
| | C M CV F | | Mrs Norma H. Ha | ught (Wife) | | 800 Sou | thei | rlv Ro | ad. | Unit 10 | 06. TOW | son. | Md. 21286 |
| Baltimore, | other | | 20a. Mathod of Disposition | | 20b. Place of | Disposition (Na | ma of | | | Data | 20c. Location - | | |
| E | T: T | | 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Space | □Ramoval from State ifv) | | p Servi | | | 12+1 | 0-1996 | Towson | , Mai | ryland 2120 |
| ======================================= | 교원관측 | | 21. Signatura of Funeral Sarvice Lice | ** | | 22. Nama a | nd Addra | ass of Facilit | v | | | | |
| ä | Depare Important International | | 11/2000 | C Rimo | Real | Ruck | Tows | son Fu | nera | 1 Home, | Inc. | | |
| | | | 23a, Part1, Entar the diseesa, or cor | molications that caused | the death. Do no | 1050 | Yorl | Rd. | TOWS | on, Md. | 21204 | | Approximete |
| | Physician | | 23a. Part1. Entar the diseesa, or cor shock, or haart failura. List ont | y ona causa on aach lir | l 0 . | | | | | | | | Intarval Between Onset and Daath |
| 1 | /Medicai | | Immediete Causa (Final | | 0 1 | 1. | | P. | 1 | P, | A | 1 | 2. |
| | Examiner | | disaasa or condition rasulting in death) | a | enges | maje | | New | | 1 am | - July | | Lmo. |
| | | ē | | | Dua to (or as a co | onsaquance of | | 1 | | L 1 | 1/ | į | 7-1000 |
| | icate be axecuted physician and s the burial-transit | Examiner | Companying the link own distance | b | Dua to (or as a co | ges 17 | ne | ne | and | 1/3 | I we | - | 2 550 |
| o | axeo in an rial-tr | Exa | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury | ' | /. / / | or graduatice of | | 0 | | drie | no | | 10 |
| 68760 | certificate be axecuted iding physician and isa as the burial-transi | cal | triat miniatad evants | c | Dua to (or as e co | esquanca of | , W | hou | 7 | 1- 44 | 4 | | 10 hrs |
| 89 | certifica ding phi | vMedical | rasulting In death) Last | | 344 10 (01 40 0 00 | mooquamou on | | | | | | | |
| | - 63 | 2 | | d | | | | | | | | | |
| m . | that the death ed by the atter detached for u | Physician | Part II. Other significant conditions | contributing to death bu | it not resulting in | the underlying | ceuse ni | ven in Part I | | 23b. Did to | obacco usa co | ntribute to | the cause of death? |
| Ö | the ach | hy | | • | | | occor g. | | | 1 D Y | / | 3 □ Prot | |
| - Ph | s that gned b | by F | | | | | | | | | 27 | 0 | |
| ğ | w requires that been signed I should be det | | | | | | | | | 24a. Was a | | 24b. Wa | ara autopsy findings allabla prior to |
| ပ္တ | law re as bec | olet | | | | | | | | perfor | mear | CO | mplation of couse death? |
| of Vital Record | 0 - 0 | Completed | | | | | | | | 1 🗆 Y | 2/10/20 | | |
| <u>ra</u> | delien: The certificate rector, pay | | 25. Was case rafarrad to medical | | | | | OC Disease | of Dooth | | - | 1 . | Yas 2□ No |
| 5 | | To Be | axaminer? | Hospital: | nt 2 ER/Outr | ontiont 2 0 | OA Ott | | 1 | (Check only or | _ | - /C# | |
| | Phys rthis aral di | | 27. Menner of Death | 28a. Data of Injur | y 28b. Tii | | | | | na 5 🗆 Reside | | | 7) |
| Division | or Attending I frer death. Sirector: After in by the funer | tlor | 1 Natural 5 ☐ Panding 2 Accident Investigation | (Month, Day | | ury M | 28c. Inju Wo 1 □ | rk? ∣Yes 2⊟I | | | | | |
| /ISI | or Attendi after death Director: A in by tha fi | fica | 3 ☐ Suicida 6 ☐ Could not I | De Disco of lais | ry - At homa, farr | n, street, factor | | | | 28f. Location (S | treet and Numb | er or Rura | I Route Number, |
| á | or A after Direction of the bill of the bi | Certification: | 4 ☐ Homicida deremined | building, afc | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | City or Town | | | |
| 1 | Tillo | | 29e. Certifiar Certifying P | hysician: To the best o | f my knowladga. | death occurred | et tha th | ma, deta en | d place a | and due to the o | eusa(s) and ma | nnaraset | teted. |
| 1 | 20.2 | Medical | (Check only 2 Medical Exa | miner: On the besis of and mannar sta | axamination end/ | or Invastigation | , In my c | pinion, daat | h occurre | ed at tha tima, d | ata and place, | end due to | tha causa(s) |
| 1 | vithin To th compile | Me | 29b. Signature and title of certifier | / | , | 29 | c. Licans | sa number | | 2 | 9d. Data signad | (Month, | Day, Yaar) |
| | 21 | | > / / / | 11- | blue | | 0 - | 9 7 | 10 | | 12/0 | 1/0 | / |
| | ,'V | 1 | 30. Nan and address of person who | complated causa of da | ath (Itam 3a) (T | vpe Print) | 1 | 1/ | 0 1 | | , , | 1 1 | 6 |
| | | | arcelino Albu | | | | g Ro | oad, C | aton | sville. | Marvla | nd 21 | 1028 |
| | Sta | te | 31. Date filed (Month, Dey, Yaar) | 32. Pegistre | Davidson-A | *** | | | | | | | 10000 |
| | Registr | | DEC 11 199 | 6 Julia | uaurdson-N | - North | | | | | | | |

Ne.2-20 2.30

State of Maryland / Department of Health and Mental Hygiene 96 37097

| | | | | | | Cei | tificate o | f Death | | Reg. No. | | |
|------------|--|----------------|--|---|---|--------------------------------|---|--|--|--------------------------------|--|---|
| | | | Decedent's Name (First, Middle | la, Last) | | | | | 2. Data of Dec | | Vans | 3. Tima of Death |
| | Physici /Medi | | RITA CATHER | INE | 1 | HUNT | | | DECEMB: | ER 6.1 | Year QQ6 | 12:23PM |
| | Examir | | 4a. Facility Nama (If not Institution | n, giva street and nu | | | | 4b. City, Town, o | Location of Death | | | IZ.ZJFN |
| 1 | | | SAINT JOSEPH | MEDICAL | CENTE | 3 | | TOW | SON | BA | LTIM | ORE |
| | Funeral Director | | 5. Social Security Number 219-05-0420 | 8. Sax 1 □ M 2 1 F | 7. Age (In yrs. I. 78 | ast birthday) Yrs. | If Undar 1 Yes | ar If Under 24 Hr | s. 8. Data of Birt | h | | place (State or Foreign otry) Md. |
| | pue * | | Usual Rasidance of Decedent 10a, Stete 10b, County | , | 10c City | , Town or Lo | cation | | | | 1 | 0d. fnsida Clty Limits |
| | Maryla a-f sho | Director | 2017-396 | imore | | rkvil | | | | | _ I | 1 ☐ Yas 2 ☐ No |
| | or 28 |)ire | 10e. Street end Number | | | | 10f. Zip Code | ı | | 10g. Citizan of | Whet Cour | ntry? |
| | 23a | | 3347 Hiss Ave. | | | | 21 | .234 | | USA | A | |
| 020 | within 72 hours after death with the Maryland ens. than "natural", or flems 23a or 28e-f show he Medical Examinet must be notified at | by Funeral | 11. Meritel Stetus 1 □ Never Merried 2 □ Marr 3 ☑ Widowad 4 □ Divorced | ried 1 ☐ Yas | 2 No | | Was Dacedant of I Yes, specify Co I ☐ Yes 2 1 N | f Hispanic Origin? (uban, Mexican, Pua o <i>Specify</i> : | Specify Yes or No- rto Rican, atc.) | | 14. Rece - Amarican Indian, Black, Whita, atc. Specify: White | |
| 21215-0020 | hin 72 ho a. In "natur Medical | Completed | (Specify only higher | nt's Education st grada complated) | | (Giva | lant's Usual Occ kind of work dor OO NOT usa rati | a during most of w | orking | 16b. Kind of B | | |
| 212 | illed withi I Hyglena. other than rent, the M | шс | Elementary/Secondary (0-12) | Coilega (1 | 1-4or 5+) | | Maker | 100) | | Own Ho | ome | |
| D | tal Hygie of other event, it | Be C | 17. Fether's Neme (First, Middle, | Last) | | 1101110 | HUNCE | 18. Mothar's No | ama (First, Middla, | | | |
| lan | 2 to 2 to 2 | ToB | Daniel Alo | ysis Su | ıllivan | | | Rose | Mari | ie I | Kirby | |
| Maryland | d 2 should th and Mer 7 is merke traumatic | | 19a. tnformant's Name/Raiations | Ship (Type, Print) | | 19b. Mailir | ng Addrass (Stre | et and Number or F | Rural Route Numbe | er, City or Town, | Stata, Zip | Code) |
| | 1 and 2 Health a em 27 la | | Mr. Clarence E | . Hunt, J | r./son | 1104 | Hamptor | Garth | Towson, | Md. 212 | 286 | |
| altimore, | parmit. Pages 1 and 2 Department of Health important: if item 27 is any Injury or other tra 9008. | | 20a. Mathod of Disposition 1 Surial 2 Cramation | | State C6 | matary, cran | sition (Nama of natory or other p | | Data 1.2 / 0. / 0.6 | 20c. Location | | 4. 191 |
| ᄪ | ortant | | 4 □ Donation 5 □ Other (S | | Dul | | | Mem. Gdns | 12/9/96 | TIMONIC | int, M | α. |
| Ba | Depa Impo any Is | | 21. Styliated | A COR | _ | 1 | | vson Fune. ck Rd. To | | | | |
| | ٥ | | 23a. Pert1. Enter the disaasa, or shock, or haart failura. List | complications that conty one cause on a | aused the deeth | | | | | | | Approximate Interval Between |
| ä | Physician | | | , | | | | | | | | Onsat and Death |
| | /Medical Examiner | | Immediata Causa (Finel diseasa or condition | RESPI | RATORY | FATI | JURE | | | | | 10 DAYS |
| В | LAGITHTE | L | rasulting in daath) | W. | | as a conseq | | | | | 1 | DAIS |
| | be is | le le | | PNEUM | IONIA | | | | | | | 2 WEEKS |
| | al-trar | Examiner | Sequentially list conditions, if any, landing to immediate | | Dua to (or | as e conseq | uanca of): | | | | | |
| 9 | be e slcian buris | | causa. Entar Undarlying Cause (Disease or Injury | c | | | | | | | | |
| x 68760, | certificata be executed ding physician and ise as the burial-transit | Medical | that initiated avants resulting in daath) Last | l. | Dua to (or | as a conseq | uance of): | | | | 1 | |
| Bo | that the death cert led by the attendin detached for use | Physician/ | Part II. Other significant condition | o. | anth but not race | iting In the ur | adadvina causa | niven la Bart (| 22b Did 9 | obecco use co | meribute to | the cause of death? |
| P.0 | by th | hys | | | | | | givent at vent i. | 10 | | | bably 4 Unknown |
| | 8 55 | by | CEREBROVASCU | LAR ACC | IDENT | - RIG | HT | | | | | |
| Records, | requir | Completed | ARTERIAL EMBO | OLISM LE | FT LEG | | | | 24a. Was perfo | an autopsy med? | av. | ara autopsy findings allable prior to mpletion of cause death? |
| | The law ate has b page 2 s | omp | | | | | | | 101 | as 200 No | | ☐Yes 2X No |
| Viita | | BeC | 25. Was casa raferrad to medical | 1 | | | | 26. Place of D | eath (Check only o | | | |
| | \$ 000 | ToB | axaminar? 1 ☐ Yes 2X No | Hospitai: | npatiant 2 🗆 E | ER/Outpatian | t 3 DOA | Wher | Homa 5 ☐ Resid | | ner (Specifi | v) |
| n of | | | 27. Mannar of Death 1 Natural 5 □ Pendin | 28e. Data | | 28b. Tima of | 28c. In | | 28d. Dascribe h | | | |
| sio | Attending r death. ector: Afte by the fune | cati | 2 ☐ Accident investig | gation | | | M 1 | ☐ Yas 2 ☐ No | | | | |
| Division | | Certification: | 3 ☐ Sulcida 6 ☐ Could a determ | Ined 28a. Place | of Injury - At horng, etc. (Specify) | ma, farm, stra | aat, factory, offic | 9 | 28f. Location (S City or Tox | | ber or Rura | il Routa Number, |
| | Hospital or 24 hours afte Funeral Dir stely filled in | edicai (| 29a. Cartiflar (Check only one) | g Physician: To the | best of my know asis of axaminati her steted. | riedga, death on and/or inv | occurred at that astigation, in my | tima, data and place opinion, daath occ | e, and due to tha curred at the tima, | causa(s) and modata and place. | anner as st | tated. o tha cause(s) |
| 1 | with To the Company | M M | 20b. Signature and title of pasities | - | n 10100. | | 29c. Lice | nsa number | | 29d. Data signe | d (Month, | Day, Year) |
| Í. | 0 | | 1 equi | ese | 14 | 1 | D 0 | 8344 | | | | |

State Registrar

State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month EDNA M. HILL 9, December 1996 9:30 PM /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Meridian Franklin Woods Nursing Home Baltimore Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** 1□M 2X F Days Yrs. Jan. 6, 1914 Director 213-10-9312 Maryland Usual Rasidanca of Decedant the Marylend 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-f show 1 Yas 2 No Maryland Baltimore Baltimore Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? in and Mentel Hygiene. 7 is marked other than "naturel", or Hems 23a or traumetic event, the Medical Examiner must be a filed within 72 hours after death with 47 King Richard Court 21237 U.S.A. Funerai 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 □ Nevar Married 2 □ Married 21215-0020 1 ☐ Yas 2 No Specify: Specify: White ρ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highast grada completed) Elementary/Secondery (0-12) Collega (1-4or 5+) 7th grade Homemaker Own Home Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) . Peges 1 and 2 should be file ment of Heelth end Mentel Hy lant: If them 27 is marked oth jury or other traumstic even Be Griffin (First name unknown) (Names unknown) 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Dorothy Sheeler (daughter) 47 King Richard Ct., Baltimore, MD 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Ramoval from Stata Department of important: If any injury or 12/13/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Gardens of Faith Cem. 21. Signatura of Funarai Sarvice Licenses 22. Nama and Addrass of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of):

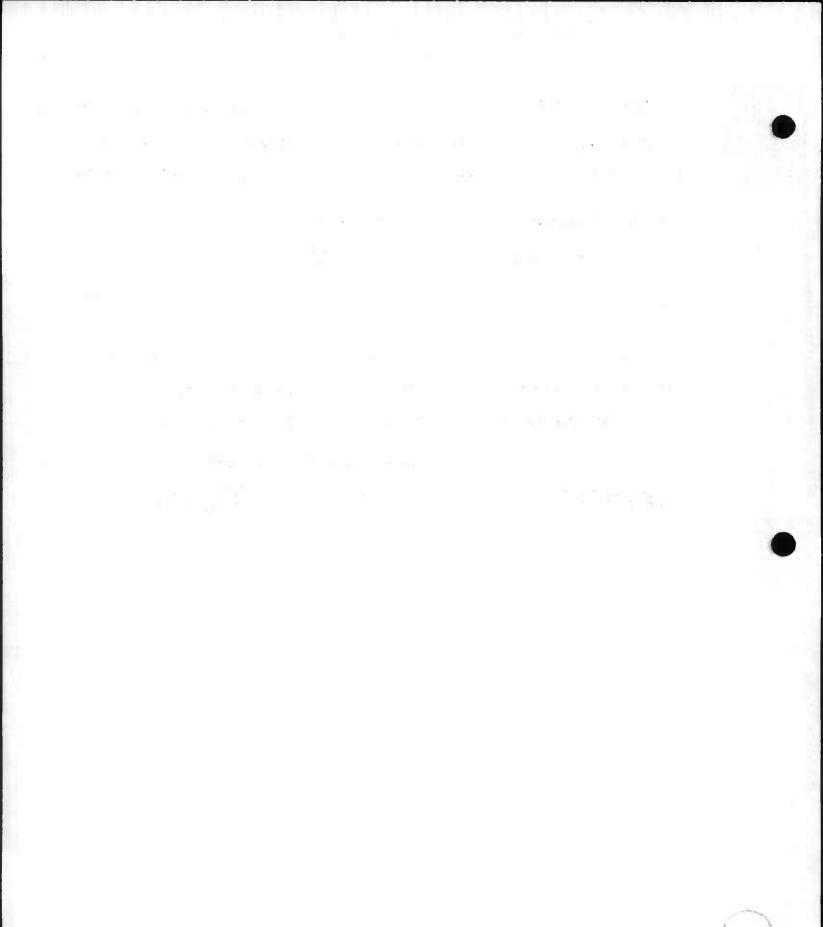
NOTICE AL ACCIDENT (CVA) Examiner or Attending Physician: The law requires that the death certificate be executed the buriei-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Disease or Injury that Initiated avants rasulting in death) Last Box 68760, Physician/Medical Dua to (or as a consequence of) for use as signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Be Completed by 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? page 2 certificate Division of Vital 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only one) 1 Yas 2 No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Homa 5 | Rasidanca 6 | Othar (Specify) Certification: To this in by the funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? After 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No hours after death. 2 Accident 6 Could not be detarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 28a. Piace of injury - At homa, farm, street, factory, office building, atc. (Specify) 4 I Homicida 15 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the causa(s) and mannar as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. Medical 29a, Certifian (Check only one) 54 29c, Licensa number

3 540 29b. Signatura and little of surtifier 29d. Data signed (Month, Day, Year) ad causa of death (Itam 23a) (Type, Print)

10918 RIDGE RD BALTO, 30. Nama and address of person who

State Registrar 31. Data filled (Month, Day, Year) DEC 11 1996





State of Maryland / Department of Health and Mental Hygiene 96 37099

| _ | | | | | | | cate of | Death | | Reg. No. | 0 01 | 000 |
|------------|--|----------------------------|--|--|-----------------|--|---|---|---|----------------------------|--------------------------------------|--|
| | Physic /Medi | | 1. Decedent's Neme (First, Middle, Last G & | rmaine He | witt | | | | 2. Dete of Dee Month Decemb | er 6. 1 | Year | Time of Death: 50 PM |
| | Exami | | 4a. Feclity Neme (If not Institution, give 2106 Oak Road | street end number) | | | | 4b. City, Town, or Edgeme | Location of Deeth | 4c. County | | |
| | Funeral Director | | 213-24-2111 | 7 VM - | (in yrs. last t | | Inder 1 Year onths Deys | | 8. Dete of Birti | , 1908 | 9. Birthplace Country) Maryla | (State or Foreign nd |
| | ith the Maryland or 28a-f show | tor | Usuel Residence of Decedent 10a. Stete 10b. County Maryland Balt | imore | 10c. City, To | wn or Location | 1 | Edger | mere | | | aside City Limits |
| | ith with the 23a or 28 | ai Director | 10e. Street end Number 2106 Oak Road | , | | 10 | f. Zip Code | 2121 | | 10g. Citizen of t Unite | What Country? d State | 5 |
| 020 | filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or ferma 23a or 28a-f show out, the Medical Examiner must be notified at | by Funeral | 11. Merital Stetus 1 ☐ Never Married 2 ☐ Merried 3℃ Widowed 4 ☐ Divorced | 12. Wes Decedent 8 Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Detes: | | | Decedent of I , specify Cub es 210 No | dispanic Origin? (S en, Mexican, Puerl Specify: | pecify Yes or No- o Rican, etc.) | 14. Rec Blee Specify | ce - American Inc ck, White, etc. | |
| 21215-0020 | Jwithin 72 ho liene. r than "natur the Medical | Completed | 15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12) | cation e <i>completed)</i> College (1-4or 5 | +) | e. Decedent's (Give kind o life. DO No Distil | of work done OT use retire | during most of word) | rking | 16b. Kind of B | usiness/Industry | |
| Maryland 2 | d 2 should be filed within the and Mental Hygiene. 7 is marked other than traumatic avent, the Mental traumatic avent, the Mental traumatic avent. | Be | 17. Fether's Neme (First, Middle, Last) | | | V-100-10-00 | oc eg .v | 18. Mother's Ner | me (First, Middle, | 1.0 | | |
| aryk | should nd Mer marke | 10 | Eugene Darchicowd 19e. Informent's Neme/Reletionship (Ty | | 19 | b. Melling Ad | dress (Street | Lea bu | udville urai Route Numbe | r. City or Town. | State. Zip Code | 9) |
| | and 2 spaith ar | | Charles L. Hewitt/ | | 2 | 106 Oak | r Road | Edgeme | | - | 1219 | |
| Baltimore, | permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra once. | | 20e. Method of Disposition **X Buriei 2 □ Cremetion 3 □ F 4 □ Donetion 5 □ Other (Specify) | lemovel from State | | of Disposition ery, cremetory | | ce) U 12/9/1 | Dete | | ore. Ma | |
| Balt | Departi Departi Importa any inju | | 21. Signature of Fundral Service License | ** | 9 | 22. Nen Duda• | ne end Addre | ess of Fecility Funeral t | tome of 1 | Dundalk | , Inc. | |
| | | | 23e. Pert1. Enter the disperse, or compile shock, or heart feilers. List only or | cations thet caused ne ceuse on each lin | the death. Do | not enter the | mode of dyl | Ave. Dur ng, such es cardiac | or respiratory en | rest, | | roximete val Between |
| | Physician /Medical Examiner | | immediate Cause (Final disease or condition resulting in death) | Dehydr | ation | | e of). | | | | Onse | et and Deeth |
| Box 68760, | death certificate be executed e attending physician and of for use as the burial-transit | Physician/Medical Examiner | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest | Severe | red L | eft A consequence riosc | rm on: lerot | ic Card | iovascu | ılar D | isease | |
| | e death | rsicia | Pert li. Other significant condittons con | tributing to death bu | t not resuiting | in the underly | ring cause gi | ven in Pert I. | 23b. Dfd to | obacco use co | ntribute to the | cause of death? |
| s, P.O | requires that the de been signed by the a should be detached | by Phy | Dementia | 7.00 | | | | | 101 | 'es 2□ No | 3 Probably | MUnknown |
| Record | 2 S S | Completed | Mild Seizure | Disorde | r | | | | 24e. Wes e perior | en eutopsy med? | evailable | stopsy findings a prior to ion of cause ? |
| | E SE | | 25. Wes case referred to medical | | | | | | | es 2 No | 1 🗆 Yes | ONDEDE |
| of Vital | 5 00 | To Be | examiner? | lospitel: | nt 2 ER/C | Outpatient 3[| DOA Ott | 200 | eth <i>(Check only o</i> lome 5 ☑ Resid | | er (Specify) | |
| | | | 27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending | 28e. Dete of Injury (Month, Dey | Year) | Time of Injury | 28c. Inju Wo | | 28d. Describe h | | | |
| Division | Attending F r death. ector: After by the funer | licati | 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be | 9/26/9 28e. Pleca of Inju | | O A ^M | | Yes 2 No | | ct fel | | to Ahimbar |
| 3 | ital or Attendent strength of the Control of the Co | Certification: | 4 Homicide determined | building, etc. | (Specify) | ho | | | 28f. Location (S City or Tow Edgem | ere, M | vo van | Road |
| | To the Hoppital by within 24 hours, file To the Funers Director completely filled in | edlcai | 29a. Certifier (Check only one) 1 ☐ Certifying Physical Examination Control one) | | exeminetion e | | | | , end due to the c | ause(s) and ma | anner es stated. | ause(s) |
| 1 | To the To the comple | M | 29b. Signature and title of cortifier | and many ste | \ | -0 | 29c Lisons | se number | 2 | 9d. Dete signe | d (Month, Day, | Year) |
| | | | 20 Name and address of | 7 Ohe | me | ellu | 21) | -0938 | 3. | 12- | 9-96 | > |
| تين | V | | 30. Name and address of parson who co Charles F. O'Do | | | | sler | Dr. Tow | son, Ma | ryland | i — | |
| | Sta Registr | | 31. Dete filed (Month, Day, Yeer) DEC 1 1 1996 | 32. Registre | r's Signeture | | | | | | | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37 100

| | | | | | State of M | iaryiar | | ertifica | | | Mental Hy | Reg. No. | U | 37100 | |
|--------------------------------|---|----------------|--|---------------------------------------|---|----------------------------|---------------------------|-------------------------------|------------------------|--|---|--|-------------------------|--|---|
| | Dhualai | | 1. Decedent's Nar | ne (First, Middle, La | ast) | | | | | | 2. Date of De | eath Day | Voor | 3. Time of Death | Ī |
| | Physici /Medi | | Blanche | Hughes | | | | | | | Decemb | | Yeer | 12:55a.m. | |
| | Examir | | 4e. Facility Name | (If not institution, giv | ve street and number, |) | | | | 4b. City, Town, or | | h 4c. Count | y of Death | 12.33d.m. | ī |
| L | - Francis | | Pikesvil 5. Social Security | le Nursin | | ne (In vrs. | last birthda | av) If Unde | P or 1 Year | ikesvill | e s. 8. Date of Bi | N/A | Q Righ | niece (State or Foreign | |
| | Funeral Director | | 215-40-8 Usual Residence of | 418 | 1□M 2XF | 92 | Van | Months | Days | Hours Min | . (Month, D | iy, Year) 14,1904 | Md. | piace (State or Foreign intry) | |
| | show show | | 10a. State | 10b. County | | 10c. Cit | y, Town or | Location | | | | | | 10d. Inside City Limits | - |
| | Mary First | to | Md. | N/A | | Pike | svil | le | | | | | | 1 ☐ Yes 2 ☐ No | |
| | 128 | Director | 10e. Street and Nu | ımber | | | | 10f. Zi | p Code | | · · · | 10g. Citizen of | What Cou | intry? | - |
| | h witi | 0 | 7 Sudbro | ok Lane | | | | 21 | 208 | | | U.S.A. | | | |
| | deed | Funeral | 11. Maritel Status | | 12. Was Decedent | Ever in U | ,S. 1 | | | fispanic Origin? (S an, Mexican, Pue | Specify Yes or No | and the same of th | | Ican Indian, | - |
| Baltimore, Maryland 21215-0020 | 4 within 72 hours after deeth with the Maryland liene. Than "natural", or items 23a or 28s-f show than Medical Evantreer must be notified at the Medical Evantreer must be notified at | by | 1 ☐ Never Men | ried 2 Married | Armed Forces? 1 ☐ Yes 2 ☒ If Yes, Give Year or Dates: | | | if Yes, spe | | Specify: | rto Hican, etc.) | | ick, White by: Bla | | |
| 2-0 | 72 ho | Completed | /600 | 15. Decedent's E | | | 16a. De | cedent's Usu | al Occup | atlon | dela | 16b. Kind of B | lusiness/ir | ndustry | - |
| 21 | 9 | ple | Elementary/Sec | cify only highest gri | College (1-4or | 5+) | life | e. DO NOT | ork done ise retire | during most of wo | orking | | | | |
| 21 | filed with Hygiene. ther than | Š | | | 5÷ | | House | ewife | | | | Domesti | C | | |
| nd | al Hygid I other vent, u | Be (| | (First, Middle, Last | | | | | | 18. Mother's Na | me (First, Middle | | | | |
| <u>yla</u> | should be and Mental marked or umatic eve | 2 | Isiah Co. | llins-Col | lick | | | | | Georgea | inna Spei | ncer | | | |
| a | 2 sho end is m | | | ame/Relationship (| Type, Print) Daud | ghter | 19b. Ma | ailing Addres | s (Street | and Number or R | lural Route Numb | er, City or Town | , Stete, Zi | p Code) | |
| 7 | 1 and 2 Heelth em 27 i | | Ann Hugh | es | | | 2634 | | | . Baltim | ore, Md. | 21244 | | | |
| ore | ges 1 and 2 should be filed it of Heelth end Mental Hyg If Item 27 is marked other or other traumatic event, | | 20a. Method of Dis | | Removal from State | | lace of Dis emetery, o | sposition (Na crematory or | me of other place | ce) | Date | 20c. Location | - City or T | own, State | |
| Ĕ | Pag ment ant: h | | | 5 Other (Special | | | Aubu | rn Cer | nete | сy | Dec 12 | Baltimo | re, | Maryland | |
| alt | permit. Pages 1 and 2 Depertment of Heelth of Important: If item 27 is any injury or other tra | | 21. Signature of Fi | unerai Service Lice | nsee | | | 22. Name e | nd Addre | ss of Facility Nu | tter Fu | neral Ho | mac | Tnc | |
| 0 | 20 5 5 6 | | 140 | . l. a.t | £ n | tt. | 4 3 | 2501 G | พงาก | s Falls | PKWV Ba | ltimore | MA. | 21216 | |
| | 100 | | 23a. Part1. Enter | the disease, or com | plications that cause one cause on each li | d the deet | | | | | | | PIC. | Approximete Interval Between | - |
| | Physiclan | | SHOOK, OF HEE | strailure. List offly | One cause on each | irie. | | | | | | | 1 | Onset and Deeth | |
| 7 | /Medical | | Immediate Cause disease or condition | (Final | De | men | 4ic | | | | | | 1 | 10741 | |
| | Examiner | | resulting In death) | | a | | | sequence of) | : | | | | | 103 | - |
| | ש ב | ner | | | | | | | | | | | | | |
| | ficate be executed physician and se the burial-transit | Examiner | Sequentially list co | onditions, | D | Due to (o | r as a cons | sequence of) | : | | | | | | |
| Ő, | e ex | | Sequentially list co if eny, leading to in cause. Enter Und Cause (Disease on | nmediate erlying | | | | | | | | | | | |
| 68760, | ate b hysic the b | edical | that initiated event resulting in deeth) | 3 | C | Due to (o | r as a cons | sequence of): | | | | | | | |
| | E 000 | | | L | d | | | | | | | | | | |
| Вох | ath co | an | | | d | | | | | | | | 1 | | |
| 0 | es that the death cert igned by the ettendin be deteched for use | Physician/M | Part II. Other signif | ficant conditions c | ontributing to death b | ut not resi | ulting in the | underlylng | cause giv | en in Part i. | 23b. Did | tobacco use co | ntributa 1 | to the cause of death? | |
| P.O. | d by | | Hyan | | L. | | | | | | 10 | Yes 20-No | 3□ Pro | bably 4 Unknown | 1 |
| ŝ | res th | by | 11.0 | W.C. 14 5 dv. | N. | | | | | | | | | | |
| Vital Records, | w requires that the death cent been signed by the ettendin should be deteched for use | Completed | Co | had U | tert. | fa, | lone | | | | 24a. Was | an eutopsy ormed? | 81 | /ere eutopsy findings vailable prior to | |
| ec | | ם | 8 | 417 | | | | | | | | | | ompletion of cause death? | |
| _ | The law sate has page 2 | S | | | | | | | | | 10 | Yes 2 No | 1 | ☐ Yes 2☐ No | |
| Ħ. | ysician: The | Be | 25. Was case reference examiner? | red to medical | | | | | | | ath (Check only | one) | | | |
| | hys his ldi | 2 | 1 Yes 2 | | | | ER/Outpat | ient 3 De | | Nursing I | Home 5 Res | dence 8 □Oth | er (Speci | ify) | |
| _ | ther the uner | on: | 27. Manner of Deet 1 □Natural | h 5 ☐ Pending | 28a. Date of Inju (Month, De | | 28b. Time injun | | 28c, Injur Wor | | 28d. Describe | how injury occur | red | | |
| Sio | eath. | cat | 2 Accident | Investigation | | | | М | 1 🗆 | Yes 2□No | | | | | |
| Division of | or Attending Patter death. Director: After t | Certification: | 3 ☐ Suicide 4 ☐ Homicide | determined | 28e. Plece of inj building, et | ury - At ho c. (Specif) | me, farm, | street, factor | y, office | | 28f. Location (City or To | Street and Numi wn, Stete) | ber or Run | al Route Number, | |
| ٦ | | | | | | | | | | | | | | | |
| Ľ | To with nour for the with the following the completely filled | edical | 29a. Certifier (Check only one) | 1 ☐ Certifying Ph 2 ☐ Medical Exam | ysician: To the best of niner: On the basis of and manner str | examinal | wledge, de tion and/or | ath occurred Investigation | at the tin | ne, date end plece plnion, deeth occi | e, and due to the urred at the time, | cause(s) and modate and place, | enner as a and due t | stated. to the cause(s) | |
| | Veit To To | Σ | 29b. Signature and | title of certifier | 1 | 0 | | 29 | c. Licens | e number | | 29d. Date signe | d (Month, | Day, Year) | |
| | .(, | | 11 | 00 | | L | | 1 | 27 | 122 | | 12/9 | 101 | | |
| | Y | | 30. Name and addr | ess of person who | completed cause of d | leath (Item | 23a) (Typ | e, Print) | | , -) | | , , , | - | | |
| | | | JUZZEL | mingen | 750 | WA | | 55 | 12 | en ten t | ~~· | 2 | 1.3/ | | |
| | Sta Registra | | 31. Date filed (Mon | | Julia Danidson | ar's Signa | della | | | | | | | | 9 |



1. Decedent's Name (First, Middle, Last)

LeMICHAEL

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

HORNE

State of Maryland / Department of Health and Mental Hygiene

| Q | 6 | 3 | 7 | 1 | n |
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| J | U | J | 1 | 1 | U |

3. Time of Deeth

1705 P

Certificate of Death

2. Date of Death

Day

NOV.24,1996

Physician /Medical Examiner

Funeral Director

with the Maryland 28a-f show the Medical Exertiner must be notified at 9 23a daath Herrs filed within 72 hours aftar 'natural', or al Hygiene. permit. Pagas 1 and 2 should be file Department of Haalth and Mental Hy Important: If Item 27 is marked othe any lolury or other traumatic event angle.

21215-0020

Saltimore, Maryland

Box 68760,

P.O.

Records,

Division of Vital

Physician /Medical Examiner

The law requires that the death certificate be axecuted -tran and physician a tha usa as attanding | been signed by the a should be datached paga 2 cartificata Attending Physician: director, this funeral Aftar To the Hospital or Attendir within 24 hours aftar death. To the Funeral Director: Al complataly filled in by tha fu death.

4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street and number) 4c. County of Death PRINCE GEORGES GENERAL HOSPITAL CHEVERLY PRINCE GEORGES 8. Dete of Birth (Month, Day, Year) 9. Birthplace (July 19,1970 Washington, DC If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1₩ M 2□ F Months Days Hours 26 215-08-7356 Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Director MD PRINCE GEORGES Forestville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6873 RED MAPLE CT. 20747 U.S. Funeral 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Raca - American Indian, 11. Marital Status Black, White, etc. Yes Give 1 Never Married 2 Married 2 No 1 Yes 2 No Specify: BLACK Specify: þ 3 Widowed 4 Divorced Year or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11th LABORER PRIVATE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be COLUMBUS HORNE LUCY JONES 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) LUCY HORNE/MOTHER 6873 RED MAPLE CT. FORESTVILLE, MD 20747 20b. Place of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, State cemetery, crematory or other place) 1 X Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) GLENWOOD CEMETERY 12/2/96 WASHINGTON, DC of Funeral Service Lice 22. Name and Address of Facility ROBERT G. MASON FUNERAL HOME 866 1661 GOUDHUPP RU WOUND attended the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, a cause on each line. 866 S.E. 1661 GOODHOPE RD. WASHINGTON, DC 20020 Approximete Intarval Between Onsat and Death disease or condition resulting in death) TWO Stab wounds Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or es a consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings aveilable prior to 24e. Wes en autopsy completion of cause of death? 12XYes 2□No Ves 2□ No Be 25. Was casa referred to medical 26. Place of Death (Check only ona) axaminer Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 2:10 AM 1 Yes 2. No Subject was Stabbed
281. Location (Street and Number or Rural Route Number Pitte
City or Town, Stata) 7515 Marlbere Pitte 2 Accident investigation 3 ☐ Sulcide 6 Could not be 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide Night Club

Prince Georges County, Maryland

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and due to the causa(s) end menner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) OCME NOV.25,1996 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) S, Radentz, AD111 Stephen Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Day, Year) DEC 11 1996

32. Registrar's Signature

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1945 (All 1957) 1957 (All 1957)

permit. Pages 1, 2, 3 should

se as the burial-transit

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

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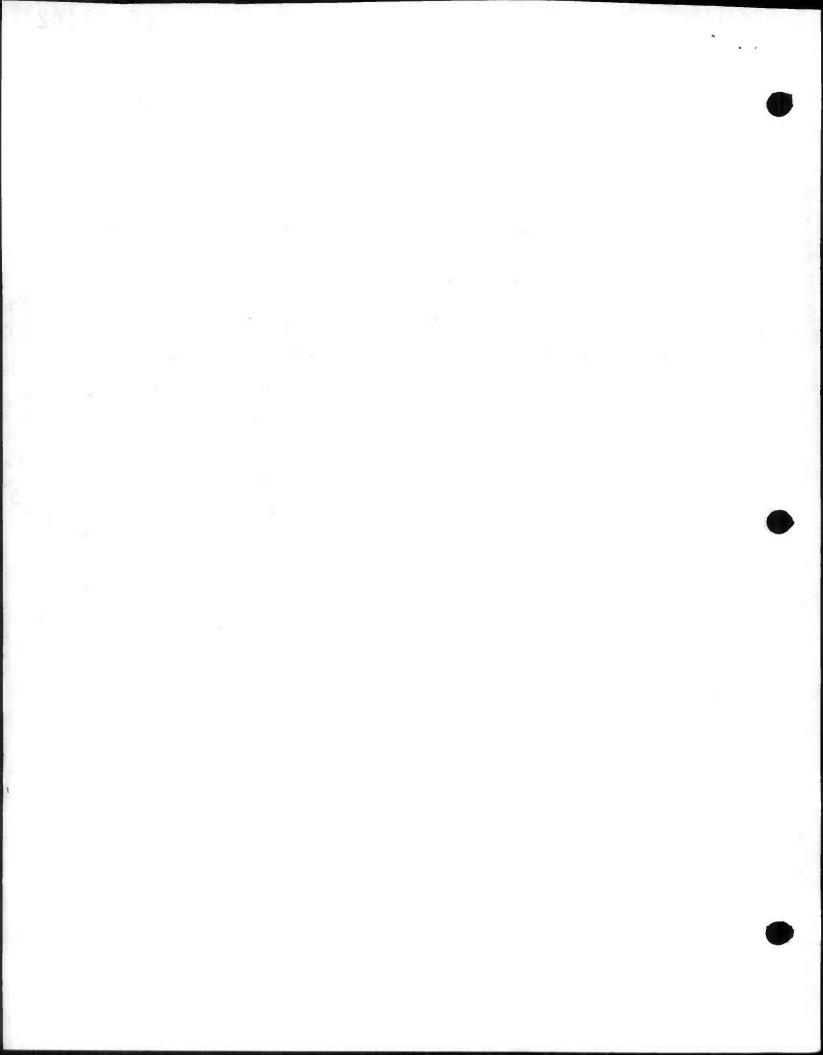
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| 5 | OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the incommendation of the second standard Husiana Indiana Public Institution of removal | 5 5 |

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. DATE OF DEATH 3. TIME OF DEATH YEAR 196 7:47 D M US 18(Embs1 5. SET 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 28 DAYS HOURS MIN. 1 4 2 | F 9s. FACILITY NAME (If not 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH (1) RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 41 NOTE 1 LIVES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? WAS DECEDENT EVER N U.S. ARMED FORCES? 1 4 ES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubso, Maxican, Puerto Ricen, etc.)

1 YES 2 Specify: 11. MARITAL STATUS RACE — American Indian, Black, White, stc. 1 Never Married 2 Married 3 Widowed 4 Divorced OVEAN ack 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION KIND OF BUSINESS/INDUSTRY OraMA HATDWAYE idary (0-12), College (1-4 or 5+) KUUSEMAN STOVE 17. FATHER'S NAME (First, Migdle, Last) 18. MOTHER'S NAME (First, Middle_Maiden Surname) SK. HAY INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or 479 Larylon 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na DATE c. LOCATION urisi 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY (55 40 REISTERS) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AH. Hom's TAM REISTEI RUDO Talvis BINNEY SON 23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdific or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition DUEARS (VISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 10XEMIC Ears Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Ears CAUSE (Disesse or Injury DUE TO JOH AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Mn Earl zu lura 1 YES 2 0 NO DF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES MY NO MY UNCERTAIN MY 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 © Inpetient 2
 ER/Outpetient 1 | YES 2 | 10 4 Nursing Nome 5 Residence 8 Other (Specify) 26b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28s. DATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, atc. (Specify) LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Nomicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, SHATWAS AND TITLE OF CENTIFIED 29d. AATE SIGNED (Month, Day, Year) 29c, LICENSE NUMBER

TO THE HOSPITAL OF TO THE FUNERAL OF THE MINING TO IMPORTANT: It IN aul 7,1996 4 ECEMPTO 2 IESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balamore Baltmore StrEET OM SECURIS OSOMO striked 21223 31, DATE FILED (More) 32. HEGISTRAR'S SIGNATURE



State of Maryland / Department of Health and Mental Hygiene 96

96 37103

| | | | | | Cei | tificate of | Death | | Re | g. No. | | | | |
|--|-------------------|--|--|--|-----------------------------------|--|------------------------------|-----------------------------|---|---|-------------------------------------|--|--|--|
| District | | 1. Decadant's Nama (First, Middla, | Last) | | | | | | Data of Daath | | Vaaa | 3. Time of Death | | |
| Physic /Med | | | Cather | ine S. | Hochhe | iser | | | Month ecembe | r 10,1 | 996 | 6a.m. | | |
| Exam | | 4a. Facility Name (If not institution, Cherrywood | giva straat and n | ım <i>ber)</i> | | | 4b. City, Tow | | | 4c. Count | | | | |
| | | Healthcare | re and F | Rehabili | itation | Center | Reist | ersto | wn | Ва | ltimo | re | | |
| 。Funera Director | | 5. Social Security Number 075-05-7765 | 6. Sax 1 ☐ M 2 █ F | 7. Aga (In yrs. 81 | last birthday) Yrs. | If Under 1 Yea Months Days | | Min. | Date of Birth (Month, Day, ec. 06 | Year) ,1915 | 9. Birthp Coun New | lace (State or Foraign try) York Stat | | |
| Р , | | Usual Residence of Dacedant | | | | | | | | | 1 | | | |
| he Maryla Be-f shov | ector | 3 | ltimore | 10c. G | ty, Town or Lo | Rei | sterst | own | | | 1 | 0d. Insida City Limits 1 ☐ Yes XXNo | | |
| ath with the 230 or 2 | Funeral Director | 10e. Straat and Number 12020 Reisterst | own Road | | | 10f. Zip Code | 2113 | 6 | | g. Citizen of nited | | | | |
| permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examines must be notified and page. | þ | 11. Marital Status 1 ☐ Navar Marriad 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced | Armed F | 2 ፟∰ No iva | 1 | Vas Dacedant of I Yas, specify Cui I ☐ Yas 2X No | ban, Maxican, | in? (Specify Puarto Rica | Yes or No- in, atc.) | Ble | ce - Americ ck, Whita, y: Cau | | | |
| 72 h natu | etec | 15. Decedant's (Specify only highast | Education grada completadi | | 16a. Deced | lant's Usual Occu | petion | of working | 1 | 6b. Kind of B | usinass/Inc | lustry | | |
| d within 72 hours af giene. or than "natural", or the Medical Evann | Completed | Elementary/Secondary (0-12) 12 years | | 1-4or 5+) | | kind of work done DO NOT use retin ewife | ed) | or working | | Home | | | | |
| al Hy | Be | 17. Fathar's Name (First, Middla, L. | ast) | | | | 18. Mothar | 's Nama (Fil | rst, Middla, M | e <i>idan Sum</i> an | na) | | | |
| Ment Ment wrked | 10 | Michael Louis S | telzer | | | | | Ann: | ie Hov | ward | | | | |
| and 2 should be file aith and Mental Hy 27 is marked othe or traumatic event. | | 19a. Informant's Name/Ralationshi Mr. Sidney Hoch | | | | g Addrass <i>(Stree</i> Hillsmer | | | | | | | | |
| mit. Pages 1 ar partment of Hea portant: If item; y injury or other | | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 4 ☐ Donetion 5 ☐ Other (Spe | Ramoval from | Cinta | cemetery, cran | sition (Nema of natory or other pla Forest V | | | | oc. Location 96 Owi | | wn, Stata | | |
| permit. Departminents any injury injury injury injury injury once. | | 21. Signature of Funeral Service U | | 00,00 | / Lo | Name end Addr | ass of Facility | eral l | Direct | ors, I | nc. | | | |
| | | 23a. Part1. Entar the disaasa, or c shock, or heert failure. List or | 7. new | sine! | 87 | 28 Liber | ty Rd. | Randa | allsto | wn, MD | 2113 | 3-4784 | | |
| certificate be executed with the contribution and contribution and contribution and contributions the contribution and contributions are the bundal-transit contributions. | /Medical Examiner | disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last | a. 10. 11. c. | Due to (o | or as a consaqu | | | | | | | | | |
| | | | d | | | | | | | | 1 | | | |
| het the did by the deteched | / Physicial | Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. | | | | | | | | 23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow | | | | |
| requir been s should | Completed by | | | | | | | | 24a. Was an parforme | autopsy ed? | con | re autopsy findings illabla prior to npiation of cause leath? | | |
| 0 - 5 | Eo | | | | | | | | 1 ☐ Yas | 2 1 No | | Yas 2□ No | | |
| ilcian: The | Be | 25. Was case refarred to predical | | | | | 28. Piaca o | of Death 1Ch | eck only ona | | | | | |
| G 00 Z | 10 | axaminar? 1 ☐ Yas 2 ☐ No | Hospitai: | inpatiant 2 | ER/Outpatiant | 3□ DOA Ot | hor. | | 5 ☐ Rasidan | | ar (Specify |) | | |
| Attending Ph or death. octor: After th by the funeral | | 27. Manner Daath 1 □ Netural 5 □ Panding 2 □ Accident Invastigat | | of injury th, Day Year) | 28b. Tima of Injury | 28c. inju Wo M 1 | | 28d. | Describe how | | | | | |
| D at a | Certification: | 3 Suicide 6 Could no determina | ad 28a. Place | of Injury - At ho ng, atc. (Specify | oma, farm, stra | at, factory, office | | 281. 1 | Location (Stra City or Town, | at and Numb Steta) | per or Rural | Route Number, | | |
| Hos Funer etely fill | edicai | 29e. Certifier (Check only one) | Physician: To tha aminer: On tha be and mani | best of my know esis of examinet ner stated. | wiedge, daath tion and/or Invi | occurred at the ti astigation, in my | ma, data and popinion, daath | placa, and d occurred at | lue to tha cau tha tima, data | se(s) end ma a and placa, | anner es sta and dua to | ated. the causa(s) | | |
| To the | W | 29b. Signetura and titla of continue | | 142 | | 29c. Licens | sa number | | 290 | . Date sign | d (Month, D | Pay, Year) | | |
| 16 | | 30. Nema and address of person wh | o completed care | a of death /Item | 23a) /Time 5 | Print) | 1 | | | 1 | 17 | 6 | | |
| 10 | | Howard J. Barber | | | | | 4 20. | D | 1 011-2 | 4.25 | | 2/122 | | |
| Sta | _ | 31. Data filad (Month, Day, Yaar) | 32. B | pgistrar's Signal | ture | rt Rd. \$ | 201 | Kanc | LAUISTU | m, n | 13. C | 71100 | | |

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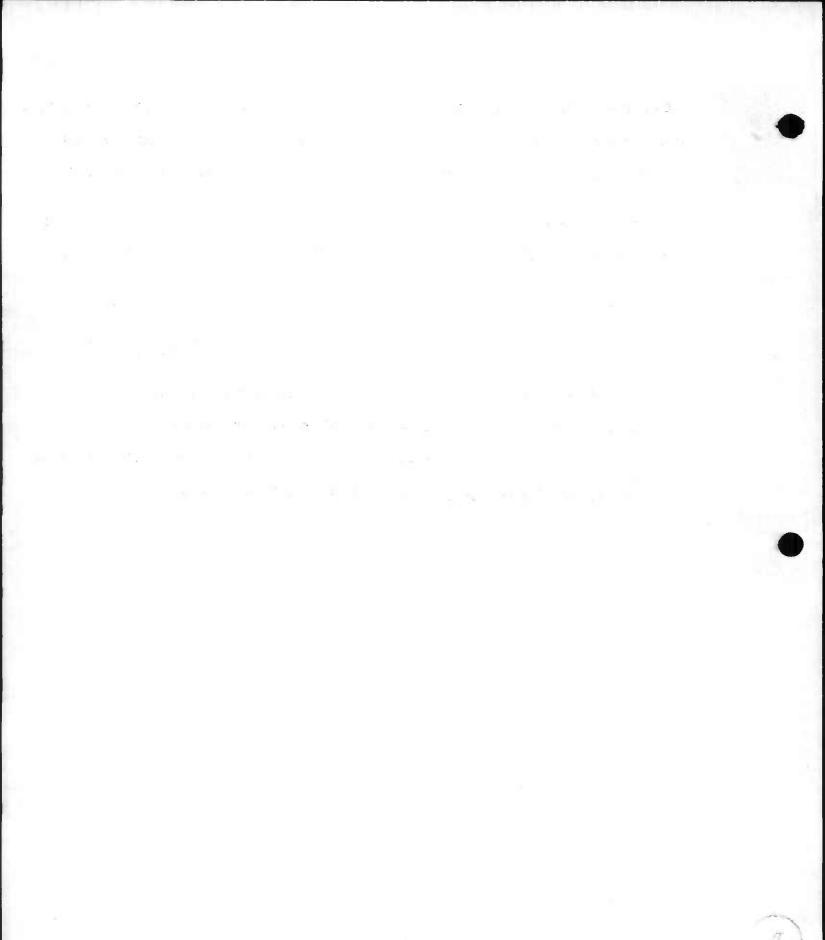
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| And Clar Charlette M. Haller-Love Dec. 7 1996 Control Dec. 7 1996 | . Time of Deeth |
| Second Secondy Number As Facility Name of Prox Interfactions, please street and number As Facility Name of Prox Interfact Commet Read As Facility Name of Prox Interfact Commet Read As Social Secondy Number Commetted Name Commetted | 4:55 P.M |
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| Donnal Haller/Daughter 20a. Method of Disposition Chematory Dec. Dete 20c. Location - City or Town, onemetry, Crematory Dec. Dete 20c. Location - City or Town, onemetry, Crematory Dec. Dete Catonsville, Dec. Dec. | |
| Donna Haller/Daughter 20a. Method of Disposition 20b. Please of Disposition (New Jacob of Sepectry) 20c. Method of Method of Disposition (New Jacob of Sepectry) 20c. Meth | 10) |
| Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Per II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Per III. Other significant conditions contr | Stata |
| Physician // Medical Examiner Physician // Medical Examiner 23e. Pert1. Enter that disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest and shock, or heert feliure. List only one ceuse on each line. 10 | Maryland |
| 23e. Part I. Enfer tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in the process of shock, or heart feiture. List only one ceuse on each line. Physician IMedical Examiner Physician Immediate Ceuse (Fine) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying 2 29. Due to (or es e consequence of): Due to (or es e consequence of): Due to (or as a consequence of): 29. Due to (or as a consequence of): 1 Yes 20 No 2 Yes 20 No 2 Yes | 61 |
| Immediate Ceuse (Finel disease or condition rasulting in deeth) Sequentially list condition rasulting in deeth) Due to (or es e consequence of): Due to (or es e consequence | proximete erval Between set end Deeth |
| Due to (or es e consequence of): Due to (or es e consequence of): | year |
| Ceuse Disease or injury their initiated events resulting in death) Last Dua to (or as a consequence of): D | |
| Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. Was an autopsy performed? 24e. Was an autopsy performed? 25e. Place of Death (Check only ons) 25e. Place of Death (Check only ons) 27e. Place of Death (Check only ons) | |
| Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the large significant conditions contribute to the large s | |
| 24e. Was an autopsy performed? 1 | cause of death? |
| Set of the | y 4 Unknown |
| 1 Yes 2 No No Yes 2 | autopsy findings ble prior to ation of cause th? |
| 25. Wes case referred to medical examiner? The property of | s 30 No |
| 1 Yes 2 No | |
| 27. Menner of Deeth Security | |
| 3 Sulcide 4 Homloide 3 Sulcide 4 Homloide 4 Homloide 4 Homloide 5 Sulcide 5 Sulcide 5 Sulcide 5 Sulcide 5 Sulcide 5 Sulcide 6 Sulcid | |
| 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted to the occurred et the time, dete end plece, end due to the occurred et the time, dete and plece, and due to the end manner stated. | ute Number, |
| N 4 0 | i. cause(s) |
| 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, | Year) |
| D27938 December 9, 1 | 996 |
| 30. Name and address of myon who completed cause of death (it in 25m (Type, Print) Dr. Mayer Gorbaty 795 Aquahart Drive Glen Burnie, MD 21061 | |
| State Registrar 31. Dele filed (Month, Dey, Year) DEC 11 1996 32. Registrar's Signeture June Dandson-Registrar's Signeture | |



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37 1 05

| | | | | | | Ce | rtificat | e of | Death | | 1 | Reg. No. | | |
|---|---------------------|---|--------------|---|---|---|---|----------------------|----------------|--|--|------------------------|--------------------------|--|
| Physicia /Medic | | 1. Decedent's Name (First, M Hilds | | la Hie | rs | | | | | | 2. Date of De Month | Day | Yeer 96 | 3. Time of Death 9:30 p. |
| Examin | _ | 4e. Fecility Neme (If not institute 221 Bo | nd A | ve. | m <i>ber)</i> | | | | Reis | sters | ocation of Deet | h 4c. Coun | ty of Deeth Balti | |
| _c Funeral Director | | 5. Social Security Number 217–26–0443 Usuet Residence of Decedent | | х]м 2 ∐ У́г | | lest birthday) Yrs. | If Under Months | 1 Year Deys | | 24 Hrs. Min. | 8. Date of Bir (Month, De Aug. 7 | th y, Year) 1904 | 9. Birth | place (State or Forei intry) aryland |
| Maryland -f show | tor | 10e. State 10b. Cou | | re | | ity, Town or Lo Reister | | | | | | | | 10d. Inside City Limi |
| 3a or 28a | al Director | 10e. Street end Number 221 Bond | Ave | | | | 10f. Zip | Code 211 | 36 | | | 10g. Citizen of | What Cou | |
| ars a | by Funeral | 11. Marital Status 1 Never Married 2 1 | | 12. Was Dec Armed Fo 1 ☐ Yes If Yes, Gi Year or D | ve | | Was Deced If Yes, spec | | | | ecify Yes or No Ricen, etc.) | | ace - Amer ack, White | |
| within 72 ho iene. then "netur The Wedical | Be Completed | 15. Dece (Specify only hig Elementery/Secondary (0-1 | | cetion e com <i>pleted)</i> College (| | 16a. Dece (Give iife. | dent's Usua kind of wor DO NOT us Hous | rk done se retire | during mos | t of work | ing | 16b. Kind of | Business/li | |
| ould be tiled within Mental Hygiene. Brkad other than etic event, tre Mental Hygiene. | To Be C | 17. Father's Name (First, Midd John Wesl | | hitcom | b | | nous | CMT | 1 | | e (First, Middle | | me) | |
| Heal Heal ther | | 19e. Informant's Neme/Relati Betty Gus] 20a. Method of Disposition 1 Buriel 2 □ Crematic | er on 3□R | | 0 | | Bond sition (Nem | Av | e., Re | eiste | el Route Numb | , Md. 2 | 1136 - City or T | |
| Department of Important: If it any injury or o | | 4 Donetion 5 Other 21. Signature of Juneral Serv | | | If. | | . Name end | d Addr | ess of Facili | yeral | Chapel | | | 21: |
| ang physicia e es the bur | in/Medical Examiner | Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Last | { |)) | Due to (| or as e consector es a consector es e consector es | uence of): | Ju | nl c | Ma ———————————————————————————————————— | utun | | | 2hours |
| gned by the be detached | by Physician | Pert til. Other eignificent cond | itions con | tributing to de | eath but not res | sulting In the u | nderlying ce | euse gi | iven in Pert i | | | | | to the cause of dea |
| has been a pe 2 should | Completed | ~ | 2 | | | | | | | | | en eutopsy ormed? | an cr | Vere eutopsy finding vellable prior to ompletion of cause deeth? |
| nector | Be | 25. Was case referred to med examiner? | - | ospital: | | _ thooses | | Ot | | | h (Check only o | one) | | |
| | Certification: To | 27. Manne of Death **Chatural 5 Pen 2 Accident inve | | 28e. Dete | of Injury th, Dey Year) | 28b. Time of Injury | M 26 | Bc. Inju Wo 1 | 4 LI NU | No | me 5 Residence 28d. Describe | how injury occu | rred | |
| 1.3 章目 | edical Certif | 29a. Certifier 12 Certif | ytng Phys | buildi | of Injury - At hing, etc. (Special best of my knows of examination) | fy) owledge, deeth | occurred e | at the ti | me, date en | d place | and due to the | wn, Stete) | annar ac | el Route Number, |
| | - | 29b. Signature and title of cert | 1 | and meni | ner stated. | - Sido in | | | number | Vg C | os at the time, | 29d. Date sign | | A STATE OF THE STA |
| State Registra | e | 30. Neme and address of pers Howard T.Go 31. Data fied (Month, Day, Yer DEC 1 1 1996 | cher | mo | e of death (Itel 531) egistrar's Signal | 010 | Cour | + | RO- | #20 | Ra | ndall | stown | n,m021 |

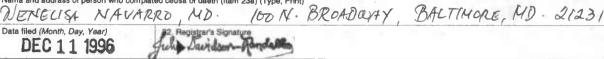
.2 may not see POTE ON PROPERTY S. LES U. S. P. C. P. C. The second of th

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** DECEMBER 05, 1996 EVELYN HICKMAN 2040 /Medical 4a. Facility Nama (If not institution, giva straat end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner CHURCH HOME HOSPITAL BALTIMORE If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) Birthplaca (Stata or Foraign Country) **Funeral** 10 M 20 F Yrs. 76 Director 217-05-9939 July 28 1920 Maryland Usual Rasidance of Decedant 10a Stata 10c. City, Town or Location 10b County 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at 1 X Yes 2 □ No Director Md. n/a Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ŏ 432 East Randall Street 21230 USA 23a items ; 12. Was Dacadant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bleck, Whita, etc. 11 Marital Status filed within 72 hours efter 1 Navar Merried 2 Marriad imore, Maryland 21215-0020 natural, or 1 Yas 2 XNo Specify: Specify: White by 3 XWidowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highest grada complated) 16b Kind of Business/Industry Important: If few 27 Is merked other than any Injury or other traumatic event. The Magnes. Elamantary/Secondary (0-12) Coltaga (1-4or 5+) Home Owner Homemaker 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Peges 1 and 2 should be tent of Health end Mental Joseph Alfred North Sarah Catherine Della 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Audrey Carter/ Sister 432 E. Randall Street Baltimore, Md. 21230 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a Mathod of Disposition DEC. 9 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Glen Haven Mem. Park 1996 4 ☐ Donation 5 ☐ Other (Spacify) Glen Burnie, Md. 21. Signature of Funeral Seprice Licensee 22. Nama end Address of Facility McCully Funeral Home of South Balto. wa 130 E. Fort Ave. Baltimore, Md. 21230 23a. Pert1 Enta/ tha diseesa, or complications that caused the death. Do not antar tha moda of dying, such as cerdiac or raspiratory arrest, shock, or haart failura. List only one cause on each line. Approximate Interval Batween Onsat and Deeth Physician BILATERAL PNEUMONIA /Medical Immedieta Causa (Final lew days disaasa or condition rasulting in daath) **Examiner** Examiner The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immadiate ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): physician s the buriel P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown URINARY TRACT INFECTION Records, by 24b. Wara autopsy findings evellebla prior to Completed ATRIAL FIBRILLATION 24a. Wes an autopsy performed? complation of cause of death? HYPERTENSION 1 Yas 2 No 1 Yes 2 No certificate of Vital or Attending Physician: Be 25. Was cesa rafarred to medicel axaminar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Hospital: 1 Dinpatiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Certification: To After this 27. Manner of Death 1 ☑ Natural 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. tnjury at Work? Division 5 Panding Invastigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature end title of certifier 29d. Deta signed (Month, Day, Year) 29c. License number DECEMBER 05, 1996 ded - fecialite Kroanow

State Registrar

19

31. Data filed (Month, Day, Year) DEC 1 1 1996

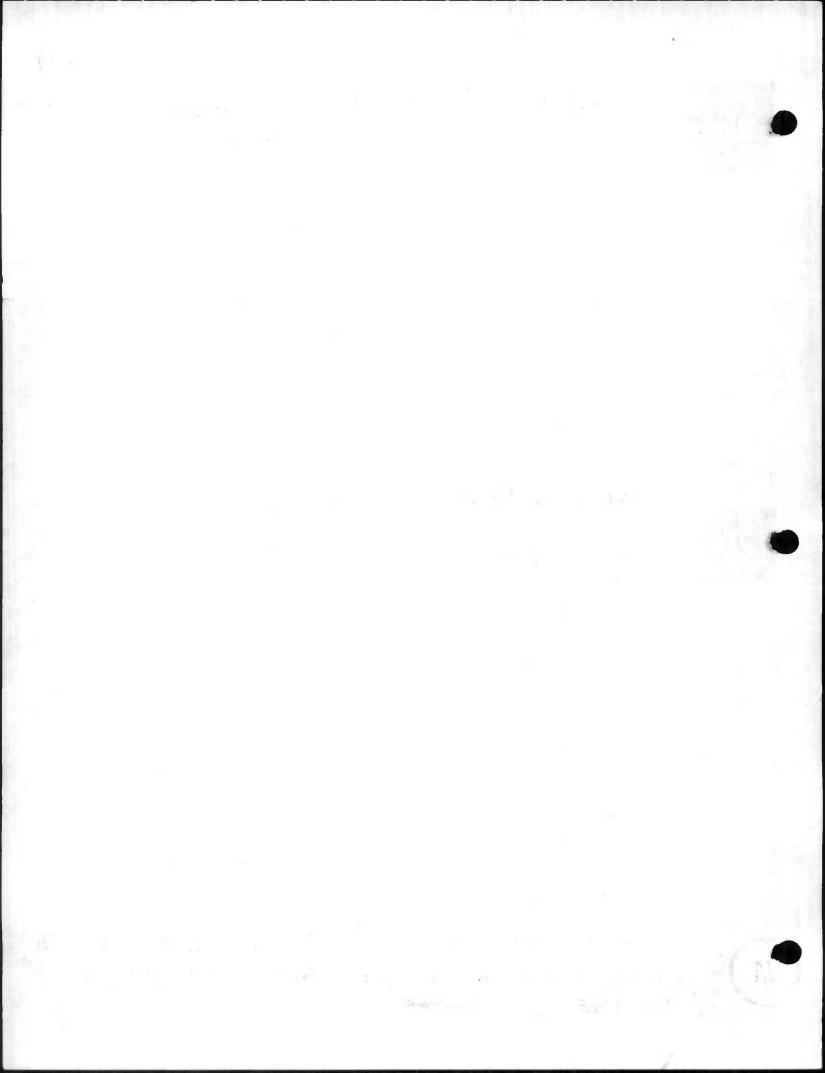


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State of Maryland / Department of Health and Mental Hygiene 96 37107

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| Madical Raminer Part | Depart Import any in | | 21. Signature of Funeral Service Licen | e Cu | OND | | | ss of Facility H. Woot | Aveni | 10 Br. H | LI HIL | 2-17 | 15 |
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| 27. Manner of Death 28a. Data of injury 28b. Time of Injury | cate h | | | | | | | | 1 🗆 | Yes 2 No | 10 | Yes 22 | No |
| 27. Manner of Death 1 | certifi iracto | | axaminer? | Hospital: | | | Othe | | | | | | |
| 1. Natural 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 4 Homicide 4 Homicide 5 Place of Injury - At home, farm, streat, factory, office 2 281. Location (Street and Number or Rural Routa Number or Town, State) 2 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 3 DEC 08 19 | er this leral d | | 77. Manner of Death | 28a. Data of inj | ury 28b. T | ime of | UA | 4 Nursing F | | | | 1 | |
| 3 Suicida 4 Homloide 28e. Place of Injury - At home, farm, straat, factory, office 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and title of certifier 29b. Signature and title of certifier 29c. Licanse number 29c. Licanse number 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) | or: After he fun | | 2 Accident Investigation | | ay raar) in | | | | | | | | |
| 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. Licanse number 29c. Licanse number 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) | al Directoried in by the Certific | | determined | 286. Place of Ir | ijury - At home, far tc. (Specify) | m, straat, factor | y, office | | 28f. Location City or To | (Street and Numb wn, Stata) | er or Rural | Routa Nun | n <i>ber,</i> |
| 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) D 15503 DEC 08 19 | in 24 hound he Funer pletely fill edical | | Onech only 2 Medical Exam | iner: On the basis of | of examination and | deeth occurred for Investigation | at the tim | e, date and place pinion, death occu | , and dua to the rred et the time, | cause(s) and ma , date and place, | anner as sta end due to | ited. the ceusa(| s) |
| | Tot | | | Macer | M.D | 29 | C. Licanse | number 550 | 3 | DEC | d (Month, D | ay, Year) | 9 |
| 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) AMADINI NINAEEM SOI DOLLDING STREET BALTIMORE MD 17 | V | 3 | 0. Name and address of person who of | ompleted ceuse of | deeth (Item 23a) (| Type, Print) | ins | treat P | altimo | ere M | 213 | 7- | × |



State of Maryland / Department of Health and Mental Hygiene 0 C 27100

| | | 1. Decedent's Name (First, I | Aiddle 1 - | net) | | | ertificate o | | | 2. Dete of De | Reg. No. | | - | O Time of Daily |
|---|--|--|--|---|--|--|--|--|---------------------|---|---|--------------------------|---|--|
| hysici | an | | VIIOUIB, LE | 15() | | | TAME | | | Month | Day | | Yeer | 3. Time of Deeth |
| /Medic | | Dorothy 4a. Fecility Neme (If not inst. | itution aiv | ve street and num | ber) | | JAMES | 4b. City. To | | December | | | 996 1 of Death | 1:00 p.m |
| Examin | ier | Franklin Squ | | | | 0.2 | | | ltimo | | | | | |
| uneral | | 5. Social Security Number | | | - | s. last birthday |) If Under 1 Yea | ar If Under | 24 Hrs. | 8 Date of Bi | rth | LCIN | nore 9. Birthola | ce (Stete or Foreign |
| rector | | 218-80-6678 Usuel Residence of Decede | | 1□M 2∏F | 86 | Yrs. | Months Day | s Hours | Min. | (Month, Di | ay, Year) 15,191 | 10 | Mary | land |
| M W | | 10a. State 10b. Co | | | 10c. C | City, Town or L | ocation | | | | | | 100 | d. Inside City Limits |
| Tool I | tor | Maryland Har | ford | | | E | dgewood | • | | | | | | 1□ Yes 狐 No |
| E-TIO | irec | 10e. Street and Number | | | | | 10f. Zip Code | | | | 10g. Citize | en of W | hat Country | y? |
| dist | a | 105 Kennard | d Ave | enue | | | | 21040 | | | U. | .S.A | A. | |
| event, the Modical Examiner must be notified at | by Funeral Director | 11. Maritel Status 1 □ Never Married 2 □ Never | | 12. Was Deced Armed Ford 1 Yes 2 If Yes, Give Year or Dal | ces? 2∭No | U,S. 13. | Was Decedent of It Yes, specify Cu | | | cify Yes or N Rican, etc.) | | | - American k, White, etc | c. |
| 20 | Pg | | adent's E | | | 16a. Dece | edent's Usual Occ | upetion | a - d al-t- | | 16b. Kind | d of Bus | siness/Indu | stry |
| Name of | Completed | (Specify only fi | | ade completed) College (1- | 4or 5+) | life. | e kind of work dor DO NOT use reti | red) | t of workir | ng | | | | |
| <u> </u> | 50 | 8th grade | | | | He | omemaker | | | | | Owr | n Home | 2 |
| 000 | Be | 17. Father's Name (First, Mic | ddle, Last | ") | | | | 18. Mothe | r's Name | (First, Middle | , Maiden S | <i>um</i> eme | э) | |
| matic | To | George | | Beregoy | | | | Em | | | ıltz | | | |
| any injury or other traumatic event, # Once. | | 19a. Informant'a Name/Reia Mr. Russell | | | 1\ | | ing Address (Stre | | | | | | | Code) |
| ther | | 20a. Method of Disposition | ames | (husba | | | Kennard | | rage | Date Date | | 2104 | Oity or Town | n Ctata |
| 0 | | 1 XBurial 2 ☐ Crema | | | Idle | | osition (Name of ematory or other p | | 1 | | 20G. LOG | ation - (| City of Town | n, State |
| i . | | 4 Donation 5 Doth | | | Мо | | Mem'l P | | | 2/9/96 | Balt | imo | re, M | laryland |
| once. | | 21. Signatura dyrundy Se | yaco Liga | 1//2 | > | 2 | 2. Name and Add Schimun | | | Homes. | Inc. | | | |
| | | 17mmc | a/ | All | | | 9705 Be | lair Ro | d., E | altimo | re. M | | 21236 | |
| | | 23a. Pert1. Enter the diseas shock, or heart failure. | List only | one ceuse on ea | used the de ch line. | ath. Do not en | nter the mode of d | ying, such es | cardiac o | r respiratory a | arrest, | | A | pproximate |
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| call | | Immediate Cause (Finel | | | | | | | | | | | | Onset and Deeth |
| | | Immediate Cause (Finel disease or condition resulting in death) | | e. Conge | | Heart | Failure | | | | | | C | |
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| er | ıminer | disease or condition resulting in death) | • | _{e.} Conge | Due to | Heart (oras a conse nosis | Failure equence of): | | | | | | C | Onset and Deeth |
| er | Examiner | disease or condition resulting in death) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying | ſ | _{b.} Mitra | Due to Due to | Heart (or as a conse nosis (or as a conse | Failure equence of): | | | | | | C | Onset and Deeth |
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| משפע ז איניסטום כם מפנימטום וכן מספ פס דום מחושב השוצון | To Be Completed by Physician/Medical | disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant cordinates the examiner? 1 Yes No 27. Menner of Death 1 Naturai 5 Processor of the condition of the cause of the ca | anditions of dical | b. Mitra c. Chron d | Due to I Ste Due to Lic At Due to the but not re patient 2[Injury Day Year) | Heart (or as a conse | Failure equence of): quence of): ibrillat: quence of): underlying cause of the control of the | 26. Place 26. Place 26. Place 27. Value of the control of the c | of Deeth arsing Hon | 23b. Did 1 24a. Was perf 1 (Check only ne 5 □ Res 88d. Describe | Yes 2 one) Idence 8 how injury | No No | 1 1 24b. Were evell comported to the comport of decircular or (Specify) and | he ceuse of death' bly 4 Unknow e autopsy findings able prior to pletion of cause ath? Yes 2 No |
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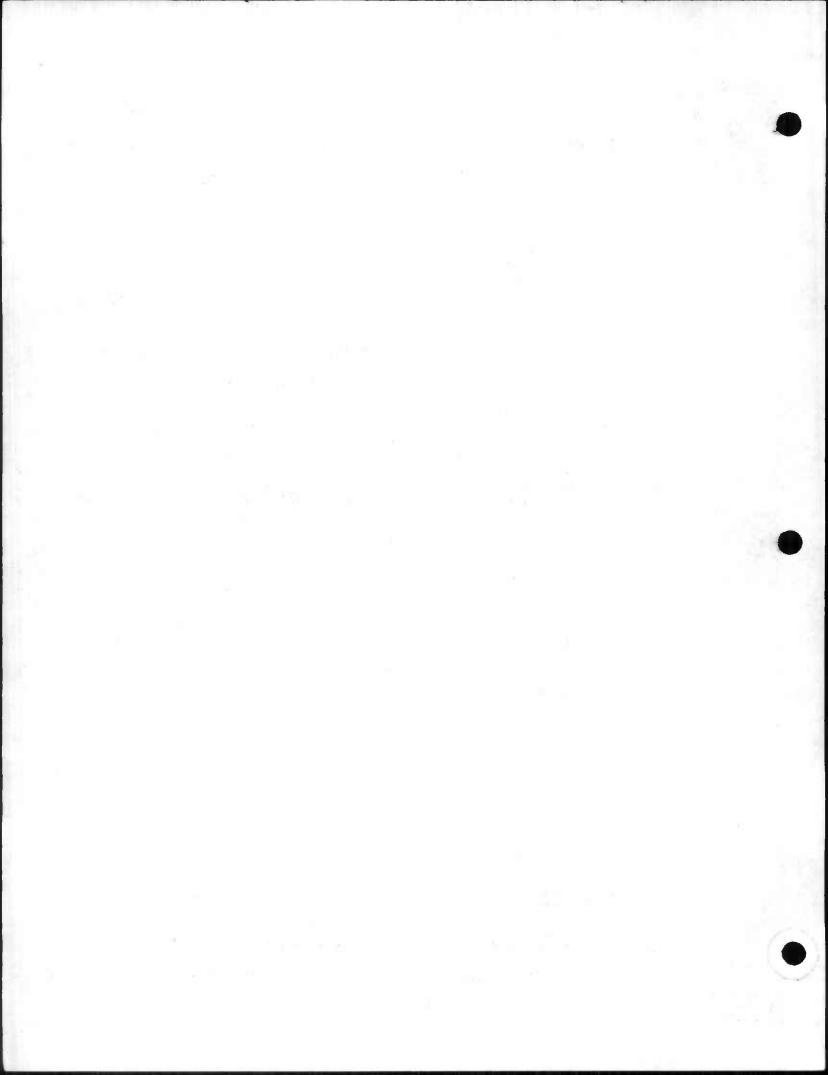
THE RESERVE

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State of Maryland / Department of Health and Mental Hygiene 96

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| | | | | | | Cen | tificate o | f Death | | Reg. No. | | 01103 |
|----------------------------|---|------------------|---|---|-------------------------------|-----------------------------|---|---------------------------------------|---|--|--|--|
| | Physic | | 1. Decedent's Neme (First, Middle, Lucy B. John | | | | | | 2. Dete of D Month Decem | eeth | 1 996 | 3. Time of Death 3:20p.m. |
| V | /Medi Exami | | 4e. Fecility Neme (If not institution, | give street end number, |) | | | 4b. City, Town, | or Location of Dee | | | 3.20p.m. |
| - | , Funeral | | Manor Care-Ru 5. Social Security Number | | ge (In yrs. les | | if Under 1 Yea | | Hrs. 8, Date of B | | | County lece (State or Foreign |
| L | Director | | 215-12-8368 Usuel Residence of Decedent | 1 1 1 2 2 3 1 | 81 | Yrs. | | | May 10 | | Md. | - |
| | /land | | 10a. State 10b. County | | 10c. City, T | Town or Loc | ation | | | | 10 | 0d. Inside City Limits |
| | the Man 28a-f sh scutted | ector | Md. N/A | | Balt | imore | 105 7to Onde | | | 40-00-24 | | XXYes 2 No |
| | 23e or | Funeral Director | 2118 N. Fulton | Avenue | | | 10f. Zip Code 21217 | | | U.S.A. | whet Count | Iry? |
| Maryland 21215-0020 | filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or ferms 23e or 28e-f show ent, the Medical Exercises trivial to notified at | by | 11. Maritel Status 1 □ Never Merried 2 □ Marrie 3XC Widowed 4 □ Divorcad | 12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Detes: | ? | It | as Decedent of Yes, specify Cu □ Yes 2X N | Iban, Mexican, Pi | ? (Specify Yes or N uerto Rican, etc.) | Bla | ca - America ck, White, e by: Blac | etc. |
| 15-0 | hin 72 hours a. an "netural", | Completed | 15. Decedent's (Specify only highest | Education grade completed) | 1 | (Give k | int's Usual Occ ind of work don | e during most of | working | 16b. Kind of B | usinass/Ind | Justry |
| 121 | within piena. r than | dm | Elamantary/Secondary (0-12) | Collaga (1-4or | | | onotuse reti eria Ma | | | St Det | er Cl | laver School |
| d 2 | be filed withintal Hygiena. | | 11th Grade 17. Father's Neme (First, Middle, La | rst) | | Carete | erra ma | | Name (First, Middl | | | aver bence |
| /lan | S is b | To Be | William Wood | , | | | | | etta Butl | | 10) | |
| lan | and a ma | - | 19e. Informant's Name/Reletionship | (Type, Print)Niece | e | 19b. Mailing | Address (Stra | at end Number o | r Rural Routa Num | ber, City or Town | State, Zip | Code) |
| | C TO N F | | Shirley M. Watt | s | | | | nor Ct I | Hunt Vall | | | |
| Baltimore, | Pages 1 a lent of Heam mt: If Item ry or othe | | 20e. Method of Disposition 1 □ Burial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe | | cem | etery, creme | ition (Name of etory or other p Forest | | 12/10/9 | 6 Owing | | |
| Balti | permit. Pages 'Department of Himportant: If Ite any Injury or or once. | | 21. Signature of Funarel Service Lie | censee | OCILI | 22. | Name and Add | Iress of Fecility 1 | Nutter Fu | neral Ho | mes, | Inc. |
| | | | 23e, Part1. Enter the diseese, or co | emplications that cause | d the deeth. I | | | | Bandiac or respiretory | | Ma. | Approximate |
| Ų. | Physician | | shock, or heart feilure. List or | ly one cause on which li | ine. | | | , | | | | Interval Batween Onset and Death |
| A | /Medicai | | immediate Cause (Final diseese or condition | Cons | Mora | ancul | ar a | eciden | + | | i | 2 months |
| | Examiner | | resulting In death) | ө | Due to (or as | | | · · · · · · · · · · · · · · · · · · · | | | 1 | |
| - | p # | Iner | NO. O. T. | | · | | | | | | | |
| ó | execute an end riel-trans | Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Entar Undarlying | D | Due to (or es | s a conseque | ence of): | | | | | |
| x 68760, | eeth certificate be executed attending physician end for use as the bunel-transit | /Medical | Ceusa (Disaase or Injury thet initieted events resulting In deeth) Lest | d | Due to (or es | a conseque | ence of): | | | | | |
| Box | thet tha deeth certined by the attending detached for use a | Physician | Part II Other elgoifteent conditions | contributing to dooth b | us not requisie | a la tha usa | factorian accord | nhan In Day I | ook Di | | | Ab |
| P.O. | by the | hys | Pert II. Other significant conditions | | | | | given in Pert I. | | Yes 22 No | | the cause of death? |
| S, F | 2 50 | ру Р | Pseudomonas | Bronchi' | trs, | 1574 | ma | | - | 2,2,300 | 001100 | aciy 4 dinini |
| Division of Vital Records, | been s | Completed | | | | | | | | s an eutopsy formed? | ave | are eutopsy findings sileble prior to appletion of ceuse death? |
| ž | m | E | | | | | | | 10 | Yes 2000 | | Yes 2□ No |
| ita | ysician: The s certificate director, peg | Bec | 25. Wes case referred to medicel examiner? | | | | | 26. Plece of | Death (Check only | ona) | | |
| > | physic this ce al dire | To T | 1 ☐ Yes 2 No | Hospitel: 1 Inpatie | ent 2 ER | /Outpatient | 3□ DOA | ther: 412 Nursin | g Home 5□Res | idence 8 DOth | er (Specify | , |
| ion | | Certification: | 27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investiget | 28a. Date of this (Month, De | iry Year) 28 | b. Time of Injury | 28c. Inj W M 1[| | | how injury occur | | |
| Divis | 25 = 5 | ertific | 3 ☐ Suicide 6 ☐ Could not datarmine | | ury - At home c. (Specify) | , farm, stree | et, fectory, office | 9 | 28t. Location City or To | (Street and Numbown, Stete) | er or Rurel | Route Number, |
| | To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | edical C | 29a. Cartifier (Check only one) 1 Certifying I | Physician: To the best of aminer: On the basis of and manner steep | t examinetion | dga, daath o end/or inve | occurred et the stigetion, in my | tima, data and pl | ece, end dua to the | a causa(s) and me , dete end place, | ennar es str and due to | ated. the cause(s) |
| | of the | Me | 29b. Signature and title of certifier | and mainer sit | 516G. | | 29c. Lice | nse number | | 29d. Dete signe | d (Month, E | Dev. Year) |
| 1 | - 5 - 0 | | Patricia a | landell | 5 | | | 02720 | 9 | | 10/9 | |
| 1 | 12 | | 30. Name end address of person who PATRICIA A SAN | o completed ceuse of d | leeth (item 23 | le) (Type, Pr | | | | OWSON | , no | , 21204 |
| | Sta | _ | 31. Dete filed (Month, Dey, Year) | A CONTRACTOR | ar's granature | 200 | | | | | | |
| | Registr | ar | DEC 1 1 1996 | d'and and | 1 | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month December :30 AM Johnson 1996 ecelia /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner LIBERTY MEDICAL CENTER BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 0 9/112/1923 5. Social Security Number 9. Birthplaca (State or Foreign Country)
Maryland 7. Aga (In yrs. last birthday) **Funeral** 1 ☐ M 2 🛣 F 214-26-8422 73 Yrs Director Uauai Rasidance of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28s-f show other traumatic event, the Modical Examinar name be notified at MD N/A X Yas 2 No Baltimore Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2501 Violet Avenue 21215 U.S.A. Funeral 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) permit. Pagas 1 and 2 should be filled within 72 hours after c. Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or then any injury or other traumatic axant. 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 Ho Specify: Black ģ 3 XWidowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) Elementery/Secondary (0-12) Collaga (1-4or 5+) Concrete Cook 6th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Thomas Johnson Mae Catherine Robinson 19a. Informant'a Name/Raiatlonship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Sherry Lee Jones 3461 Cottage Avenue, Baltimore, MD 21215 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramovai from Stata Randallstown, MD King Memorial Park 12/13 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funarai Sarvice Licensea 8 SON, FUNERAL, HOME yett LIBEMO eroy 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final a. Staphylococcus Aureus Septicemia
Dua to (or as a consequence of): disaasa or condition rasulting in daath) Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events eneb vova scu P.O. Box 68760, Physician/Medical that initiated events rasulting in deeth) Last USB been signed by the a should be detached t Part II. Other algorificant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of pleath? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. Aq 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? 1 Yas 2 No 211 No cartificata Attending Physician: 25. Was casa referred to medical Be 26. Piaca of Daath (Check only ona) axaminar? Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 No 1 dinpatlant 2 ER/Outpatient 3 DOA 2 1 Yas this uneral 27. Manger of Death 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28d. Dascribe how injury occurred Medical Certification: 28b. Tima of Ather 1 Netural 5 Pending death. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant Director: 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide 1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, date end place, and dua to tha causa(s) and mennar ss steted.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the tima, date and piece, and dua to the causa(s) and manner steted. 29a. Certifier 29b. Signetura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) Will II M.D. 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) George E. Wilks M.D. 24 31. Data filed (Month, Day, Year) 32. Registrar Signature State DEC 11 1996

Registrar

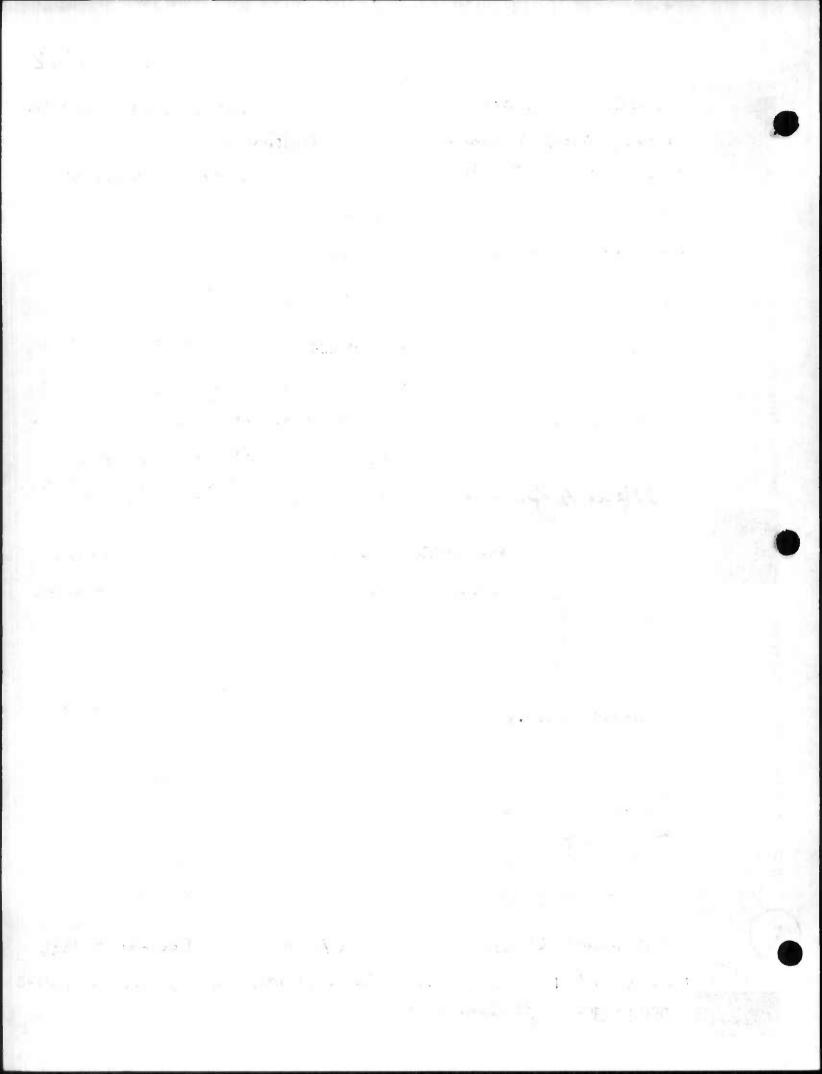
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedent's Nama (First, Middla, Last) 2. Data of Death **Physician** Rose M. Jacobs 0630 December 1996 /Medical 10 4a. Facility Nama (If not Institution, giva straet end numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore City Union Memorial Hospital n/a If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) If Under 1 Year Funeral Birthplace (State or Foraign Country) 1 ☐ M 2 ☒ F Days Yrs. 213-12-4482-A **Director** 79 4/16/1917 Baltimore, MD Usual Rasidance of Decedant filed within 72 hours after deeth with the Marylend 10e. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ms 23a or 28a-f shov MD Director n/a 1 X Yas 2 No Baltimore 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 3227 Lawnview Avenue 21213 USA Funeral items 2 12. Wes Dacedant Ever in U,S. Armed Forces? 1X Yas 2 □ No If Yas, Giva Yeer or Datas: Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) Rece - Amarlcen Indien, Black, White, atc. 11. Marital Status The Medical Examiner 1 Navar Married 2 Marriad 21215-0020 ò White 1 ☐ Yas 2 ☑ No Specify: þ 3 Nidowad 4 ☐ Divorced 'naturel' Completed 15. Dacedent's Education (Specify only highast greda completed) 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) Collega (1-4or 5+) American Can Co. Checker-Supervisor 9th Baltimore, Maryland 17. Fether's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Sumema) Be ould be f marked John Lombardo Pages 1 and 2 should traumatic Anna Fiacia and I 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Address (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2: Department of Health at Important: if item 27 is any injury or other tracence. 7253 Stratton Way Baltimore, Md. 21224 Edward C. Jacobs 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burlai 2 ☐ Cramation 3 ☐ Ramoval from State 12/13/96 Baltimore, Maryland Oaklawn Cemetery 4 Donetion 5 Other (Spacify) Stgnatura of Funaral Sarvice Licensee 22. Name and Addrass of Facility Joseph N. Zannino Jr. F.H. esecu 1 263 S. Conkling St. Baltimore, Md. 21224 princes or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, but only one cause on sech line. Approximete Intarvai Between Onsat and Deeth **Physician** /Medical Electronichanical mediata Causa (Finel disaasa or condition rasulting In death) Examiner Dua to (or as a consequance of) erestol e de The lew requires that the death certificate be executed Saquentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Causa (Disaasa or Injury that initiated avants resulting in death) Last the bunial-tran end Box 68760. ettending physician eDro-JEI anda Physician/Medical 4-thero signed by the el Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 1 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to complation of ceuse of death? Completed 24a. Was an autopsy performed? certificate has 1 Yas 2 No 1 Yas 2 No To'the Hospital or Attending Physician: Be 25. Was cesa rafarrad to medicel 26. Pleca of Death (Check only ona) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No After this Medical Certification: 27. Menner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Tima of 1 Naturei 5 Panding invastigation deeth. 1 Yas 2 No 2 Accident Director: 3 Suicida 6 Could not be in by t 28e. Place of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) after 4 - Homicide within 24 hours aft To the Funeral DI completely filled in 29a. Certifia Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. 29b. Signature and 10b of ceptifier 29d. Dete signed (Month, Day, Year) 10 30. Nama and address of person who completed causa of death (Item 23e) (Type, Print) 5, GM 20010 201 31. Data filed (Month, Dey, Year) 32. Registrer's Signature State DEC 1996 Registrar

4,100 .

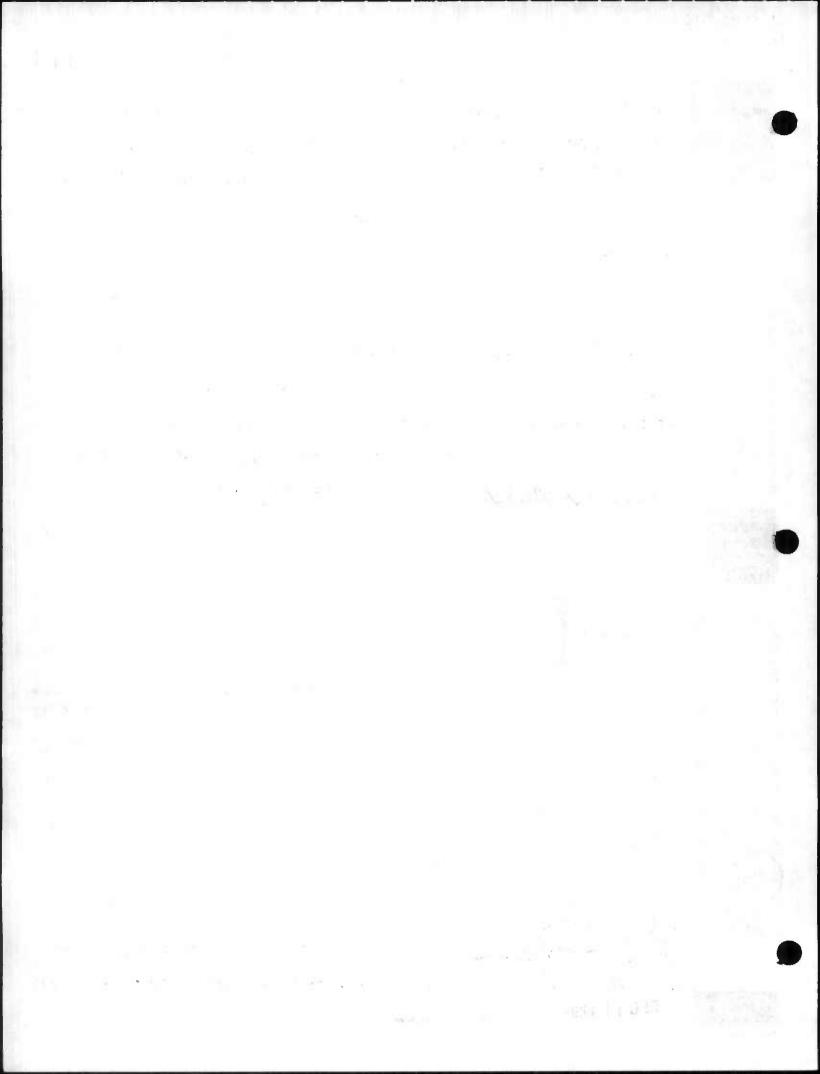
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

| | Physic | lan | 1. Decedent's Neme (First, Middle, Les | - | | ertificate of | | | leg. No. | 3. Tima of Deeth |
|---|---|---------------------|--|--|------------------------------|--|---|---|---------------------------------------|--|
| S. | /Medi | cal | Amelia M. | dester | | | 4h City Town and | Dec. | | 6 12:25 Am |
| u | Examlı | ner | 4a. Fecility Neme (If not Institution, give | | | | Baltin | | 4c. County of | Deeth |
| | Funeral Director | | 5. Social Security Number 6. S 21.5-10-3306A | | | y) If Under 1 Yaar Months Days | If Undar 24 Hrs. Hours Min. | 8. Data of Birth (Month, Dey 5/16/1 | 1 | 9. Birthplece (Stete or Foreign Country) aryland |
| | and | | Usuei Residence of Decedent 10e. State 10b. County | 10c. C | ity, Town or | Location | | | | 10d. Inside City Limits |
| | Many First | to | MD n/a | | Balt | cimore | | | | 1⊠Yes 2□No |
| | or 284 | Jirec | 10e. Street and Number | | | 10f. Zip Code | | 1 | 0g. Citizen of Wh | net Country? |
| | 23a | ral | 212 S. Clinton | Street | | 21224 | 4 | | US | A |
| 21215-0020 | be filed within 72 hours after death with the Maryland nat Hygiene. Id other than "natural", or Nems 23a or 28a-f show event, the Modeal Evant ett avait be notified at | by Funeral Director | 11. Maritel Status 1 Never Married 2 Married 3 W Widowed 4 Divorced | 12. Wes Dacedent Ever in L Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yaer or Datas: | J,S. 13 | 3. Was Dacedent of H If Yas, specify Cuba 1 ☐ Yes 2 ☐ No | dispenic Origin? (Sp an, Mexican, Puerto Specify: | ecify Yes or No- Rican, etc.) | | - American Indien, White, etc. White |
| 2-0 | 72 ho | eted | 15. Decedent's Ed (Specify only highest gree | ucation de completed) | (Gis | cedent's Usuel Occup ve kind of work done | during most of work | ina | 16b. Kind of Busi | iness/Industry |
| 121 | within ene. | Completed | Elementery/Secondery (0-12) | College (1-4or 5+) | life | ice- Cle | d) | - | Brager | -Eisenberg |
| | Hygie ther ther | | 8th 17. Father's Nema (First, Middle, Last) | | 0 3. 1 | 100 010 | 18. Mother's Nem | e (First, Middle, | Meiden Sumema |) |
| Maryland | should be ind Mental I | To Be | Theodore Koch | | | | Ella El | | | |
| lary | 2 should and Men is marka | - | 19e. Informent's Neme/Reletionship (7 | | | lling Address (Street | and Number or Run | el Route Numbe | r, City or Town, S | |
| , X | 1 and 2 Health em 27 I | | Theodore Jester | | | | | et Bal | timore | , Md. 21224 |
| Baltimore, | Pages nent of int: If it ury or o | | 20e. Method of Disposition 13D Burial 2 □ Cramation 3 □ 4 □ Donetion 5 □ Other (Specify | Hamovai irom State | | position (Name of remetory or other place Cemetel | - | | 20c. Location - C | ity or Town, Stata Maryland |
| Ball | permit. Departulmports any inju | | 21. Signatura of Funeral Service Licent | Zernese | | 22. Name and Addre | 008 | | | Jr. Funeral Hm . 21224 |
| 1 | Physician /Medical Examiner | | 23e. Pent 1. Enter the disease, or conformation of the conformatio | | | Cancer | ng, such as cardiac | or respiretory arr | est, | Approximate Intervel Between Onset and Death |
| | | o | | | | equence of): | | | | |
| 0, | cate be executed physician and the burial-transit | Examine | Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying | b. Colon Due to (d | | equence of): | | | | mounths |
| x 68760, | # 6 H | /Medical | Cause (Disease or Injury that initiated events resulting in daeth) Lest | Dua to (c | or es e conse | equence of): | | | | |
| Box | death cert e attendin id for use | iciar | Part II. Other significant conditions co | antributing to death but not you | udaling in the | vadadidas savis ali | on in Dani I | Ont Distan | | The day as the same of death 0 |
| 9, P.O. | # 6X | by Physician/N | Heart Di | | culting in the | underlying cause giv | en in Part I. | | | ibute to the cause of death? B Probably 480 Unknown |
| Vital Records, P.O. | aw raqui s been s 2 should | Completed b | | J | | | | 24e. Was a perform | | 24b. Wara autopsy findings evaileble prior to completion of cause of death? |
| al H | 产 養恩 | | | | | | | 1 □ Ye | es 2 XNo | 1 ☐ Yes 2 ☐ No |
| \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | Physician: The this certificate ral director, pag | 9 Be | 25. Was case referred to medical examiner? | Hospitel: 🔥 | | ont all DOA Oth | 26. Plece of Deetl | | | |
| Division of | Attending Physic death. ector: After this by the funeral d | tion: To | 1 Yes 2 No 27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigation | 28e. Dete of injury (Month, Day Year) | 28b. Time fnjury | of 28c. Injur | 4 Li Nursing no | | ence 6 Other ow Injury occurred | |
| Divis | 5 음등 5 | Certification: | 3 Sulcide 6 Could not be 4 Homicide determined | 28e. Place of Injury - At he building, etc. (Specification) | ome, farm, s | street, factory, office | | 28f. Location (SI City or Town | reet end Number n, Stete) | or Rural Route Number, |
| _ | h 24 hours in 24 hours of Puneral Spielely Illiad | edicai (| 29e. Certifier (Check only one) 1 ← Certifying Phy 2 | rsician: To the best of my kno iner: On the basis of examina and mennar stated. | wiedge, dee tion end/or l | oth occurred et the tin investigation, in my o | ne, dete and place, pinion, deeth occurr | and due to the co | ause(s) and manr ete and place, an | ner as steted. d due to the ceuse(s) |
| π | of of of | Σ | 29b. Signatura and titla of certifiar | • | | 29c. Licens | | | | (Month, Day, Year) |
| L | | | 13. Momen | ", MD | | 01 | 1230 | | Decemb | ser 9, 1996 |
| | 15 | | 30. Neme end eddress of person who co | ompleted cause of deeth (Item | n 23e) (Type | e, Print) | 1 | | 12 1. | oer 9, 1996 ore, no 21202 |
| | CL. | to | Mercy medical 31. Dete filed (Month, Day, Year) | 32. Registrers Sinat | IJep1 | . Inter | mel Me | diane | Bultim | s-e, my 21202 |
| | Sta Registr | | DEC 1 1 1996 | 32. Registrers Signs | andelle | | | | | |

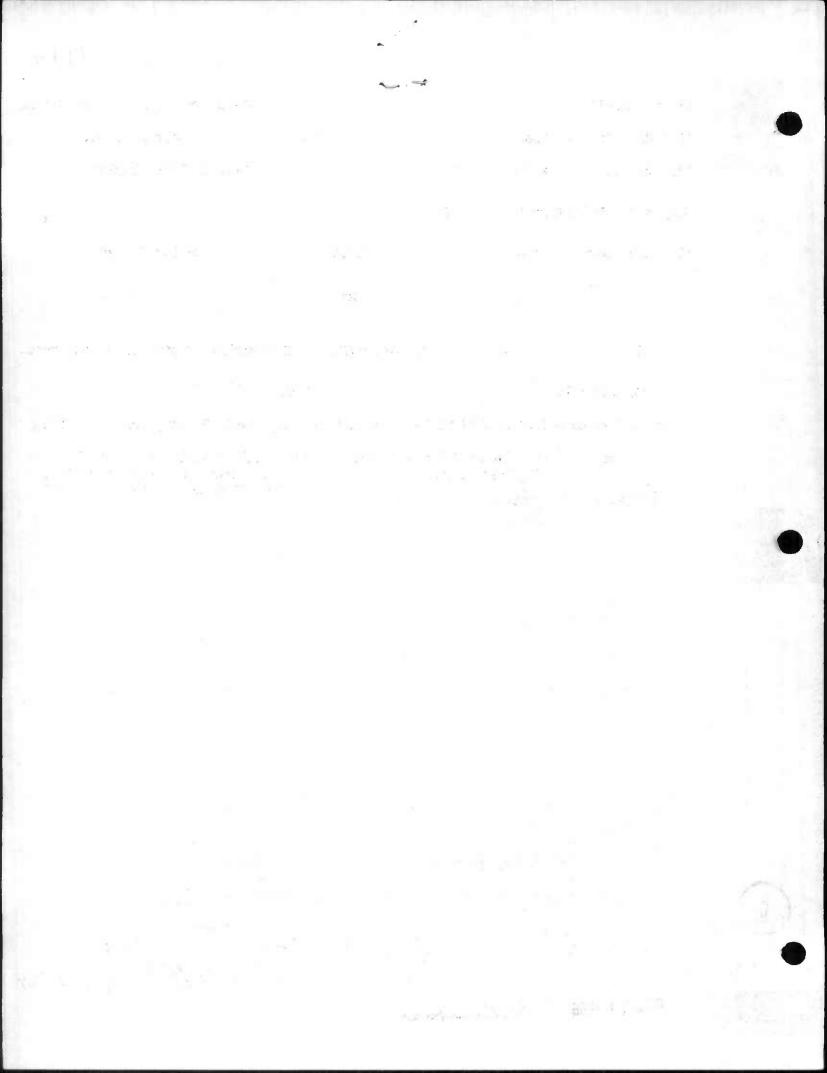


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene OC

| Physic | | 1. Decedant's Nan | na (First, Middla. | Last) | | Ceni | ficate of | Death | 2. Data of De | Reg. No. | 3 | Time of Death |
|--|-----------------------|---|--|--|--|---|---|---|--|---|--|--------------------------|
| /Medi | | WILLIA | | | ARNE | Y | | | Month DECEMI | Day | Yeer | 8:55 PN |
| Exami | | | | giva streat end numb | | | | 4b. City, Town, or L | | | | · · J J FI |
| | | UNION 5. Social Sacurity | | AL HOSPI | | In an in last of a city | If Undar 1 Year | BALTIMO | | | /A | |
| uneral irector | | 217-20-1 | 1523 | 1 Sax 7. | Aga (In yrs. | | Months Deys | Hours Min. | 8. Deta of Bir (Month, Da 09/03/ | | | (Stata or Foreign 4d. |
| M W | | 10a. Stata | 10b. County | | 10c. Cit | y, Town or Loca | tion | | | | 10d. lr | nsida City Limits |
| Figure | ctor | Md. | N/A | | Ва | 1timore | City | | | | 1 | □ Yas 2□ No |
| 23a or 28 | Funeral Director | 3705 Edi | or Road | | | | 10f. Zip Coda 21218 | 8 | | 10g. Citizan of V | What Country? SA | |
| "natural", or fieme 23a or 28a-f show adical Examiner must be notified at | | 11. Marital Status 1 □ Naver Man | ried 2☐ Marrie 4 ☐ Divorced | 12. Wes Dacede Armed Force d 1 ☐ Yas 2 If Yas, Giva Yaar or Dete | s? TNo | If Y | s Dacedant of H es, specify Cube | lispanic Orlgin? (Sp en, Maxican, Puarto Specify: | ecify Yas or No Rican, etc.) | Blee | ce - American Inck, Whita, atc. White | dian, |
| natur | eted | (Spe | 15. Dacedant's cify only highast | Education grada complatad) | | 16a. Decedar (Give kir | nt's Usual Occup | pation during most of work d) | ing | 16b. Kind of B | usinass/Industry | |
| than | Completed by | Elamentary/Sec | | Collega (1-4 | or 5+) | | NOT usa retired Orney | d) | |] | Law | |
| 1 to 1 | Be Co | 17. Father's Name | (First, Middle, La | | | | | 18. Mothar's Nam | a (First, Middla, | , Maidan Sumaп | na) | |
| 0 0 | To B | Luke J. | Kearney | | | | | Sarah A | . Groga | n | | |
| 8 8 8 | | 19a. Informant's N | lame/Ralationship | o (Type, Print) | | 19b. Mailing | Addrass (Straat | and Number or Rur | al Routa Numb | ar, City or Town, | Stata, Zip Code |) |
| Per S | | William 20a. Mathod of Dis | | /Son | 20h F | 16630 | Falls Ro | d. Upper | Data | | City on Town 6 | *** |
| y or o | | 1 Burial 2 | | Ramoval from Sta | to C | amatary, cramai 11top S | tory or other plac | Corp. | 2/10/96 | Towson | City or Town, S , Mary 1 | |
| importan any injur | | 21. Signatura of Fi | unaral Sarvice Lie | Rus L | , 1 . | Rue | | on Funera | - | | 21204 | |
| 7 | | 23a. Part1. Entar I | tha diseasa, or co | emplications that causely one cause on each | ed tha deat | h. Do not antar | the moda of dyir | Rd. TOW | or raspiratory a | rrast, | Appr | oximata vel Batween |
| g physician and as the bunal-transit | ledical Examiner | Sequantially list co if any, laading to in causa. Entar Undi Causa (Disaasa or that Initiated avant: rasulting in death) | onditions, nmadiata arlying Injury s | b | Due to (o | r as a consequa r as a consequa | nca of): | | | | | |
| attendin for usa | lan/N | | • | d | | | | | | | 1 | |
| ed by the at detached fo | Physician/N | Part II. Other signif | ficant conditions | contributing to death | but not rasi | ulting in the unde | irlying causa giv | an In Part I. | | tobacco use co | | |
| igned b | by PI | | | | | | | | 10 | Yes 2□ No | 3 Probably | 4 Unknown |
| been sig | Completed I | | | | | | | | perfo | en eutopsy ormed? ECTION | aveilable | on of cause |
| 2 5 | Con | | | | | | | | 101 | Yes 2000 | 1 ☐ Yes | 2⊠ No |
| pege 2 | Be | 25. Was casa rafar axaminar? | | Hospital: | | | Oth | 26. Placa of Deat | | | | |
| pege 2 | | 1 □XYas 2 □ | | 1 □ Inpa | | ER/Outpatient 28b. Tima of | 3□ DOA Oth | 4 LI Nursing Ho | | danca 6 Oth | | |
| 2 5 | 7. | 27. Mannar of Deat | | (Month, E | Day Year) | Injury | | Yas 2□No | | | | |
| is certificata has director, pege 2 | | 27. Mannar of Deat 1. Natural 2 Accidant 3 Sulcida | 5 ☐ Panding invastigat 6 ☐ Could not | be Diese of | nium. At ho | | . ractory, office | | ZOI. LUCATION (| | er or Rural Rou | a rvumber, |
| Director: After this certificata has | Certification: | Natural 2 Accidant 3 Sulcida 4 Homicida | invastigat | be 28a. Place of | njury - At ho atc. (Specify | /) | | | City or Tov | | | |
| Funeral Director: After this certificate has | edical Certification: | Natural Accidant Sulcida | invastigat 6 Could not datarmine | be 28a. Place of | atc. (Specify it of my know of axaminat | v) wledga, daath oo | curred at tha tim | na, data and place, plnion, daath occurr | and dua to tha | vn, Stata) causa(s) and ma | annar as stated. and dua to tha c | ausa(s) |
| Director: After this certificata has | Certification: | Natural Accidant Sulcida Homicida Check only | invastigat 6 Could not datarmine 1 Certifying is 2 Medical Exc | 28a. Place of building, Physician: To the base | atc. (Specify it of my know of axaminat | v) wledga, daath oo | curred at tha tim | plnion, daath occurr | and dua to tha ed at tha tima, | vn, Stata) causa(s) and ma | and dua to tha c | |
| Funeral Director: After this certificate has | edical Certification: | Natural 2 Accident 3 Sulcida 4 Homicida 29a. Cartifiar (Check only one) 29b. Signiful and | invastigat 6 Could not datarmine 1 Certifying 8 2 Medical Ex | be 28a. Place of building, Physician: To the baseminer: On the basis and manner | atc. (Specify it of my know of axaminat steted. | vledga, daath oc ion and/or Invasi | ccurred at tha time digation, in my of 29c. License | plnion, daath occurr | and dua to tha ed at tha tima, | causa(s) and ma data and place, a | and dua to tha d | |
| Funeral Director: After this certificate has | edical Certification: | Natural 2 Accident 3 Sulcida 4 Homicida 29a. Cartifiar (Check only one) 29b. Signiful and | invastigat 6 Could not datarmine 1 Certifying I 2 Medical Ex | be 28a. Place of building, Physician: To the basaminer: On the basis and mannar | atc. (Specify it of my know of axaminat steted. | wiedga, daath oc ion and/or Invasi 23a) (Type, Prir | courred at tha timitigation, in my of 29c. License OC | plnion, daath occurr a number | and dua to tha ed at tha tima, | causa(s) and madata and place, and DECEMB | and dua to the o | (ear) 1996 |



| | Ī | 1. Decedent's Name (First, Middle, Last | ") | 1 | tificate | OI I | L Call I | 2. Date of De | | V. i | 3. Time of Deat |
|--|---------------------|---|---|--|---------------------------------------|-----------------------|--|---|------------------------------------|---------------------------|--|
| nysicia Medica | | Altan Kemahli | | | | | | Decemb | er 07, | 1996 | 12:33 A |
| camine | | 4a. Facility Nama (If not institution, give 1109 High Country | | | | 4 | 4b. City, Town, or TOWSON | r Location of Deat | 4c. County Balti | | co. |
| neral ector | | 113 /2 3010 | 7. Age (In yrs. I | ast birthday) Yrs. | If Under 1 Months | Yaar Days | If Under 24 Hr Hours Mir | s. 8. Date of Bir Month, Da Jan 2 | , 1936 | 9. Birthp | lace (State or Fore try) EY |
| ledat | tor | Usuel Residence of Decedent 10a. Stata 10b. County Maryland Baltimo | | r, Town or Loc OWSON | cation | | | | | 1 | 0d. Inside City Lim |
| II be not | Direc | 10e. Street end Number 1109 High Country | Road | | 10f. Zip C | | | | 10g. Citizen of United | | |
| GIGS Examiner must be nothed at | by Funeral Director | 11. Marital Status 1 Naver Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yas 22 No If Yes, Give | If | Vas Decede | nt of H y Cuba | lispanic Origin? (an, Mexican, Pue Specify: | Specify Yas or No | - 14. Rec Bla | ce - Americ ck, White, | an Indian, atc. |
| | Completed b | 15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12) | e completed) | | kind of work O NOT use | done d | during most of we | | 16b. Kind of B | | |
| | Be Con | 12 17. Fathar's Nama (First, Middla, Last) | College (1-4or 5+) 06 | Presi | ident/ | E.E | 3.C. Ind | ustries Ime (First, Middle | | | Constru |
| | _ | Recep Kemahlioglu 19a. Informent's Name/Relationship (Ty | rpe, Print) | 19b. Mailing | g Address (| Street | Munire and Number or F | Unknow | | Stata, Zip | Code) |
| any injury or other traumatic event, once. | | Georgann (Nee Muenz 20a. Method of Disposition 1 Burlal 2 Cremation 3 F 4 Donetton 5 Mother (Specify) 21. Signature of Funeral Service License | lemoval from Stata Entombment Du | lace of Dispos emetery, crem Laney V | ition (Name atory or oth Valley | of er plac 7 Me | en. Gard. ss of Facility Ru | Data | 20c. Location Timoni n Funer | um, Mal Ho | aryland me, Inc. |
| as the bu | g | Immadiata Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | Due to (or | as a consequence as a c | Ca ience of): | | Redin | | | | Sweet 8 mont |
| detached for use a | Pnysician/M | Pert II. Other algniffcant conditions con | tributing to death but not resu | Iting In the und | derlying cau | se give | en In Part I. | 23b. Did | 1 | | the cause of dec |
| 2 | Completed by | | | | | | | | an autopsy med? | cor | re autopsy finding illeble prior to inpletion of cause leath? |
| | | 25. Wes case referred to medical | | | | | 00 Di (D | 10 | | 10 | Yes 2□ No |
| I director | 0 | axaminer? | ospital: | R/Outpatlent | 3□ DOA | Othe | or: | ath (Check only o | | ar (Specify | ') |
| d in by the funeral | | 27. Manner of Death 1 Netural 5 Pending investigation 3 Suicida 6 Could not be determined | 28a. Date of Injury (Month, Day Year) 28e. Place of Injury - At hor building, etc. (Specify) | 28b. Tima of fnjury ma, farm, stree | М | | | 28d. Describe I | now injury occur | red | |
| | - 1 | 29a. Certifier (Check only one) Certifying Physics Medical Examin | Ician: To the best of my knowner: On the basis of examination and manner stated. | rledge, deeth on and/or inve | occurred at testingetion, in | the tim | ne, dete and place olnion, deeth occi | e, and due to the urred at the time, | cause(s) and ma date and place, | anner as st and due to | ated. the cause(s) |
| duoo | | 29b. Signature and title of certifier | Viegman | Au | 29c. L | icense | 2556° | 7 | 29d. Date signe | d (Month, L | Day, Year) |
| | | E 1//1 | mpleted muse of death (Item man man man man man man man m | M. | rint) /8 | 400 | 6 Hart | Grd Ra | 1./Butt. | inore | Md. 2 |



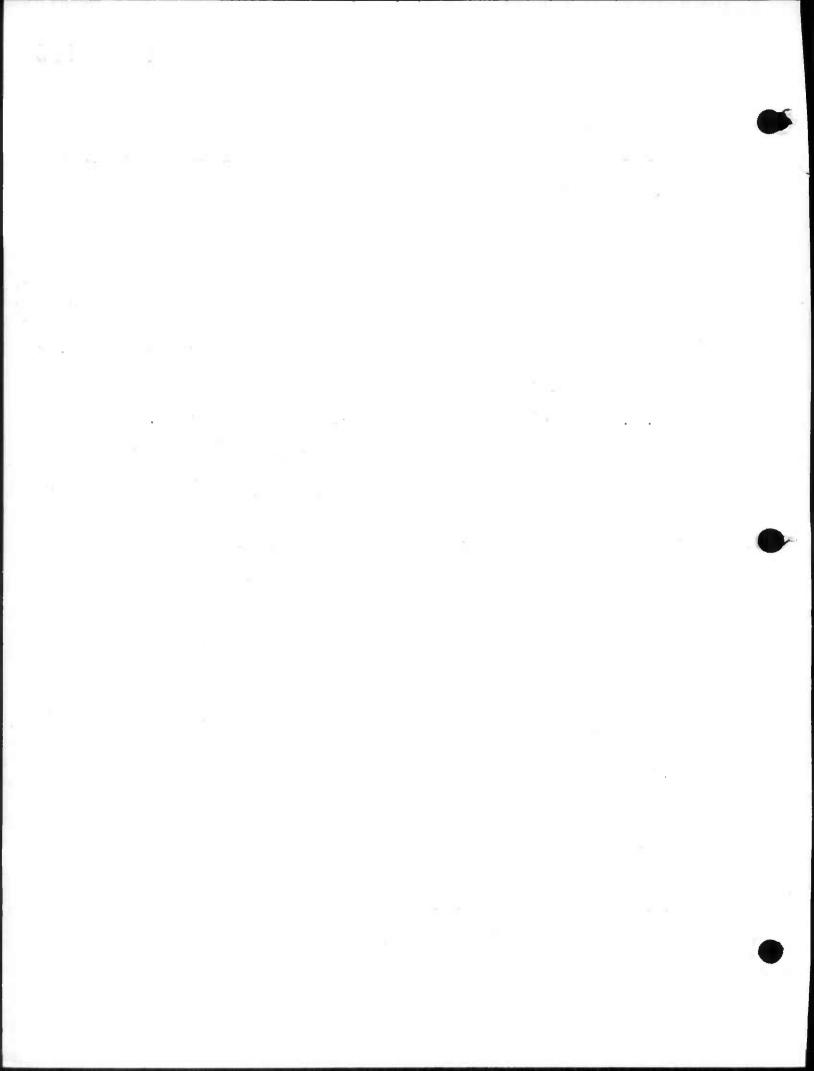
State of Maryland / Department of Health and Mental Hygiene

| Physicial | | 1. Decedent's Neme (First, Middle, L. | | | / | 1 | | 2. Dete of De | | | 3. Time of Deeth |
|---|-----------|---|--|--------------------|---|---|--|---|-----------------------------------|---|--|
| /Medica | al | Margaret 4a. Facility Neme (I not institution, gi | | | chins | ky | 4b. City, Town, or | Month DEC Location of Deeth | S dc. County | 996 | 5:30 PM |
| Examine | er | 102 Poplar Ave. | | "/ | | _ ′ | Glen Bur | | | Arund | le1 |
| Funeral lirector | | 5. Sociel Security Number 6. 219–14–0936 | | Age (In yrs. 72 | | Under 1 Year onths Days | If Under 24 Hrs | 8. Date of Birt | h y, Year) | | ce (Stete or Foreig |
| * | - | Usuel Residence of Decedent 10a. State 10b. County | | 10c. Ci | ty, Town or Location | on . | | | | 10d | I. Inside City Limits |
| 28a-f show notified at | ğ | Maryland Anne An | rundel | G1 | en Burnie | 2 | | | | | 1 ☐ Yes 2X No |
| or 28a-f | Director | 10e. Street end Number | | | 1 | Of. Zip Code | | | 10g. Citizen of | Whet Country | n |
| | | 102 Poplar Ave. | Apt. 2 | | | 21061 | | | United | States | 5 |
| o a | by Fur | 11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced | 12. Was Deceder Armed Force: 1 Tes 2 If Yes, Give Year or Dales | s? ₹No | If Yes | Decedent of s, specify Cul res 2 X No | Hispenic Origin? (Spen, Mexican, Puer Specify: | Specify Yes or No- to Rican, etc.) | 14. Rac Bla Specifi | e - American ck, White, eld White | 3. |
| than natural he Medical Ex | Completed | 15. Decedent'a E (Specify only highest gr Elementary/Secondery (0-12) | ede completed) | . 5.\ | 16e. Decadent's (Give kind life. DO N | s Usual Occu of work done IOT use retin | pation during most of wo | rking | 16b. Kind of B | | |
| ag . | 0 | 6 | College (1-4o | r 5+) | Homemak | er | | | Own Ho | me | |
| other than | e l | 17. Fether's Name (First, Middle, Lesi |) | | | | 18. Mother's Na | me (First, Middle, | Meiden Sumen | ne) | |
| atic | 0 | John Thomas Carr | nea1 | | | | Margare | t Lynch | Thacker | | |
| tem 27 is marked other other traumetic event, ii | | 19a. informant'a Name/Relationship | | | _ | | t end Number or R | | | | |
| item 27 other tr | - | Anna Gayleard / I 20a. Method of Disposition | Daugnter | 20h I | 205 POP | | ve., Glen | Burnie, | - | | |
| = b | | 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Special | | e | cametery, cremetor | y or other ple | ece) Lery Dec. | | 20c. Location - | | |
| any Injury | | 21. Signature of Eurocal Service Clos | nsee | | Kirk | ley-R | ess of Fecility addick Fu Hwy., S. | | | | |
| edical miner | | Immediate Cause (Final disease or condition resulting In death) | e. Meto | 3 +q 1 | or es a consequence | 1 | oncer | | | m | ion ths |
| physician and street the burial-transit | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury | c | Due to (d | or es e c <i>on</i> sequend | a of): | | | | | - 2 |
| Page 1 | Medic | that initiated events resulting in deeth) Last | | | | | | | | | |
| i for use | 2 | | d | | | | | | | 1 | |
| igned by the ettendibe detached for use | | Part II. Other algnificant conditions o | ontributing to death | but not res | ulting In the underly | ylng cause gi | ven in Part I. | | obacco use co | | oly Unknow |
| should should | | | | | | | 2 | 24e. Wes | en autopsy med? | avelle | eutopsy findings bble prior to letion of cause ath? |
| sage of | 5 | | | | | | | 1 D Y | es 20 No | 1 🗆 Y | es alto |
| director, page 2 | 0 3 | 25. Was case referred to medical examiner? | | | | | 26. Plece of De | eth (Check only o | | | |
| 00 | | 1 ☐ Yes 2000 | Hospital: 1 ☐ Inpat | lent 2 | ER/Outpatient 3 | □ DOA Ot | her: 4 Nursing H | lome 5 Resid | enca 6 Oth | er (Specify) | |
| at director. Alter this ed in by the funeral Certification: | | 7. Manner of Deeth Naturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not b | | | 28b. Time of Injury | | ryet rk?]Yes 2 □ No | 28d. Describe how injury occurred | | | |
| | | 4 ☐ Homicide determined | building, e | tc. (Specif | | | | 28f. Location (S City or Tow | n, Stete) | | |
| pletery II | | 29a. Certifier (Check only ene) Check only 2 Madical Exam | ysician: To the besi ninar: On the basis end menner s | of examina | wledge, death occu tion end/or Investig | arred at the ti | me, date end place opinion, deeth occu | , end due to the or erred et the time, o | ause(s) end ma dete end piaca, | nner es state and due to th | ed. e cause(s) |
| Tom | 1 | 19b. Signature and title of certifier | simly | mi | | 29c. Licen: | 8587 | solts. | 29d. Dete signed | 2 19 | 196 |
| | | | | | | | | | | | |

which is the same

| | 1 - FOR STATE REGISTRAR | STATE OF N | | | RTMENT | | | | MENTAL HYGIEN | | | |
|---------------|---|--|----------------------------------|-------------|---------------------------------|----------------|---------------------|-----------------|--|------------|-------------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) Eleanor Kriebel | (Sister | Margare | et Ma | ary) | | | | 2. DATE OF DEATH DO | 8 9 | 6 YEAR | 3. TIME OF DEATH 1:33am M |
| Ų | 4. SOCIAL SECURITY NUMBER 199-40-7509 | 5. SEX | 6. AGE (In yrs. less | | IF UNDER | 1 YEAR DAYS | IF UNDER | 24 HRS. MIN. | 7. DATE OF BIRTH (Month, Day, Year) 10-10-07 | | B. BIRTHP Country | nsylvania |
| 10 R0 | 9a. FACILITY NAME (If not institution, give at St. Joseph Reside RESIDENCE OF DECEDENT | | | | | | n Locati | | | | NTY OF DE | ATH |
| DIRECTOR | 10a, STATE 10b, COUNTY | | | 10c. CIT | a Tetr | R LOCAT | G HOM | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 X NO |
| | 100. STREET AND NUMBER 4100 Maple Avenue | | | | | 101 | 2122 | | | | | HAT COUNTRY? |
| BY FUNERAL | 11. MARITAL STATUS 1.XXNever Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W | YES 2 N | MED | | f yes, sp | ENDENT Decity Cuba | n, Maxica | IIC ORIGIN? (Specify Yes n, Puerlo Rican, etc.) /: | or No- | 14. RAGE Black, Specify | - American Indian, white, atc. " White |
| COMPLETED | 18. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5 d | (Gi | ve kind of | usual of work done or retired.) | during mo | ON st of working | ng | 16b. KIND OF BUS | | 201112 | s/Education |
| OMI | 17. FATHER'S NAME (First, Middle, Last) | | | | 1640 | HEI | 16. MOTI | HER'S NA | ME (First, Middle, Meiden | | VICE | 3/ Ladea 01011 |
| BE C | William C. | Kriebel | | | | | | | Gibbons K | | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) Sr. M. Pauline E | Bi Ubrough | | | | | | | Poute Number, City or Tow. Baltimore, | | | 7 |
| | 20s. METHOD OF DISPOSITION 1 Strict Burlet 2 Cremation 3 Remote 4 Donation 5 Other (Specify) | | 20b. PLACE A cematery, cres | ND DATE | | _ | | _ | | | - | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE 3 | spush | b; | 22. Ge | NAME AN | e J. | Gon | | Home | e P.A | • |
| | 23. PART I. Enter the diseases, of a shock, or heart failure. | n fiplications the | t ceused the de | nth. Do i | not enter | the mo | de of dy | ng, suci | h as cardiec or reepi | ratory en | reet, | Approximate Interval Between |
| | | | | | | | | | | | | Onset and Daeth |
| TION | Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO | (DR AS A CONSEC | UENCE O | F): | | | | | | | |
| L CE | PART II. Other algnificent condition | e contributing to | death but not r | multing | in the un | darkıla | | due le | Part I. 24s, WAS AN | | Less | |
| MEDICAL | | | | sautting | in the un | |) cause (| Jiven in | PERT I. 248. WAS AN PERFOR | MED? | | WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| | DID TOBACCO USE CONTR | RIBUTE TO CA | USE OF DEAT | ГН ҮЕ | S 🔲 I | 10 C | UNC | ERTAIN | V 🗆 | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAO | HOSPITAL: | | | OTHER | t: | -6/ | | | | | |
| ЖН | 27. MANNED OF DEATH | 28a. DATE DF (Month, Do | INJURY | 28b. TIM | | 28c, INJ | URY AT | sidence | 6 Other (Specify) 26d. DESCRIBE HOW II | NJURY OC | CURED | |
| BY | 1 Natural 5 Pending 2 Accident Investigation | 3.41 | | | M | 1 🗆 1 | /ES 2 [|] ND | | | | |
| TED | 3 Suicide 8 Could not be determined | 25a. PLACE O building, | F INJURY — At hor etc. (Specify) | ne, farm, : | street, fact | ory, office | | | 26f. LOCATION (Street a City or Town, State) | and Number | or Rural Ro | ute Number, |
| COMPLE | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and more one) 2 MEDICAL EXAMINER: Do the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, | | | | | | | | | | | and manner as stated. |
| BE C | 295. SIGNATURE AND TITLE OF CERTIFIER | |) | | | | | NSE NUN | | | | Month, (Jay, Year) |
| 6 | D. NAME AND ADDRESS OF PERSON WHO | Print) | | 011 | 10. | 139 | 1 | 19 | 176 | | | |

Julia Savilan Bondese



State of Maryland / Department of Health and Mental Hygiene Certificate of Death FilmG742 item 27 per Dr. 12-11-96 rja 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Courth Month **Physician** November 20, 1996 00:46 Margaret Angela Keller /Medical 4a. Facility Name (If not Institution, giva street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** St. Agnes Hospital Baltimore 9. Birthpleca (State or Foreign Country) Mary Land 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** 1□M 2□F 89 Yrs. 214-10-0310 Director Usuel Residence of Decedant the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23s or 28s-f sho other treumsic event, the Medical Examiner must be notified at TYPY 2 No Director Baltimore Catonsville 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? Frederick Villa 21228 U.S.A. Funeral 711 Academy Rd. 12. Wes Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaer or Detas: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or item any injury or other treumetic event, the Mental Page and any injury or other treumetic event, the Mental Page 2 in the page 3. 1 □ Navar Married 2 □ Married 3altimore, Maryland 21215-0020 1□Yes 2√ No Specify: þ Specify: White 3 ☐Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry Elemantary/Secondery (0-12) College (1-4or 5+) Bookkeeper USF&G Insurance 9th 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumeme) Be Mary O'Connor Patrick O'Rourke 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Susanne Metz (Daughter) 3135 WheatfieldRoad Finksburg, Md. 21048 20b. Plece of Disposition (Name of cemetery, cremetory or other plants of the Cathedral 20e. Method of Disposition 20c. Location - City or Town, Stete Nov. 25 r_{place)} 1 Cem. 1 Buriel 2 □ Cremation 3 □ Ramovel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 1996 Baltimore, MD. 22. Neme and Addrass of Facility Witzke 21. Signature of Fungeal Service Licensee Funeral Home, Inc. 1630 Edmondson Ave. Catonsville 21228ter the disease, of complications has caused the deeth. Do not antar the mode of dying, such as cardiac or raspiratory arrest, heart failure. List only one caused of each line. Approximate Interval Between Onsat and Death **Physician** /Medical immedieta Causa (Final disease or condition rasulting in deeth) Exsanguination few minutes Examiner Due to (or as e consequence of): Right pulmonary artery laceration few minutes attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or injury that initieted events resulting In deeth) Last Dua to (or es a consequence of): approximately P.O. Box 68760, Attempted percutaneous tracheostomy 30 minutes Physician/Medical Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown Status post resection, sigmoid colon volvolus Records, p Completed 24b. Ware autopsy tindings aveilable prior to 24a. Was an autopsy performed? Status post repair, abdominal wound dehiscence, and completion of cause of death? page 2 small intestine segmental resection certificate 1 Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was case reterred to medical 28. Plece of Deeth (Check only ona) axaminar? 1 → Yes 2 □ No Hospitel: 1 Inpatiant Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 10 2 ER/Outpatient 3 DOA this 28e. Deta of Injury (Month, Day Year) 27. Manner of Death 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Time of Certification: Ather 5 Pending 1XX Naturel To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No Investigation Z Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, straet, fectory, office building, etc. (Specify) 4 Homicide 1⊠ Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the causa(s) and mannar as steted.

2□ Medical Examinar: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end piace, and due to the cause(s) end mennar stated. 29e. Certifier Medical 29b. Signeture end title of certitian 29c. License number 29d. Dete signed (Month, Dey, Year) D48054 November 20, 1996 30. Neme and eddrass operson who completed causa of deeth (Item 23e) (Type, Print) - St. Agnes HealthCare - 900 Caton Ave., Baltimore, MD. 21229
32. Registre's Signeture

Auria Davidson-Rendelle Ross Slemmer, 31. Date tiled (Month, Dey, Year)
DEC 11 State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Deeth **Physician** Landefeld Frances December 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Geriatric Center Baltimore If Undar 1 Yaar Months Days Hundar 24 Hrs. 8. Data of Birth (Month, Day, Yaar)

June 19, 1924 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1□M 2ØF Yrs 217-18-6514 Pennsylvania Director Usual Rasidance of Dacedant tha Marylend 10a State 10b. County 10c. City, Town or Location Peges 1 and 2 should be filed within 72 hours after death with tha Marylan neat of Health and Mentel Hygiene.
Inti: If team 27 is marked other than "natural", or items 23a or 28a-f show any or other traumatic event, the Medical Examinations in unally on notified at 10d. Insida City Limits 1 ☐ Yes 2 No Director Maruland Baltimore Baltimore 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 7907 Eastdale Road 21224 U. S. A. Funeral 12. Was Decedant Evar in U,S. Armad Forcas? 13. Was Dacedant of Hispanic Orlgin? (Spacify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. I ☐ Yes 2 🕱 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 3altimore, Maryland 21215-0020 1 Yas 2 No þ Specify. 3 ₩ Widowed 4 Divorced White Completed 15. Dacedant's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 8th Grade Homemaker Own Home. 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Evelyn Kulacki Michael Lomagro 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Debra Soellner (Dghtr) 7709 Eastdale Road, Baltimore, Maryland 21224 20e. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from State
4 Donation 5 Other Specify) Department o Important: If I any injury or Oak Lawn Cemetery 12/11/96 Baltimore. Maryland 21. Signeture of Funeral Service Lidensea 22. Nama and Addrass of Fecility Schimunek Funeral Home Inc. Mucon 3331 Brehms Lane, Baltimore, Maryland 21213 23 Part 1. Entar tha diseese, or complications that causad the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. I many one cause on each line. Approximata Intarval Batween Onset end Deeth **Physician** Congestive heart /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner ardiomyopath Dua to (or as a consequance of): Physician: The law requires that the death certificete be axecuted Sequentially list conditions, if eny, laading to immediata causa. Entar Undarfying Causa (Disaasa or Injury that initielad avants rasulting in daath) Last ormary aretery rusion of Vital Records, P.O. Box 68760, Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? Rhematoidarthatis 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Be Completed by 24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? this certificata 1 ☐ Yes 2 ₺No 1 ☐ Yas 2 ☑ No 25. Was casa refarred to medical 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA illed in by the funeral 27. Mannar of Death Medical Certification: 28e. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be data mined 3 Sulcida 28a. Place of Injury - At homa, farm, straat, fectory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a Cartifian To the Houn within 24 hor To the Funcompletely file 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) ZUD December 9, 1996 D43732 30. Nama and addrass of parson who complated causa of daath (Itam 23a) (Type, Print)

Michiel Hayer 5705 Haghini Brywiew Circle Beltimore, M) 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Lie Davidson Registrar

Es Foat to E and the second s

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Death Day **Physician** Rita Irene Law Month December 6. 1996 1:51 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Johns Hopkins Bayview Medical Ctr. Baltunurce

If Under 24 Hrs.
Hours Min.

8. Date of Birth
(Month, Day, Year)
Jan. 25, 1949 Baltimore City N/A 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Days 1□ M 202(F Yrs Maryland Director 214-50-6646 Usual Residence of Decedent the Manyland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Modical Examiner must be notified at Maryland Baltimore Edgemere 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7310 Betz Avenue 21219 United States death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Stetus 1 Never Married 2 Merried 1 ☐ Yes 2 ☒ No If Yes, Giva Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 ☐ Widowed 4 ☑ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Dacedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within.
Department of Health and Mental Hygiene.
Important: If I tem 27 is merked other than 'n any injury or other traumetic...... Elemantary/Secondary (0-12) College (1-4or 5+) 10 years Manager Retail 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Be Charles Duncan Lena A. Scheppers 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Edgemere, Maryland 21219 Wendy D. Litchison/Daughter 7310 Betz Ave. 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 € Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Batlimore, Maryland Oak Lawn Cemetery 12/10/1996 21. Signature of Funeral Se vice Licensee 22. Name end Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 21222 7922 Wise Ave. Dundalk, Maryland Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical immediate Causa (Final disease or condition resulting in death) Mysemoial IN TAKE TION Examiner bue to (or as e consequance of): UNKNOWIN Anterio science Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): 탏 Box 68760, physician Physician/Medical 8 Due to (or as e consequenca of): 2 attending P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by Yes 2 No 3 Probably 4 Unknown partes mentes Records, þ 8 24b. Were eutopsy findings aveilebla prior to completion of cause of death? 24e. Was en autopsy performed? Completed JENERE Mather 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No of Vital 25. Was case referred to medical examiner?
1 ☐ Yes 2N No Be 26. Place of Daath (Chack only one) Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ◯ DOA 27. Manner of Deeth 28c. Injury at Work? 28a. Date of Injury (Month, Dey Yeer) 28b. Time of 28d. Describe how injury occurred Certification: Aller Division Attending 5 Panding Investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Spacify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) ă 4 HomicIde Medical 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date endiplace, and due to the ceusa(s) and manner es stated.

2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, daeth occurred at the time, date end place, and due to the cause(s) and menner statad. o the hi within 24 ho To the F 29a. Certifier (Check only one) 29b. Signature and Me of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

2112

DUNDALLE AVS

State Registrar BEFALLY

3 DEC 1 1 1996

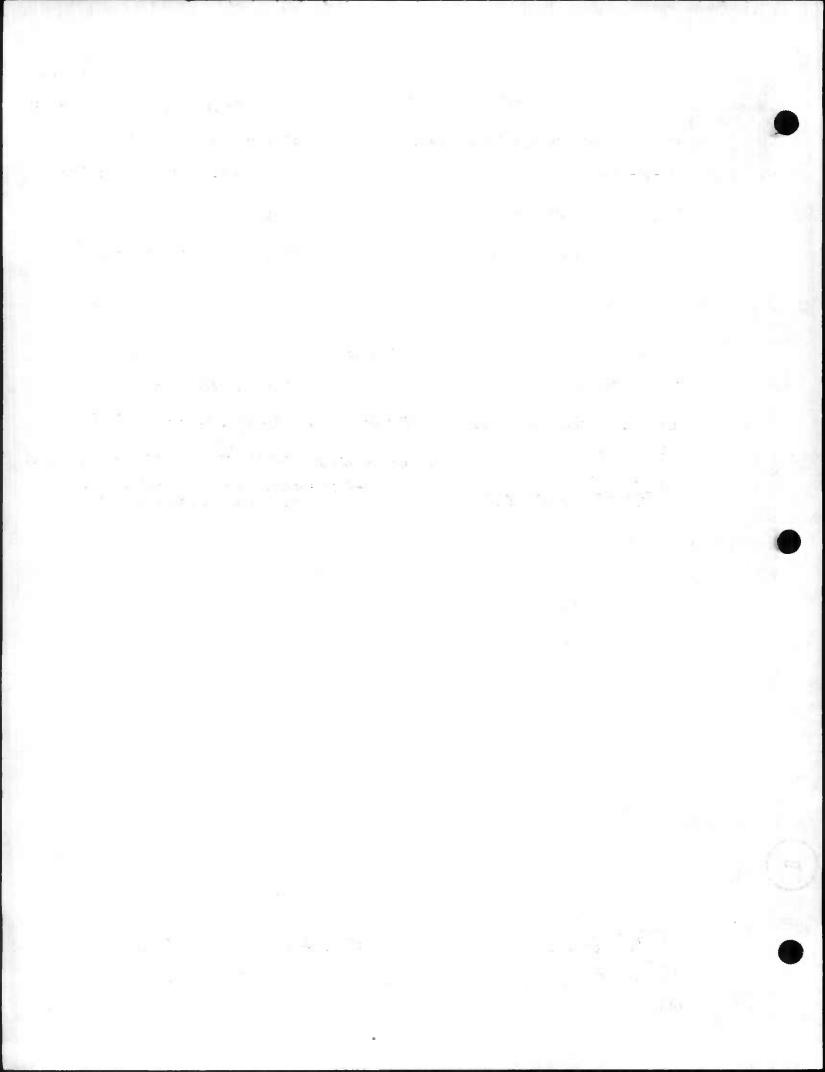
30 Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

MO

32. Registrar's Signature

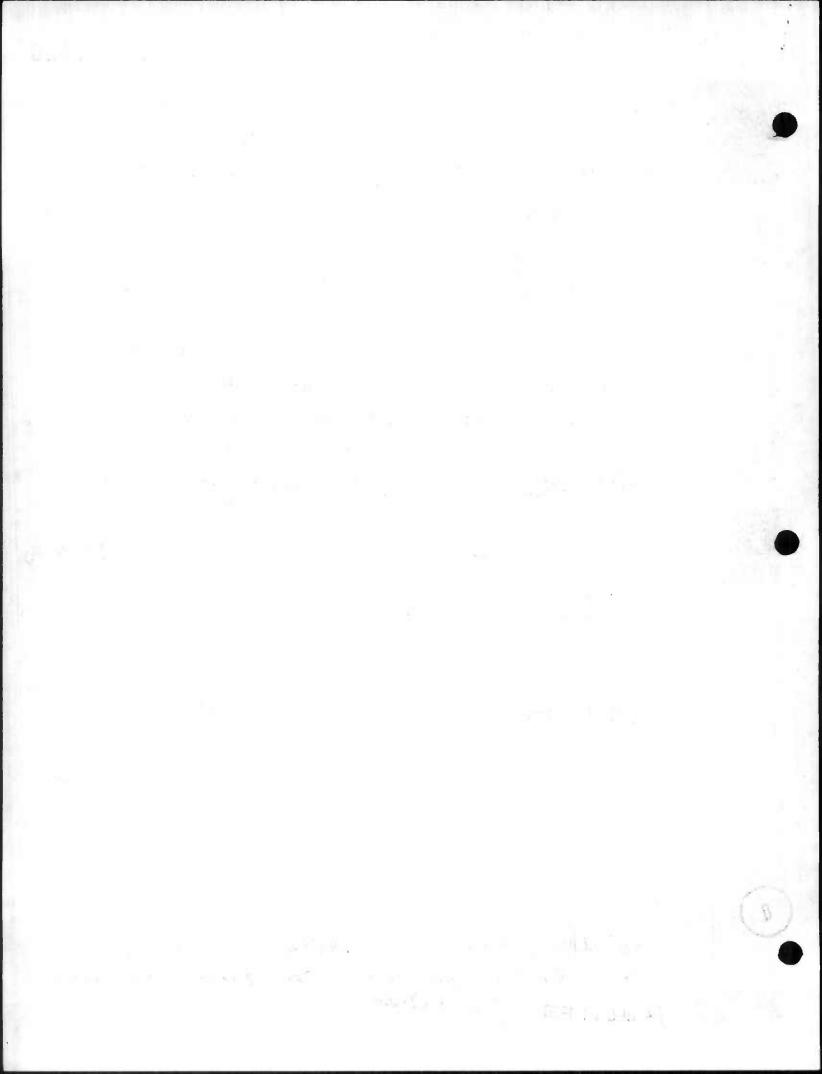
Tel don Randall

MCCHONSSON



State of Maryland / Department of Health and Mental Hygiene 96 37 | 20

| | | | | | Cer | tificate | of | Death | | | Reg. No. | | | |
|------------------|--|---------------------|--|--|---------------------------|---|-----------------------|-----------------------------|----------------------------|----------------------------|---------------------------------|---------------------------------------|---------------------|--|
| | Dhysis | ion | Decedant's Name (First, Middle, Last) | | | | | | | Date of De Month | _ | Veer | 3. Ti | me of Death |
| | Physic /Medi | | Josephine Mary Lopez | | | | | | I | Dec. | 6, Day 19! | 96 | 3: | 00am |
| | Exami | | 4e. Facility Name (If not institution, give street and numbe 24 Aliceview Ct. | r) | | | 1 | 4b. City, Tow | n, or Locat | tion of Death | 4c. Coun | ty of Death | | |
| - | | | | ge (In yrs. las | t hirthday) | If Under 1 | Year | | | | | | | tete or Foreign |
| | Funeral Director | | 232-03-6039 1 M 2 F Usual Residence of Decedent | 85 | Yrs. | | Days | Hours | Min. Se | (Month, Da | 3,191 | 1 W. | Va. | tete or Foreign |
| | yland mow | | 10a. State 10b. County | | Town or Lo | | | | | | | | 10d. Insi | de City Limits |
| | Mar | to | Md. Baltimore | Dun | dalk | | | | | | | | 1 🗆 | Yes 2 No |
| 15 | or 28 | Sire | 10e. Street and Number | | | 10f. Zip Co | ode | | | | 10g. Citizen o | What Cou | intry? | |
| | 23a | a | 21 Kinship Rd. | | | 21 | 22 | 2 | | | US | A | | |
| 21215-0020 | be filed within 72 hours effer death with the Maryland tal Hygiene. d other than "naturel", or items 23s or 28s-f show event, the Med cal Examine trust be not find at | by Funeral Director | 11. Marital Status 1 □ Never Married 2 □ Married 1 □ Never Married 2 □ Married 1 □ Yes, Give Yeer or Dates | ? No | | Vas Deceden Yes, specify I□Yes 28 | | | in? (Specifi Puerto Ric | y Yes or No an, etc.) | BI | ace - Ameri ack, Whita ify: Wh: | etc. | en, |
| 2-0 | 72 ho | ted | 15. Decedent's Education (Specify only highest grade completed) | | 16a. Deced | lent's Usual C | Occup | ation | of condition | | 16b. Kind of | Business/In | ndustry | |
| 21 | ithin | Completed | Elemantary/Secondary (0-12) College (1-4or | 5+) | lifa. E | kind of work of OO NOT use i | retired | during most o | or working | | | | | |
| 2 | ygier ygier nt, tt | | 3 yrs. | | Tin | Inspe | ect | | | | Beth. | | el | |
| and . | d off | Be | 17. Fether's Name (First, Middle, Last) | | | | | | | | Maiden Suma | ime) | | |
| Maryland | should and Men marke | P | John Nicolette | | | | | Rosa | | | | | | |
| a . | s 1 end 2 should be filed within 72 ho file auth and Mental Hygiene. filem 27 is marked other than "natur other traumatic event, Tra Medical | | 19a. Informant's Name/Raletionship (Type, Print) Victoria Weber daugh | nter | 24 A | licev | ⁄i∈ | ew Ct. | . Tir | noniu | m Md. | 2109 | 93 | |
| Baltimore, | permit. Peges 1 and 2 should be filed within Departmant of Health and Mental Hygiene. Important: If itam 27 is marked other than any injury or other traumatic event, The Magnes. | | 20a. Method of Disposition 1 SpBuriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) | Garo | etery, crem | sition (Name natory or othe OI Fa | or or place 1 1 | h | 12- | -9 | Rosed | | own, Sta | te |
| Ball | Depending any in port | | 21. Signature of Fyneral Service Ucensee | | 22. | | | | | | e Of 1 | | alk | |
| | | | 23a. Part1. Enler the diseese, or complications that cause shock, or heart failure. List only one cause on each | d the death. | Do not ente | | | | | | | | Approx | rimata I Between |
| | hysician | | | | | | | | | | | | | and Deeth |
| | /Medical Examiner | | Immediate Ceuse (Finel disease or condition | ung | La | nce | $\overline{}$ | | | | | | 18 | Months |
| | - Adminier | | rasulting in death) a | Due to (er a | a consequ | uence of): | | | | | | i | | |
| 1 | ed sit | ig I | b | | | | | | | | | | | |
| | Icate be executed physician end sthe burial-transit | Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury c. | Dua to (or as | s a consequ | uence of): | | | | | | | | |
| 760 | siciar b buri | | cause. Enter Underlying Cause (Disease or Injury that initieted events | Due to force | 715-121- | | | | | | | i | | |
| x 68760, | D a | /Medical | resulting in death) Lest | Due to (or as | a consequ | ienca of): | | | | | | | | |
| .O. Bo | the attand | Physician/ | Part II. Other significant conditions contributing to death | out not resulting | ng in tha un | derlying caus | se giv | en in Part I. | | 23b. Dld 1 | obacco use c | ontribute t | o the ca | use of death? |
| ٥. غ | igned by t | by Ph | Malnutritio | n | | | | | | 1/2 | ree 2□ No | 3□ Pro | bably | 4 Unknown |
| Vital Records, P | 2 s s | Completed | | | | | | | | | an autopsy med? | av cc | ailable p | psy findings prior to n of cause |
| E 2 | | 00 | | | | | | | | 101 | es 20 No | 11 | Yes | 2000 |
| /ita | s certificate director, pag | Be | 25. Was case referred to medical examinar? | | | | | 26. Place o | f Death (C | heck only o | ne) | | / | |
| of Vita | this o | 2 | 1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpati | | /Outpetlent | | Oth | 4 LI NUIS | Ing Home | 5 X Resid | lenca 8 🗆 Ot | her (Specia | (y) | |
| Division of | After fune | Certification: | 27. Manner of Death 1X Natural 5 □ Pending (Month, Dispension investigation 2) 28a. Data of Inj (Month, Dispension investigation 2) | lry Year) 28 | b. Time of Injury | 28c. | Injun Work | /at ⟨? Yes 2□No | | . Describe h | ow Injury occu | irred | | |
| Divi | of the contract of the contrac | Certifi | 3 ☐ Sulcide 8 ☐ Could not be detarmined 28e. Piace of In building, e | jury - At home lc. <i>(Specify)</i> | , farm, stre | et, factory, of | ffica | | 28f. | Location (S City or Tow | itreat and Num n, State) | ber or Run | al Routa | Number, |
| 0 | thin 24 batters of the completely filled | edical | 29a. Certifier (Check only one) Certifying Physician: To the best 2 Medical Examiner: On the basis of and manner stand manner stan | axamination | dge, daath and/or inva | occurred at the | he tim | a, data and pointion, death | place, and occurred a | due to the dat the time, d | ausa(s) and m date end place | anner as s , and due to | tated. o the cau | use(s) |
| | E com | Y | 29b. Signeture and title of curtiful | | | 29c. LI | cense | number | | | 29d. Date sign | ed (Month, | Day, Ye | ar) |
| | 0 | | mu Sylonge, M |) | | L | 14: | 3 42 | 7 | | 12/6, | 196 | | |
| | 8 | | 30. Name and address of person with completed cause of the start of th | death (Item 23 | Ba) (Type, F | rint | | Br | 170 | non | 0, 1 | 0 0 | 2/2: | 24 |
| | Sta Registr | | 31. Data filed (Month, Day, Year) 32. R dist | er'a algeature | ~ Rand | Lile | | | | | | | | |



FilmG742 item 23b,24a,25,29cd State of Maryland / Department of Health and Mental Hygiene 9

37121

| | | | 11 30 136 | Certificate (| of Death | 7 | | Reg. No. | | |
|--|--|--|--|---|---|------------------------------|---|--|--|--|
| vojejen | 1. Decedent's Neme (First, Middle, Las | st) | | | | 1 | 2. Dete of De _Month | | Yeer | 3. Time of Deet |
| ysician Medical | Theodore | Owens | Lohm | eyer | | | June 2 | 29, [™] 1996 |) | 1247 |
| caminer | 4e. Fecility Neme (If not institution, give | re street end number) | | | 4b. City, T | own, or Loca | ation of Death | 4c. County | of Deeth | |
| | Calvert Hospital | 2 | | | | | derick | Cal | vert | |
| neral ector | 5. Sociel Security Number 6. S 577-05-3586 Usuel Residence of Decedent | Sex 7. Agi | e (In yrs. lest birth Yı | Months D | eys Hours | Min. | B. Dete of Bir (Month, De June 2 | y, Year) | 9. Birthpl Coun Wash | lece (State or Fonday) 1., D.C. |
| ** | 10e. Stete 10b. County | | 10c. City, Town | or Location | | | | | 16 | Od. Inside City Lin |
| 10 | unknown unknow | m | unknow | m | | | | | | od. inside City Lin UNR NOUI |
| Director | 10e. Sfreet and Number | | | 10f. Zip Co | le | | | 10g. Citizen of \ | What Coun | fry? |
| 1 0 | unknown | | | unb | nown | | | | 11 | S.A. |
| Funeral | 11. Meritei Stetus | 12. Wes Decedent I | Ever in U,S. | 13. Was Decedent | of Hispenic Or | rigin? (Spec | ify Yes or No | | e - America | an Indien, |
| þ | 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced | Armed Forces? 1 1 Yes 2 1 1 Yes, Give Yeer or Detes: | 1943-194 | If Yes, specify of the second | | | icen, etc.) | | ck, White, o : Whit | |
| edical Ex | 15. Decedent's Ed | ducetion | 16a. D | ecedent's Usuel O | cupation | nd of wordshood | | 16b. Kind of B | usiness/Ind | lustry |
| | (Specify only highest gra | Coilege (1-4or 5 | () (+) | Give kind of work di ife. DO NOT use re | one auring mo: tired) | St of Working | 9 | | | |
| Comp | 12th | 0 | | unknown | | | | | unk | nown |
| 30 0 | 17. Fether's Neme (First, Middle, Last) | | | | 18. Moth | er's Neme (| (First, Middle, | Melden Sumen | 10) | |
| | Harry Edward Lohm | neyer | | | Mari | 1 E. C | wens | | | |
| 2 | 19e. informent's Neme/Reletionship (1987) Mary "unknown" | Type, Print) | 19b. i | Aeiling Address (St UNKNOWN | reet and Numb | per or Rural | Route Numbe | er, City or Town, | Stete, Zip | Code) |
| ury or other t | 20e. Method of Disposition 1 Burial 2 Cremeflon 3 4 Opponetion 5 Other (Specify | | 20b. Plece of D cemetery, | isposition (Neme of cremetory or other | f plece) | | Dete | 20c. Location - | City or To | wn, Stefe |
| any injury or | 21. Signature of Fineral Service Licen Ronal d | So wade, 1 | oir. | State An Baltimor | | | | | ore S | treet |
| for use as the burlet-transit | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury | b | Due to (or es e co | c [11 | VEHO | crii | (0) | LEY KE | . MiA | |
| we as the but | thet initieted events resulting in death) Lest | d | Due to (or es e co | nsequence of): | | | | | | |
| d for | Dort II. Other significant and disease | and allowed and a selection for | d = 0 d = 0 . Ma = 6 . M | uliu ata a uliu i | about to Door | | not Did | | -4-16-4-4-4- | *********** |
| be detached for us by Physician | Pert II. Other significant conditions of | ontributing to death bu | or not resulting in t | ne underlying ceus | given in Per | I. | | | | the cause of de ably 4 Unk |
| 2 should pleted | | | | | | | 24e. Wes perfo | en autopsy med? | eve | ira autopsy findir pilable prior to inpletion of cause death? |
| Page 2 | | | | | | | 10 | res 2/1 No | 1□ | Yes 2□ No |
| Be C | 25. Wes cese referred to medical | | | | 26. Plac | e of Deeth | (Check only o | *** | | |
| - E | examiner? | Hospitel: XX Inpatie | nf 2 ER/Outp | atient 3 DOA | Other | | | dence 6 Oth | er (Specify | ′) |
| | 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation | 28a. Date of injur (Month, De) | y Year) 28b. Tin | | njuryet Work? 1 □ Yes 2 □ | 28 | | now Injury occur | | |
| ed in by the | 3 Suicide 6 Could not be determined | 28e. Piece of Inju- building, etc | ury - At home, farm : (Specify) | , streef, fectory, off | ice | 28 | Bf. Location (: City or Tox | Street and Numb vn, Stete) | per or Rura | l Route Number, |
| pletely fille | 29e. Certifier 1 Certifying Phyone) 2 Medicai Exam | ysician: To the best of niner: On the basis of end menner ste | examinetion end/ | leath occurred et the or investigetion, in r | e time, dete er ny opinion, de | nd place, en eth occurred | nd due to the d et the time, | cause(s) end ma date end plece, | anner as st end due to | ated. the cause(s) |
| M | 29b. Signeture end title of certifier | | | 29c. Lie | ense number | | | 29d. Dete signe | d (Month, I | Dey, Year) |
| | Jan | w. | · (1) 00 | | 003077 | | | 12-11-96 | | |
| | 30. Neme end eddress of person who o | completed ceuse of de | | rpe, Print) | | | | | | |
| pletely filled in by the funeral edical Certification: | 27. Menner of Deeth 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one) 29b. Signeture end title of celtifier | 28a. Dafe of injur (Month, De) 28e. Piece of Inju- building, etc ysicien: To the best of inner: On the basis of end menner ste | y Year) 28b. Tin Injury - At home, farm: . (Specify) of my knowledge, content of the content of | ne of lary M 28c. M, streef, fectory, off leath occurred et the or investigation, in r | njury et Work? 1 □ Yes 2 □ ice e time, dete en ny opinion, dece | No 28 | 3d. Describe I 3f. Location (i City or Tox ad due to the d et the time, | Street and Number, Steet and Number, Stete) cause(s) end middate end plece, 29d. Dete signe | per or Rura anner as st end due to | / |

Registrar

State of Maryland / Department of Health and Mental Hygiene

37122 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 1108 pm LEROY LINDHER DET. 96 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Baltimore Baltimore Shock Trauma Center | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | Feb. 27 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthpiace (State or Foreign Country) **Funeral** 1∭M 2□F 217-22-6024 1927 BaltimoreMd 69 Yrs Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or flems 23a or 28a-f shor trsumstic svent, the Modical Experience must be notified at n/a MD. Baltimore 1 XYas 2 □ No Director 10e. Street and Number 10f, Zip Code 10g, Citizen of What Country? 1707 Jackson Street 21230 USA Funeral 12. Was Decedent Ever in U,S.
Armed Forcas?

12 Yes 2 □ No WWII
If Yes, Give
Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter to Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural; or item any injury or other traumatic svent, the Medical Examina 1 ☐ Never Married 2X Married Bartimore, Maryland 21215-0020 1 ☐ Yes 2 ☐Mio Specify: white à Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Texaco Oil Co. 12 0 Clerk 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Ralph Lindner Eva Hanes 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Irma Lindner/wife 1707 Jackson Street Baltimore Md.21230 20b. Placa of Disposition (Neme of cemetery, cremetory or other place)
Cedar Hill Cemetery 20a. Method of Disposition DEC. 7 20c. Location - City or Town, State 1 ABurial 2 Cremation 3 Removal from State Baltimore Md. 4 ☐ Donation 5 ☐ Other (Specify) 1996 22. Name and Address of Facility
McCully Funeral Home of
130 E. Fort Ave. Balto. 21. Signatura of Funeral Service Licensee ugene alla 23a. Pert1. Enjer the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. Vist only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Finel Hemorrhage disease or condition resulting in death) Examiner Physician/Medical Examiner physician end s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): Records, P.O. Box 68760. the Due to (or as a consequence of): USB BS for use as Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 PNo 3 Probably 4 Unknown Be Completed by should b 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? certificete hes lirector, page 2 s 1 Yas 2 No Division of Vital To the Hospital or Attending Physician: Within 24 hours after death.

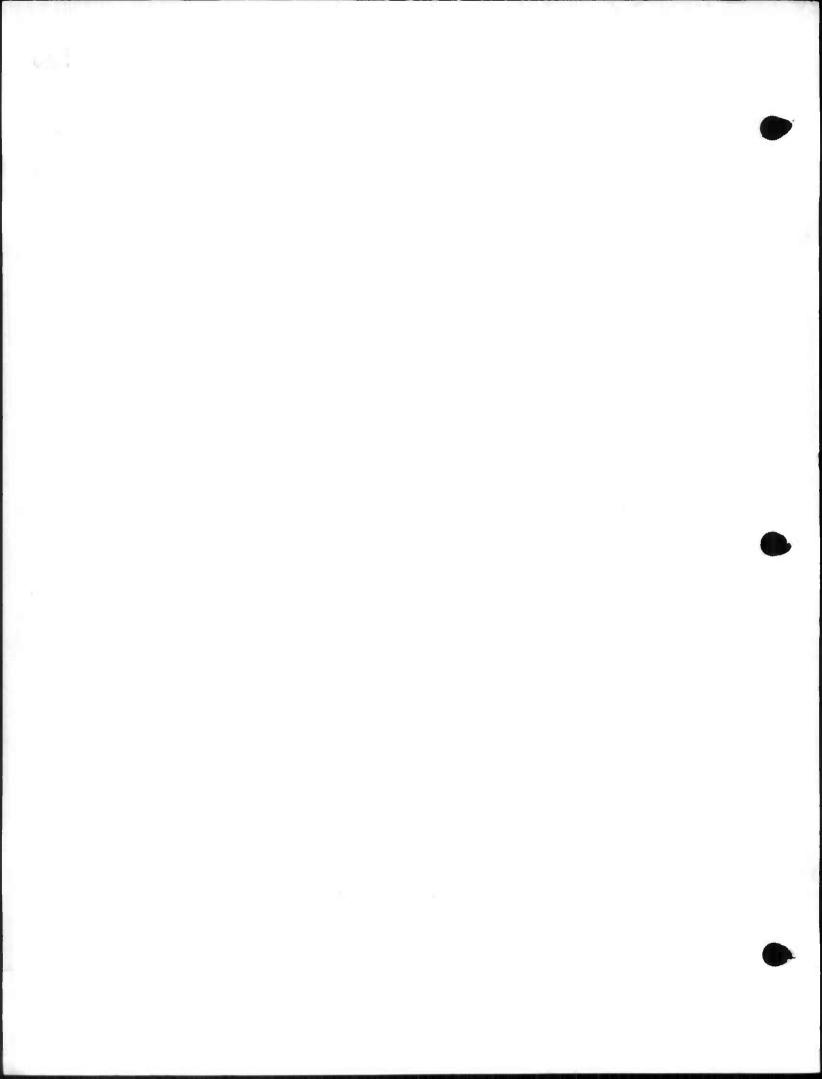
To the Funeral Director: After this certifice completely filled in by the funeral director, g 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Metural 2 Accident 6 Could not be determined 3 Suicida 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cortifying Phyelcian: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Gebrenichael, MD D42354 4/96 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) M. GEBREMICHAEL, Shock Trauma Center, Baltimore, MD 21201 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Ship Savidson Registrar

"Sharing" manager of the

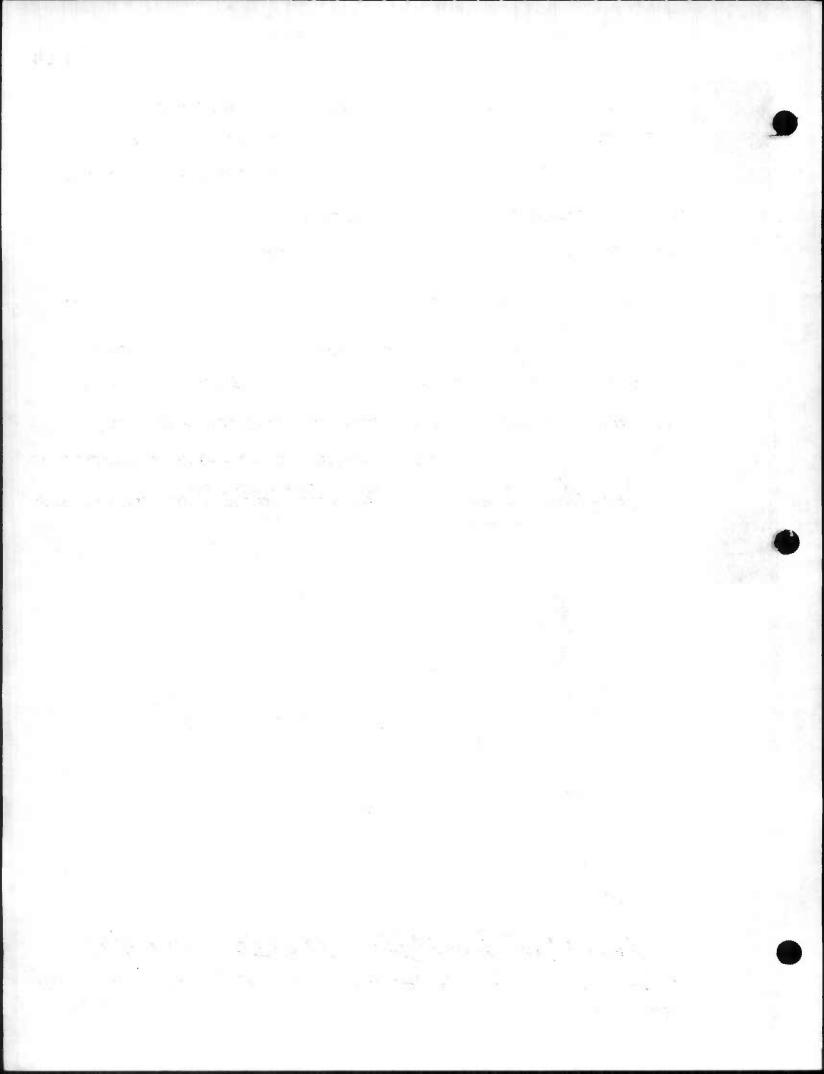
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Tash requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. | |
|--|--|
|--|--|

| | 1. DECEDENT'S NAME (First, Middle, Lest) | -, : : | JEITH IC | ATE OF | - FAIN | REG. NO | <i>.</i> | 3. TIME OF DEATN | | | | |
|---------------|--|--|-----------------------|---|---|---|---------------|--|--|--|--|--|
| | Shawn L | ong | | | | MONTH I | AY YE | 21:41 p | | | | |
| | 1 2 C - 57 - NOIL | 6. AGE (I | | | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | 0.6 | HRTHPLACE (State or Foreign country) | | | | |
| | 9a. FACILITY NAME (If not institution, give street | et and number) | . 9 | b. CITY, TOWN OR | LOCATION OF DI | | 9c. COUNTY | CARO LINA | | | | |
| CTOR | RESIDENCE OF DECEDENT | ediatric Ho | spital | Baltin | ore | | Baltin | nore | | | | |
| DIRE | Maryland Balti | More | | TIMORE | N | | | 10d. INSIDE CITY LIMITS? 1 XYES 2 NO | | | | |
| FUNERAL | 1708 West | Rogers A | tive | | 21209 | | _ | OF WHAT COUNTRY? | | | | |
| В | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 NO | 13. WAS DECEM If yee, speci 1 — YES 2 | IIC ORIGIN? (Specify Yen, Puerto Rican, atc.) | RACE — American Indian, Black, Whita, atc. Specify: 1 | | | | | | |
| ETED | (Specify only highest grade cor | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) | | | | | | | | | | |
| COMPLET | None None None None | | | | | | | | | | | |
| BE COI | 17. FATHER'S NAME (First, Middle, Last) | Mulchi | | | 1 | ME (First, Middle, Maider | | | | | | |
| TO B | 10e INFORMANT'S NAME (Fine/Direct | | | | | | | | | | | |
| - | LUCINAL LONG (Mother) PINE WOOD DR 322 TRAILER HENDERSON, NC. 2753 | | | | | | | | | | | |
| - 1 | 20s. METHOD OF DISPOSITION 1 □ Burisl 2 ♣ Cremation 3 □ Remove | CATION - City | or Town, State | | | | | | | | | |
| | 1 □ Burnal 2 ■ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) □ CREEN MOGAT □ CRESS OF FACILITY 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | |
| | · Mark a | Persia | -k | W. DA | BROG | SKILC | LUJN. | ACKIF.H. B | | | | |
| | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Severe Inreversible Hypoxia OUE TO (OR AS A CONSEQUENCE DF): | | | | | | | | | | | |
| NO | Sequentially list conditions, Phenomenia 18 hour | | | | | | | | | | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | | | | | | | | | | |
| ا پ | PART ii. Other eignificant conditions of | contributing to death bu | ut not reaulting in t | ha undarlying o | causa given in | Part I. 24s, WAS AF | | 24b. WERE AUTOPSY FINDING | | | | |
| : MEDIC | | | | | | PERFO | - | AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO | | | | |
| SICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | 26. PLAC | E OF DEATH (Ch | ock only one) | | | | | | |
| Sic | the same of the sa | OSPITAL: Xinpetiant 2 - ER/Outpe | | THER: Nursing Home | 5 🗋 Residence | 6 C Other (Specify) | | | | | | |
| У РНҮ | 27. MANNER OF DEATH 1 Netural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME O | F 28c, INJUR | Y AT | 28d. DESCRIBE HOW | INJURY OCCURE | D | | | | |
| | 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined City or Town, Street Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural City or Town, Street | | | | | | | | | | | |
| COMPLETED | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: (Check only one) | | | | | | | ee(a) and manner as stated | | | | |
| OMP | 29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) | | | | | | | | | | | |
| O BE COMP | 296. SIGNATURE AND TITLE OF CERTIFIER AN HONY J. Clap Cich 30. NAME AND ADDRESS OF PERSON WHO C | | 50 | - (mb) | MD-L | 47909 | ▶ / 2 | 16 96 | | | | |



State of Maryland / Department of Health and Mental Hygiene 96 37121

| | | | | | Ce | rtificate of | Death | R | leg. No. | U | 01124 |
|--|-----|---|---|--|-----------------------------------|---|--|--|-------------------------------------|--------------------------|---|
| Physician | | Decedent's Name (First, Middle | , Last) | | | | | 2. Date of Dea Month | th Day | Year | 3. Time of Death |
| /Medical | ı, | LARRY | ALA | | | LIPMAN | | DEC. 3 | ,1996 | | 12:42 PM |
| Examiner | | sa. Facility Nama (If not institution, SINAI HOSPITA) | | nber) | | | 4b. City, Town, or L BALTIM | ORE | | of Death | |
| Funeral Director | | 5. Social Security Number 213–46–0653 Usual Residence of Decedent | 6. Sex 1√2 M 2□ F | 7. Aga (In yrs. las 49 | t birthday) Yrs. | If Under 1 Yaa Months Days | | 8. Date of Birth (Month, Day AUG. 30 | , Year) 0,1947 | Coul | place (State or Forei ntry) RYLAND |
| Maryland H show fled at | | 10a. Stete 10b. County | LTIMORE | 10c. City, 1 | Town or Lo | ecation BALTI | MORE | | | | 10d. Inside City Llm |
| h with the Mai 3a or 28a-f s st be notified | | 10e. Street and Number 2440 SMITH AVE | | | | 10f. Zip Code | 21209 | 1 | Og. Citizen of | What Coul | ntry? |
| 72 hours after death with the Maryland natural", or items 23a or 28a-f show sical Exampler must be notified at each by Funeral Director | 2 | 11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced | Armed For | 2 □X No e | | Was Dacedent of If Yas, specify Cul 1 ☐ Yes ② No | Hispanic Origin? (Spoan, Mexican, Puerto Specify: | pecify Yas or No- Rican, etc.) | | ck, White, | en Indian, etc. WHITE |
| 요 말로 중 | 200 | 15. Dacedant' (Specify only highest | grade completed) | | I6a. Dece (Give life. | dent's Usual Occu kind of work done DO NOT use retire | ipation during most of work ed) | king | 16b. Kind of B | usiness/In | dustry |
| filed within Hygiena. Ather than "and, tre Mac | 5 | Elementery/Secondery (0-12) | College (1 | -4or 5+) | | ISC JOCK | | | ENT | ERTAI | NMENT |
| and Mental Hygi and Mental Hygi is marked other aumetic event, To Be Co | 3 | 17. Fathar's Nama (First, Middle, L BERNARD | ast) | LIPMA | N | | 18. Mother's Nam | e (First, Middle, ELAINE | <i>Maiden Sum</i> en | | EHR |
| permit. Pages 1 and 2 should Department of Health and Mer Important: if flem 27 is marke any injury or other traumetic other. | | 19a. Informant's Name/Relationsh MR BERNARD 20a. Method of Disposition 1 © Burial 2 Cremation 4 Donation 5 Other (Sp. 21. Signature of Funeral Service L | LIPMAN 3 □ Removal from Secify) | (FATHER) | 2710 e of Dispo etery, cred | SUMMERS sition (Neme of matory or other plus EL MEMORI 2. Name and Addr | AL PARK | Date 12-6-19 | E, MD 2 20c. Location 996- RA | 1209 City or To | own, State |
| by the attending physician and the attending physician and the for use as the burial-transit and the strength and the strengt | | Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last | a.ColY b. CA c | Dua to (or a | s a consec s a consec | quence of): | TA-10 | LUNT | | | YRS |
| | | Part II. Other significant condition | 1 _ | ath but not resultin | ng In the u | nderiying ceuse g | iven in Part t. | 23b. Did to | 1 | | o the cause of dea |
| s been sign 2 should be pleted by | | occl | WSION |) | | | | 24a. Was a perform | n autopsy med? | av | ere autopsy finding allable prior to impletion of causa death? |
| cate has | | | | | | | | 1 □ Y | as 21 No | 1[| Yes No |
| s cartifica director, p | | 25. Was cese referred to medicel axaminar? | Hospital: | | | 1/0 | her | th (Check only or | | | |
| 2 0 0 | | 1 Yes 2 | 1 ∐ In 28e. Date o (Month | | Outpatler b. Time of Injury | 28c. Inju | 4 LI Nursing H | oma 5 ☐ Reside 28d. Describe he | | | (y) |
| iffer deat | | 2 Accident Investige 3 Sulcida 6 Could no 4 Homicide | ot be 28e. Place | of Injury - At home g, etc. (Specity) | , farm, str | eet, factory, office | | 28f. Location (St City or Town | | er or Rura | al Route Number, |
| n 24 hours a he Funeral I pletely filled edical Ce | | 29a. Certifier Check only one) CertifyIng | Physician: To that kaminer: On the basend mann | sls of examinetion | dge, death and/or inv | n occurred at the to vestigetion, in my | ime, date and place, opinion, death occur | and due to the cred et the time, d | euse(s) and ma ate and place, | enner as s and due to | tated. the cause(s) |
| within 2 To the comple | | e9b. Signature and little of certifier | th- | 211/2 | min | 29c. Licen | se number) 2433 | 3 | 9d. Date signe | d (Month) | Day, Year) |
| 0)(| 3 | 0. Name and eddress of person w | ho completed cause | of death (Item 28 | a) (Type, | Print) On PEN | ETREE | KD | PIKE | SUI | ce mi |
| State Registrar | 3 | DEC 1 1 1996 | Julia Day | gistrar's Signature | ee. | | | | 1 1/10 | 2 | 1208 |



State of Maryland / Department of Health and Mental Hygiene 37125 ITEM#8 FILM#G742 PER. F.H. 12-16-96 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Tima of Deeth **Physician** Middleton MARK Les/12 0750 ec /Medical 4e. Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Olen Burnie 6219 AMINGO WIS 5. Social Security Number If Under 1 Year 8. Date of Birth
(Month, Dey, Year)
12-02-96 Birthplace (State or Foreign Country)
 MD • 6 Sax **Funeral** 1 XM 2 ☐ F Months Days Yrs. Director 216-68-8743 41 Usual Residence of Decedent 10e State 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show A.A. the Madical Examiner must be notified Director 1 Yas 2 No Glen Burnie MD Baltimore Glen Burnie 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5 itеms 23a 6219 Flamingo Road 21261 death Funeral USA 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, atc. after 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 'naturai', or 1 ☐ Yes XXNo Specify: Specify: Black by 3 Widowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. College (1-4or 5+) Brooklyn Savage & 12th Grade Na Laborer Waste Company 17. Father's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Peges 1 and 2 should be nent of Health and Mental is marked 10 Sylvester C. Middleton Carolyn Williams 19a. Informent's Name/Relationship (Typa, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 s Depertment of Health ar important: If Itam 27 is any Injury or other trau once. 1927 Belair Road Baltimore, Maryland 21213 Sylvester C. Middleton 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Crametion 3 ☐ Removal from State Baltimore Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 12-12-96 Baltimore, Md. Baltimore, Maryland 21202 22. Name and Address of Facility 21. Signature of Funeral Servica Licany WM.C. March FH 1101 E. North Avenue 23a. Perf1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Between Onset end Death Physician /Medicai immediate Ceuse (Finei diseese or condition resulting in death) Examiner Due to (or es e consequence of) Physician/Medical Examiner buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or as a consequence of) Box 68760. The law requires that the death certificete be thet initiated events resulting in deeth) Last the Due to (or as a consequence of): use as for P.O. Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic Alcohol Records, Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? this certificate 2 No 1 ☐ Yes 2 ☐ No Vital Physician: 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) examiner? 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA of 27. Manner of Deeth
1 Alaturel
2 Accident 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Yas 2 No 6 Could not be determined 3 Suicida 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stata) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the ceuse(s) end mennar as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) To the Within 2 To the 29b. Signatura and titia of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) Deputy 30. Name end address of person who eted cause of death (Item 23e) (Type, Print) Jones MD 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) DEC 1 1 1996 Registrar

QA II.

State of Maryland / Department of Health and Mental Hygiene

37126 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month **Physician** ter Jusohi 100 0500 /Medical 4b. City, Tewn, or Location of Death 4e. Fecliity Neme (If not institution, give street end number) 4c. County of Deeth Examiner NIA Da Jenning haus If Under 1 Year | If Under 24 Hrs. 9. Birthplece (Stete or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** Days Min. 10 M 20 F 36-16-7522 Vrs Director Usuel Residence of Decedent the Maryland 10b. County show 10e Stete 10c. City, Town or Location 10d. Inside City Limits reast be notfed at NIA 18 Yeş 2□No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? | 12. Wes Decedent Ever In U,S. Armed Forces | 1 | Yes | 2 | No If Yes, Give Yeer or Detes: by Funeral Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indien, 7 is marked other than "natural", or item traumatic event, the Medical Examiner Bieck, White, etc. Pages 1 and 2 should be filed within 72 hours after and of Health and Mantal Hygiena. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1□ Yes 20 No Specify: ac 3 Widowed 4 □ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry newark, n College (1-4or 5+) Elementery/Secondary (0-12) P 17. Eather's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) dward Sateman 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) or other train Daughter Benninghaus Rd Ba Murphy-53 10, md 21212 eslie 20b. Place of Disposition (Name of cametery, cremetery or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removei from Stete 11219 Department of Important: If any injury or Valley 4 □ Donation 5 □ Other (Specify) admia 21. Signeture of Funerei Service Licansee 22. Name and Address of Fecility Jarch 154304 West wa ave 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervei Between Onset end Death **Physician** DIAGNOSON /Medical Immediate Cause (Final METASTATIC 1946 disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner Attending Physician: The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest Due to (or es e consequença of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): usa as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown y DENTENSION Division of Vital Records, py 24b. Were eutopsy findings evaileble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? 2 No certificate 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) 1□ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 결 27. Menner of Deeth Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending Investigetion 1 Neturel 1 Yes 2 No 2 ☐ Accident after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piace of Injury - At home, ferm, street, fectory, office building, etc. (Specify) AG up 4 Homicide 29a. Certifier Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated.

Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner steted. 29b. Signature end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number (Mellon 41) 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) DR, OwiNGS MILLS, MD 21117. VACHON CROSSRUMSS 141). 21 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State DEC 1 1 1996 & Davidson Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death MCINTYRE JEAN MARIE **Physician** NOV /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner TAKOMA PARK WASHINGTON ADVENTIST HOSPITAL MONTGOMERY 5. Social Sacurity Number If Under 1 Yaar If Undar 24 Hrs. 9. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Days 1 □ M 28 F Yrs. 60 Director 214-74-3503 OCT. 17 1936 TRINDAD Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show 1 Yes 2 □ No Director ROCKVILLE MONTGOMERY MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20850 715 LENMORE AVENUE #2A Funeral) F SPAIN, TRINIDAD PORT 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, atc. filed within 72 hours after 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify: Completed by 3 Widowed 4 Divorced should be managed and Mentel Hyglene.

s marked other than "natural" TRINIDADIAN 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementery/Secondery (0-12) College (1-4or 5+) NONE HOUSE WIFE traumatic event, 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) . Peges 1 end 2 should be filt ment of Health end Mentel Hy lant: If Item 27 is marked oth lury or other traumatic even Be DOROTHY RICHARDS EDWARD RICHARDS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) YVETTE McINTYRE TERRY-DAUGHTER 11724 ASHWORTH COURT, GERMANTOWN, MD 20876 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Depertment of Important: If any Injury or NORTHERN VA. CREMATORY NOV.25 96 ARLINGTON, VA. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility W.H. BACON FUNERAL HOME INC. 23a. Part1. Enter the distant, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. Approximate intervel Between Onset and Death **Physician** MASSIVE INTRACGREBRAC HEMWORLTAGE /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as e consequence of): Examiner The law requires that the death certificete be executed buriel-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that in ritiated events resulting in death) Last pue Due to (or as a consequence of Division of Vital Records, P.O. Box 68760. **Physician/Medical** the Dua to (or as a consequance of): esn Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? -IVER signed by 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown by Be Completed 24b. Were eutopsy findings available prior to completion of cause of death? DEPENDENT DIABETES MELLITUS 24a. Was an autopsy performed? this certificate 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Othar (Specify) To 1 Yes 2 No 1 🗵 Inpatient 2 ER/Outpatient 3 DOA funeral Medical Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Affer 5 Pending investigation 1 Netural To the Hospital or Attendir within 24 hours effer death. To the Funeral Director: Af completely filled in by the fu efter death. 1 Yes 2 No 2 Accident 6 Could not ba 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier the Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner es stated.

il Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

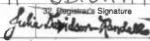
29d. Date signed (Month, Day, Year)

11400 ROCKVILLE PIKE, ROCKVILLE, MARKEN)

29c. License number

State Registrar 31. Date filed (Month, Day, Yeer) DEC 1 1 1996

29b. Signature a



V-1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

| | MAE MYERS | | | | | BEC.9 | 19 | YEAR | 2992 | | | |
|---------------|---|--|----------------|--------------|---|--|----------------|----------------------------|--|--|--|--|
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III | yrs. last birthday) | IF UNDER 1 | YEAR DAYS | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTNPL Country) | ACE (State or Foreign | | | |
| | 212-32-4820 1 M 2 🕮 F 99. FACILITY NAME (If not institution, give street and number) | 92 YRS. | | | | May 28, 1 | 904 | Mary] | land | | | |
| Œ | | | | | R LOCATION OF DE | ATH | | TY OF DEA | тн | | | |
| DIRECTOR | Deaton Specialty Hospital | | Bal | .tin | nore | | No | ne | | | | |
| E E | 100. STATE 100. COUNTY | 10c. CIT | Y, TOWN OR | | | | | 0d. INSIDE CITY LIMITS? | | | | |
| | Maryland None | | Ba1 | tin | ore | | | 1 | YES 2 NO | | | |
| FUNERAL | 100. STREET AND NUMBER | | | 101. | ZIP CODE | | | | AT COUNTRY? | | | |
| N. | 1406 Poplar Grove St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN | II C ADMED | | | 21216 | | | USA | | | | |
| BY FL | 1 Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DATE OF YES | 2 ZNO | lf y | es, spe | ENDENT OF HISPAN Cify Cuben, Mexica 2 KNO Specify | IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) | or No- | Black, V | - American Indian, White, etc. | | | |
| ED B | | | | | | | | | Black | | | |
| ETE | (Specify only highest grade completed) | (Give kind of a life. Do NOT us | work done duri | JPATIO | N t of working | 16b. KIND OF BU | SINESS/INDU | STRY | | | | |
| COMPLET | Elementary/Secondary (0-12) College (t-4 or 5+) | Domes | | | | Private | Home | es | | | | |
| CO | 17. FATNER'S NAME (First, Middle, Last) | | | | | ME (First, Middle, Maiden | Surname) | | | | | |
| BE | John Myers 190. INFORMANT'S NAME (Type/Print) | | | | Alice | Gassaway | | | | | | |
| 2 | Catherine Dotson | | | | | Do 1 to 2 | | | 21216 | | | |
| | 20e. METNOD OF DISPOSITION | PLACEANDDATEC | | | | Baltimore | Mary | | | | | |
| | 1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) | tery, cremetory or of rbutus | ther place) | Jiv pram | 10 07 | _ | | | Maryland | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | | 22. NAI | ME ANI | ADORESS OF FAC | SILITY | | | | | | |
| | Jenie & Cil | E um | | | | Jones Fughts Ave. | | | | | | |
| | 23. PART I. Enter the diseases, or complications that caused shock, or haert failure. List only one cause on each | the deeth. Do n | ot enter the | e mod | e of dying, such | as cardiec or respi | ratory arres | st, | Approximate | | | |
| | IMMEDIATE CAUSE (Final | | 1 | | | | | | Onset and Death | | | |
| | disease or condition resulting in death) a. Toronche mejumenicu Due to (or al a consequence of): Alzheimers las ease | | | | | | | | | | | |
| _ | DUE TO (OR AVA C | CONSEQUENCE OF | T): INNO | | | | | | | | | |
| 0 | Sequentially list conditions, if any, leeding to immediate | | | • | | | | | | | | |
| ICA | cause. Enter UNDERLYING CAUSE (Disease or Injury | | | | | | | | | | | |
| CERTIFICATION | thet initiated events resulting in death) LAST | ONSEQUENCE OF |): | | | | | | | | | |
| CEF | d | | | | | | | | | | | |
| | PART II. Other significent conditions contributing to deeth but | not resulting in | n the under | rlying | cause given in I | Pert I. 24e. WAS AN . PERFOR | | | RE AUTOPSY FINDINGS | | | |
| MEDICAL | present weer at searcem. | | | | | 1 YES 2 | | CO | AILABLE PRIOR TO IMPLETION OF CAUSE DEATN? | | | |
| | P.D. Top Access | | | | / | _ | | | YES 2 NO | | | |
| AN | DID TOBACCO USE CONTRIBUTE TO CAUSE OF 25. WAS CASE REFERRED TO MEDICAL 28 | | | | UNCERTAIN | | | | | | | |
| PHYSICIA | EXAMINER? HOSPITAL: | PLACE OF DEAT | OTHER: | | | | | | | | | |
| H | 1 | 28b, TIME | | Home | 5 Reeldence | Other (Specify) 28d. DESCRIBE NOW IN | 141771 00011 | | | | | |
| ВУ Р | 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation | INJU | JRY | WOR | S 2 NO | 280. DESCRIBE NOW IN | DURY OCCU | RED | | | | |
| 8 | 3 Suicide 6 Could not be 4 Nomicide determined | At home, ferm, st | reet, factory, | office | | 281. LOCATION (Street as City or Town, State) | nd Number or | Rural Route | Number, | | | |
| Ē. | 200 CERTIFIED | | | | | | | | | | | |
| COMPLET | (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled | lge, death occurred | d et the time, | data a | nd place, and dua t | o the cause(a) end mand | ner sa stated. | | | | | |
| 8 | One) 2 MEOICAL EXAMINER: On the basic of examination o | nd/or investigation | , in my opink | on, dea | th occured at the t | me, date end placa, and | due to the c | euse(e) en | d manner ae stated. | | | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER | (4) | | - 3 | 9c. LICENSE NUMI | BER D | 29d. DATE S | IGNEO (Mo | onth, Day, Year) | | | |
| 2 | 30. NAME AND ADDRESS OF PRISON WHO COMPLETED CAUSE OF DEATH | H (ITEM 27) (Type 4 | Print) | | DITED | 2 | PVE | CIU | 11776 | | | |
| | George Celer, Mrs. 61 | 11 S. Che | ulas | ff. | Faltin | noe, Nol | . 2 | 123 | 0 - | | | |
| | 31. DATE FILED (Morth, Day, Year) 1996 32. REGISTRAR'S SIGNAT | HE Mandale | 5 | | | | | | | | | |
| - 10 | | | | | | | | | | | | |

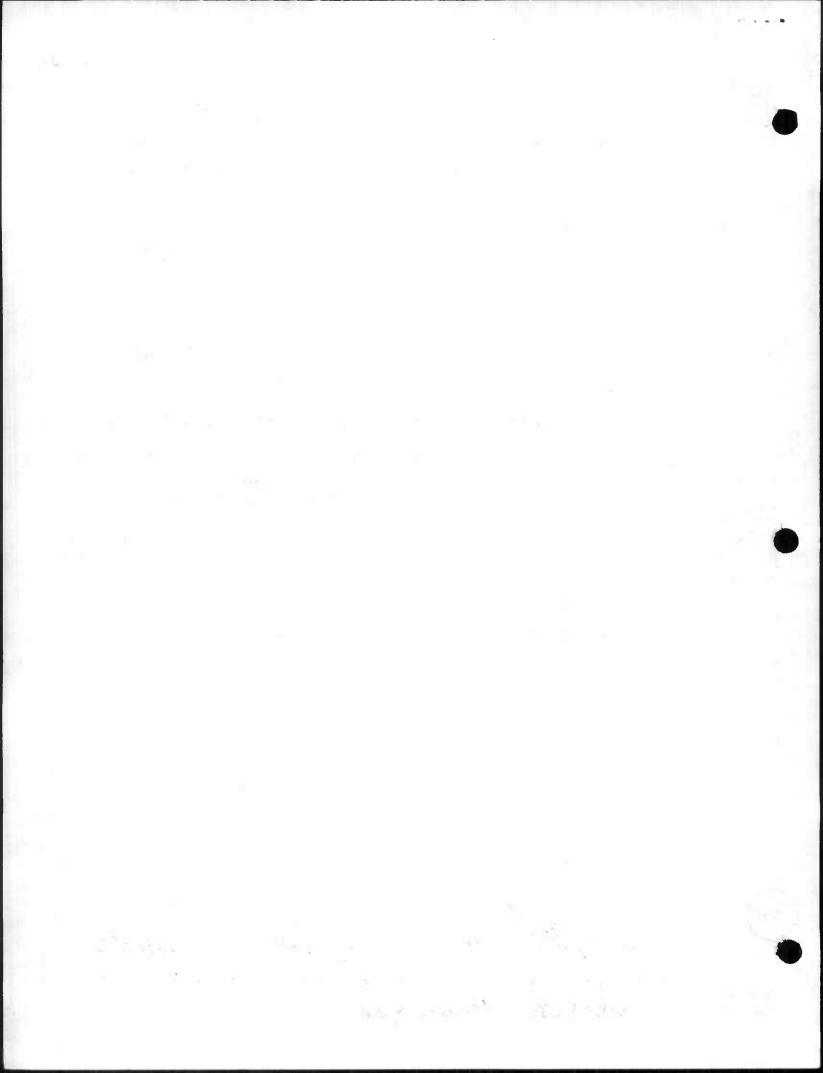
State of Maryland / Department of Health and Mental Hygiene 96 37129

| | | | | | | Ce | rtificate | e of | Death | | | Reg. No. | | 0 / 1 4 5 |
|------------|---|---------------|--|--|-------------------|-------------------------|------------------------------|--------------------|------------------------------|--------------------------|---------------------------------|------------------------------------|---------------------------|---|
| | Dhamin | | 1. Decedent's Neme (First, Middle, | Last) | | | | | | | 2. Deta of De Month | eth | Vee | 3. Time of Deeth |
| | Physic /Medi | | | Julian | 1 M. N | lackt | ı1a | | | | Decemb | per 6 | Yaer 1996 | 6:00 P.N |
| | Exami | | 4e. Facility Name (If not institution, | give street end numbe | or) | | | | 4b. City, To | wn, or Lo | ocation of Deet | | | 0.00 1.1 |
| · V | | | 3817 St. Vict | or Street | | | | | Balt | imor | e | N | /A | |
| 1 | _c Funeral | | | 6. Sax 7. / | Aga (In yrs. lest | birthday) | If Undar | | If Undar | 24 Hrs. | 8. Dete of Bir | th | | lece (State or Foreign |
| т | Director | | 217 20 9372 | 1 ⊠ M 2□ F | 70 | Yrs. | Months | Deys | -Hours | Min. | June 2 | 9, 1926 | New | York |
| | ō | | Usuel Residence of Decedent | | | | | | | | | | | |
| | how | | 10a. State 10b. County | | 10c. City, T | | | | | | | | 10 | 0d. Inside City Limits |
| | the Marylar 28a-f show | ţ | Maryland N/A | | Balt | timor | re . | | | | | | | 1 X Yes 2 ☐ No |
| | h th | Directo | 10e. Street end Number | | | | 10f. Zip (| Code | | | | 10g. Citizen of | Whet Coun | try? |
| | 38 c | 0 | 3817 St. Victo | r Street | | | 2 | 212 | 25 | | | U.S | 5. | |
| | rurs after death with the Maryla sit, or items 23a or 28a4 shor Examinet must be nothed at | Funeral | 11. Marital Status | 12. Wes Daceder | nt Ever in U,S. | 13. | Was Decede | ent of I | Hispanic Ori | gin? (Sp | ecify Yes or No Rican, etc.) | - 14. Rac | e - Amarica | an fndian, |
| 0 | of its | | 1 ☐ Never Married 2 ☐ Marria | Armed Forces d 177 Yes 2 If Yes, Give | | | | | | | Rican, etc.) | Bla | ck, Whita, a | atc. |
| 02 | alf, o | by | 3 ₩ Widowed 4 Divorced | If Yes, Give Yeer or Datas | :W.W. I | | 1□ Yes 2 | (XCNo | Specify: | | | Specify | ": Wr | nite |
| 21215-0020 | within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show the Medical Examiner must be nothed at | Completed | 15. Decedent's | | 1 | 6e. Dece | dent's Usuel | Occup | pation | | | 16b. Kind of B | usinass/Ind | Justry |
| 21 | hin 7 | ple | (Specify only highest Elamentary/Secondary (0-12) | Cotlega (1-4o | (54) | life. | kind of work DO NOT use | done retire | dunng mos ed) | t of work | ing | | | |
| 21 | T1 70 to 100 | TO. | 9th | o o o o o o o o o o o o o o o o o o o | , | Pip | efitt | er | | | | W.R. | Grace | |
| P | be filed ital Hygid d other event, to | Be | 17. Father'e Nema (First, Middle, Li | ast) | | | | | 18. Mothe | er's Neme | First, Middle | Meiden Suman | ne) | |
| la | should b | To | | John Macl | rula | | | | | Ma | ry Klie | ezz | | |
| Maryland | | | 19e. Informant's Name/Reletionshi | p (Type, Print) | 1 | 9b. Mailir | ng Address | (Street | t end Numbe | er or Run | al Routa Numb | er, City or Town, | Steta, Zip | Code) |
| | Tr. | | Katherine Koch | / siste | r | 4402 | Annar | 001: | is Roa | ad | Balti | more, Ma | rvla | nd 21227 |
| e e | of Heal of Heal fitem 2 r other | | 20e. Method of Disposition | | 20b. Plece | of Dispo | sition (Nem | e of | | | Dete | 20c. Location - | | |
| E | 8 9 | | 1 X Burial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe | | Θ | | e Vete | | | . 1 | 2/10/9 | 6 Crown | svi 11 | le, Md. |
| altimore, | | | 21. Signaltire pl Funeral Service Li | ** | 1100 | | . Name end | | | | | | | |
| ä | Departr Departr Importa any Inj | | V//. Da | 7 - | 1 | | | | | | | Funeral | | |
| | | | Sona/1 | Trancioc | iski | | | | | | | timore, | | |
| | | | 23a. Pert1. Enter the disaese, or shock, or heart feilure. | My one ceuse on each | lina. | o not ent | er tha mode | of dyl | ng, such es | cardiec | or respiretory e | rrest, | | Approximeta Intervel Between |
| | Physician /Medical | | fmmediata Ceuse (Finel | | 11. | | 0 6 | 1 | 0 | 0 | | | 1 | Onset end Death |
| | Examiner | ш | diseese or condition rasulting in deeth) | Θ/ | Vy | ra | do | V | Jani | from | | | 1 | menny |
| | | <u></u> | | | Due to (ceas | a consec | uence of):* | | 11. |) | - | 1 | | |
| | ed isi | i i | | b | 1/1/2 | Ler | world | un | 1/2 | pla | M | 1200g | 2 | 5 wars |
| | icate be executed physician and s the bunal-transit | Examiner | Sequentialty list conditions, if eny, leading to immediate | | Que to (or as | conseq | uence of): | | . (|) | | | | - |
| 60, | be ex | | cause. Enter Underlying Cause (Disease or Injury that Initiated events | c | 1/15 | MI | non | la | ~ | bon | ofes | | | Syans |
| 68760, | sate the | dic | thet thitleted events resulting in deeth) Lest | 0. | Due to (or es | e conseq | uence of): | | 0 | | | | | |
| 9 x | Die o | Medical | | | | | | | | | | | | |
| Bo | 0 0 0 | | | 0 | | | | | | | | | | |
| | 70 00 | Physician | Pert it. Other significant condition | contributing to death | but not resulting | g in the u | nderlying ca | use giv | ven in Pert I | | 23b. Dfd | tobacco use co | ntribute to | the cause of death? |
| P.0 | d by the | Phy | | | | | | | | | 10 | Yes 2□ No | 3 Prob | ably 420hknown |
| Ś | | by | | | | | | - | | | | | | |
| Record | - 0 0 | | | | | | | | | | 24a. Was | en eutopsy | 24b. We | re eutopsy findings liteble prior to |
| S | > TI (1) | plet | | | | | | | | | penc | illied (| con | npletion of cause |
| | The la | Completed | | | | | | | | | 10 | Yes 22No | | Yes 24No |
| Vital | ilcten: The lav certificate has rector, page 2 | BeC | 25. Wes case raferred to medical | | | | | | OC Disco | -4 D4 | | | | Tes ZETNO |
| | | 0 8 | examiner? | Hospitel: | lant all ED# | Outpeties | 4 2 DO4 | Oth | or. | | (Check only o | | (0.) | |
| ō | | | 27. Manner of Death | 1 ☐ Inpat 28e. Dete of Inj | | Outpatien Time of | | ` | 40 140 | T | | dence 8 Oth | |) |
| Division | Attending Ph r death. ector: After th by the funeral | ertification: | 1 ■ Naturet 5 □ Pending | (Month, D | ay Year) | Injury | м | c. Injur Wor | rk? Yes 2∐ | | Log. Dogstipo | ion injury coodin | | |
| S | or Attend efter death Director: / | Ca | 3 Sulcide 6 Could no | t be | iun. At homo | form oto | | | .03 2 | THE | 20f Location (| Straat end Numb | or or Buml | Bouts Number |
| <u>S</u> | X = = c | it i | 4 ☐ Homicide detarmin | building, e | tc. (Specify) | ieiin, sui | эет, тестоту, | OHICE | | - 4 | City or To | vn, Stete) | er or norar | Houla Ivumber, |
| _ | To the Hospital or Attend within 24 hours efter deatl To the Funeral Director: completely filled in by the | O | 29a. Cartifier 1 Certifying | Dhalla Tana | | | | | | | | | | |
| | Hos Fun Fun | edical | (Check only one) | Physicien: To the bests caminer: On the bests of | of examination (| ga, death end/or inv | occurred at estigation, l | the tirn n my o | me, deta an opinion, deel | d place, a th occurre | and due to the ed at the time, | ceuse(s) end me date end place, | nnar es ste and due to | tha cause(s) |
| | the the | Mec | 0.107 | end manner s | teted. | | | | | | | | | |
| | F 3 F 8 | _ | 29b. Signeture and title of certifier | OII | 17 | | 1 | - Carrie | se number | > | 2 | 29d. Deta signed | (Month, D | rey, Year) |
| | U | | | NIL | 3/ | | \ | 1 | 14 | 52 | | 12 | -7 | ークか |
| 1 | 100 | | 30. Name and a odress of person with | o completed cause of | death (tem 22 | (Type, | Print) | 5 | | 1 | 1 | > | 11 | · 2122L |
| 1 | 10 | | S.K. (1e | MIRNY N | - M | 47 | 10 | 10 | NNI | N3/0 | V / | 4 LSG | Utu | ore Ma |
| | Sta | _ | 31. Dete filed (Month, Dey, Year) | - | rar's Signeture | | | , | | / | 11 | | | |
| | Registr | ar | DEC 1 1 199 | 6 Allia | Davidson- | Mande | Ro | | | | | | | |
| D.1.10 | | - | | W | | - | - | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene Q 5

| | | | | | | | Cert | ificate c | of Death | | | Reg. No. | 7 | 0 | 1130 |
|---------------------|---|---------------------|--|---------------------------------------|---|--------------------|--------------------------|--|---|----------------------------|--------------------------|----------------------------|-------------------|--------------------------|--|
| | Dhusia | | 1. Decedant's Nar | ne (First, Middle, La | st) | | | | | | 2. Date of D | | | Vans | 3. Time of Death |
| | Physic /Medi | | ANN | | | | NE: | ILSON | | | DECEM | BER | 9, | 1996 | 6:00 AM |
|)4. | Exami | | | | e street and number) | | | | 4b. City, To | own, or Loc | cation of Dec | eth 4c. (| County | of Deeth | |
| | | | The second secon | | MEDICAL | CENTER | 3 | | 1 | TOWS | | | BA | LTI | 4ORE |
| | , Funeral Director | | 5. Social Security 218-07-828 | 39 | Sex 7. Ag | e (In yrs. last bi | | If Under 1 Ye Months Da | | Min. | 8. Date of B May 19, | irth 1919 | | 9. Birthpl Maryl | lace (State o <i>r Foreig</i> n try) and |
| | and w | | Usuai Residenca | of Dacedent 10b. County | | 10c. City, Tow | wn or Loca | tion | | | | | | 44 | Od Inside Otto Links |
| | eho | 5 | | Baltimore | | | | niori | | | | | | 10 | 0d. inside City Limits 1 ☐ Yes 2 No |
| | 28a- | ect | Md. 10e. Street and Nu | | | Carne | ₹ y | 10/ 7/- 0-4 | | | | 40. 000 | | | |
| | with a or | 급 | | | | | | 10f. Zlp Cod | | | | | | Vhat Coun | try? |
| | eath s 23 | era | 9527 POWO | erhorn Lane | 12. Was Decedent | Ever in II S | 12 14/ | 21234- | | tain? /Can | -16 - 14 1 | | S.A. | e - Amarica | and the discount of the same o |
| 020 | filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or items 23a or 28a-f show int, the Medical Examinat must be notified at | by Funeral Director | | ried 2 ☑ Married 4 □ Divorced | Armed Forces? 1 Yes 2 1 1 If Yes, Give Year or Dates: | | | Yes, specify C | of Hispenic Or Suban, Mexica No Specify | | Rican, etc.) | | | k, White, e | etc. |
| 5-0 | 72 hours natural', | Completed | (Sne | 15. Decedent's Ed | | 16a | . Dacader | nt's Usual Oc | cupation | et of workin | 0 | 16b. Kln | d of Bu | siness/Ind | lustry |
| 21 | I within 72 h iena. • than *natu | nple | Elementary/Sec | | Collage (1-4or 5 | +) | | | ne during mos tired) | SE OF WORKI | ig . | | | | |
| 2 | Hygier ther th | S | 10 | | | | Hair | dresser | _ | | | Self- | -Empl | loyed | |
| Maryland 21215-0020 | S la b S | To Be | Charles Va | (First, Middle, Last) Ince McCaule | у | | | | | | (First, Middl M. Haas | | Sumam | θ) | |
| Mar | and and m | | | lame/Relationship (| | | | | eet and Numb | | | | | | Code) |
| , P | s 1 and 2 if Health them 27 I | | Mr. Robert | | Husband | | | | n Lane | Carne | y, Mary | land 21 | 234- | -1021 | |
| Baltimore, | ages ant of t: If it y or o | | | | Removel from State | Parkwoo | | ion (Name of tory or other p etery | place) | 12, | Dete /12/96 | Baltin | | City or Tov | |
| alt | permit. F Departme Importan eny injur | | 21. Signeture of Fi | uneral Servica Licer | see | | 22. N | lame and Ad | dress of Facili | ty 1 eon: | ard J. | Ruck I | n | | |
| Ш | 89 = 99 | | 4 | Vailet- 2 | Qu | | | 5305 Han | ford Rd | | | , | | 214 | |
| | | | 23a. Perf1. Enter | the disease, or com | olications that caused one cause on each iir | the death. Do | | | | | | | (C) La 1 | | Approximata Interval Between |
| S | Physician | 0 1 | 3170011, 01 1100 | art landto. List orny | one cause on aach m | | | | | | | | | | Onset end Deeth |
| 7 | /Medicai | 1 | tmmediate Cause diseasa or condition | | STROKE | | | | | | | | | | 3 DAYS |
| | Examiner | ner | rasulting in death) | | GASTRO | Dua to (or as a | | | ORRHA | GE | - | | | | 5 DAYS |
| ,0 | eath certificate be esscuted attending physician and for use as the burlsi-transit | Examine | Sequentially list co if any, laading to in cause. Enter Und Cause (Disease or | onditions, mmadiate erlylng | b | Due to (or as a | conseque | nce of): | | | | | П | | |
| 68760, | ate b | edical | that initiated event resulting in death) | 5 | c | Due to (or es e | conseque | nca of): | | | | | | | |
| Box 6 | th certificate be tending physicia x use as the but | 2 | | L | d | | | | | | • | | | 1 | |
| | 0 0 2 | Physician/ | Part II. Other signi | ficant conditions co | entributing to death bu | t not resulting in | n the unde | erlying cause | given in Part i | l. | 23b. Dic | tobacco u | se con | tribute to | the cause of death? |
| P.0 | # 20 | Phy | PADTATT | ION ENTE | DIMIC | | | | | | 1 | Yes 2 | No | 3 Prob | ably 4 Unknown |
| | | by | KADIAI. | ION ENTE | KIIIS | | | | | | | | | | |
| Records, | s law requires has been sign je 2 should be | Completed | CARCING | OMA OF T | HE LUNG | | | | | | | s an autops ormed? | у | con | re autopsy findings lieble prior to npletion of cause leath? |
| | | E | | | 1 | | | | | | 10 | Yes 2K | No | 10 | Yes 20XNo |
| Vital | ician: Th certificate rector, pa | Bec | 25. Was case rafar | rrad to medical | | | | | 26. Place | of Daath | (Check only | | | | |
| | yalo is ce dire | To | examiner? 1 ☐ Yes 2 🔯 | No | Hospital: 1 Knpatier | nt 2 ER/Ou | utpetient | 3□ DOA | Whor | | e 5 Res | | □Otha | r (Specity |) |
| o u | A | | 27. Manner of Deat | | 28a. Date of Injury (Month, Day | y, 28b.] | Time of | 28c. tn | | | 8d. Dascribe | | | | |
| 0 | Attending r death. ector: Atte by the tury | atic | 1 XNatural 2 ☐ Accident | 5 Pending investigation | (Month, Day | 7047) | rijury | | Yes 2 | No | | | | | |
| Division | | Certification: | 3 ☐ Suicide 4 ☐ Homicide | 6 Could not be detarmined | 28e. Placa of Inju | ry - At home, fa | ırm, street | , factory, offic | æ | 21 | Bf. Location | (Street and wn, State) | Numbe | or or Aural | Routa Number, |
| ō | 自己を | č | | | building, atc. | (Specify) | | | | | Chy or 10 | iwn, State) | | | |
| 0 | Ne Funer pletsly III | edical | 29a. Certifier (Check only one) | 1 Certifying Phy 2 Medical Exam | raictan: To the best of iner: On the basis of and hanner stat | examination and | , death od d/or Inves | ccurred at the tigation, in my | tima, date an y opinion, dea | d piace, ar th occurred | nd due to the | ceuse(s) a , data and p | nd mar lace, a | nnar as sta nd due to | ited. tha cause(s) |
| | To To | 2 | 29b. Signature end | title of pertifier | 4/1 | | | 29c. Lice | nse number | | | 29d. Dete | signed | (Month, D | lay, Year) |
| - | | |) SA | W/1/2/1/ | 115 M | Ð | | D3 | 3412 | Y | | 1 | 2/1 | 0/90 | |
| | 16 | | 30. Nama and eddr | ess of parson who c | omplated cause of da | ath (Item 23a) (| (Type, Pri | | 110 | | | 10 | | 0/5 | |
| | 1,) | | JOHN | MILTO, N | 1.D., 760 | 0 OSL | | | TOWS | ON, | MARY | LAND | 2 | 1204 | |
| | Sta Registra | _ | 31. Datè filed (Mon | DEC 11 19 | 32. Registra | a Savidson | - Park | less | | | V | | | 116 | 4-7- |

DHMH 16 Rav 6/95



| | | ges 1, 2, 3 should |
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| 120 | hysician. | he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should |
| BALTIMORE, MARYLAND 21215-0020 | ifter death. Page 6 may be retained by the hospital or attending physician | or use as the b |
| LAND ? | the hospital | e detached for |
| MARY | retained by | 5 should by |
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| BALT | urs after death. | in by the funera |
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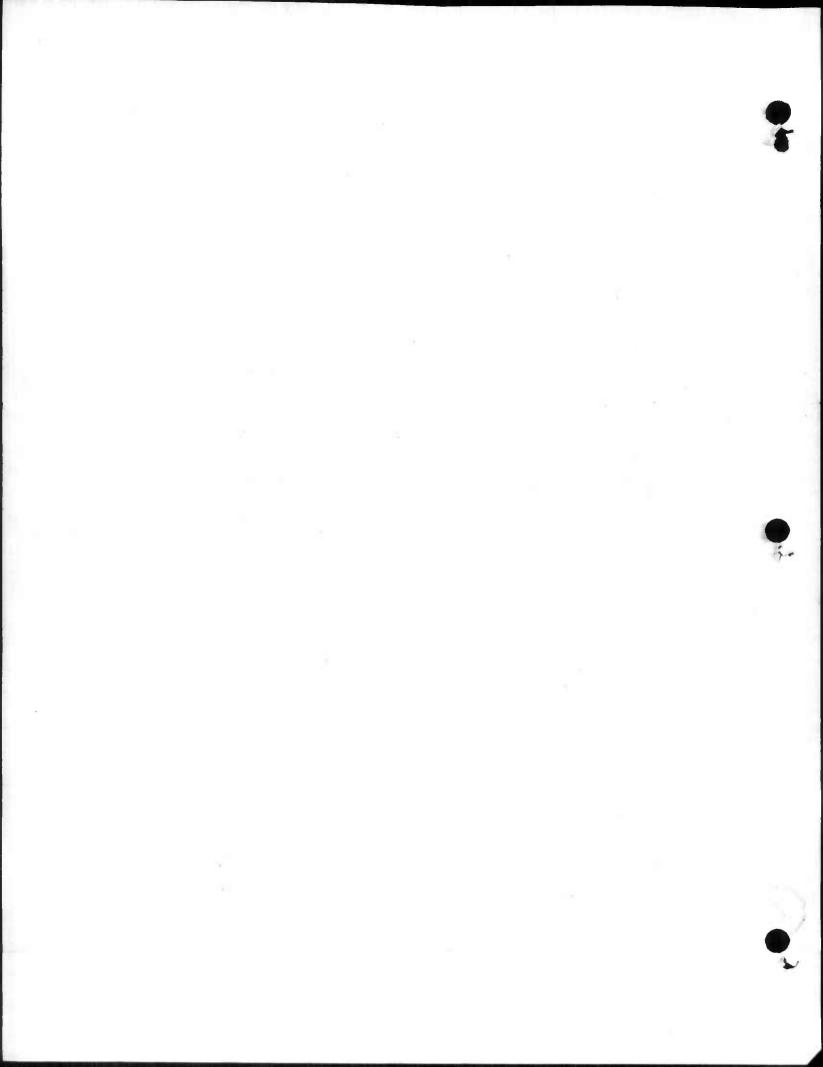
DIVISION OF VITAL RECORDS, P.O. BOX 68730

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| TEN | TOR. | 28 |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 72 hours after death with the State Deor, of health and Mental Hypiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| SPI | NER. | N |
| EHC | G Wil | HTA |
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| | 7 3 | = |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - STATE REGISTRAR CI | ERTIF | CATE OF | DEATH | REG. NO. | | |
|------------------|---|----------------|-------------------------------------|--------------------|---------------------------------------|-------------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DEATH | | 3. TIME OF DEATH |
| | Joseph A NOVA | K | | | December D | 9 1996 | 4:50/PM M |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les | st birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | 8. BIR | THPLACE (State or Foreign |
| | 217-09-2635 1×120 75 | YRS. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) | 1921 M | untry) |
| | 9e. FACILITY NAME (If not institution, give street and number) | | 9b. CITY, TOWN C | R LOCATION OF OR | Jan 6, | 9c. COUNTY OF | |
| FUNERAL DIRECTOR | Manor Care Rossville | | Rossv | | | Balti | more |
| EC | 10a. STATE 10b. COUNTY | toc. CIT | Y, TOWN OR LOCAT | ION | | | 10d. INSIDE CITY |
| DIR | Md. N/A | | Baltim | ore | | | t XYES 2 NO |
| 1 | 10e. STREET AND NUMBER | 1 | | ZIP CODE | | 10g. CITIZEN OF | F WHAT COUNTRY? |
| ER/ | 3843 Ravenwood Ave. | | | 21213 | | USA | |
| 5 | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AP | RMED | | | IIC ORIGIN? (Specify Yes | or No- 14. R/ | ACE — American Indian, sek, White, stc. |
| ВУ | 1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES | NO | | 2 NO Specify | n, Puarto Rican, atc.) | | white White |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (G | ECEDENT'S | USUAL OCCUPATION | N . | 16b. KINO OF BU | SINESS/INDUSTRY | |
| ET | | a. Do NOT us | vork done during mo se retired.) | st or working | | | |
| P | 8 yrs | Long | shorema | ın | Chec | cker | |
| O O | 17. FATHER'S NAME (First, Middle, Last) | | | | ME (First, Middle, Maiden | Surname) | |
| BEC | Walter Novak | | | Helen | Skewers | | 6.7 |
| 0 | 19e. INFORMANT'S NAME (Type/Print) Helen Wilkinson | 310 | ACCUST | Ave. B | Route Number, City or Tow altimore | n. State, Zip Code) Md. 21 | 1221 |
| | | | of disposition (Na | | | CATION — City or Dundalk | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | CIO | | | | | |
| | PV 50.002 | | | _ | Funeral I ers Point | | f Dundalk |
| | 23. PART . Enter the diseases, or complications that caused the de | eath. Do r | | | | | Approximete |
| i | anock, or neart failure. Liet only one geuse on each line | a. | | | Conter | | Onset and Death |
| | resulting in death) a. DUE TO (OR AS A CONSE | OUENCE O | F): | - 0 | 0. 0. | | , awar- |
| CERTIFICATION | Sequentially list conditions, DUE TO (OR AS A CONSE | OUENCE O | F): | | | | |
| AT | if any, leading to immediate cause. Enter UNDERLYING | | | | | | |
| E | CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSE | OUENCE O | F): | | | | |
| F | resulting in deeth) LAST | | | | | | |
| 2 | | | | | | | |
| DICAL | PART II. Other aignificant conditions contributing to deeth but not to Nov. What we Promove | | | | | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| 20 | | | | | 1 1 YES 2 | t NO | COMPLETION OF CAUSE OF DEATH? |
| ME | | | uin On | | <u> </u> | | 1 TES 2 NO |
| PHYSICIAN: M | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA | ATH YE | S NO | UNCERTAI | N 🗆 | _ | |
| SIA | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE EXAMINER? HOSPITAL: | CE OF DEA | TH (Check only one) | | | | |
| Sic | t YES 2 NO t Inpetient 2 ER/Outpetient : | 3 🗆 DOA | OTHER: 4 V. Nursing Hom | e 5 🗌 Realdence | 8 Other (Specify) | | |
| H | 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIM | | URY AT RK? | 28d. DESCRIBE HOW | NJURY OCCURED | |
| BY i | 1 Natural 5 Pending 2 Accident Investigation | | | ES 2 NO | | | |
| | 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At he building, atc. (Specify) | oma, farm, | strast, Isctory, offic | | 281. LOCATION (Street | | al Route Number, |
| III | 4 Homicide determined | | | | City or Town, State) | | |
| Щ | 29a. CERTIFIER to CERTIFYING PHYSICIAN: To the best of my knowledge, de | leath occum | ad at the lime date | and place, and due | to the cause(s) and ma | mont on eleted | |
| COMPLETED | (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or | | | | | | e(a) and manner ea stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | 29c. LICENSE NUI | | | |
| BE | Haze M.D. | | | D- C | 2754 | | IED (Month, Day, Year) |
| 9 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE | FM 27) / Turns | Print) | V J | 0 1-1 | | |
| | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE | U. B | ROADWA | Y. BA | LT MORE | -, Mp- | 21231. |
| | DEC 1 1 1996 | 22 | | | | | |





State of Maryland / Department of Health and Mental Hygiene

| | _ | | | | Ochune | cate of | Dealli | | Reg. No. | | |
|--|---|--|---|--|--|--|--|--|--|--|--|
| Physicia | an | Decedent's Name (First, Middle, Last * / | | Owe | 21.5 | | | 2. Dete of D Month | Dey _ | Yeer | 3. Time of Dea |
| /Medic Examin | | 4e. Fecility Neme (If not institution, give | | | 700 | 4 | 4b. City, Town, o | or Location of Dea | | 96 of Deeth | 6 / |
| | ei | Bon Secon | 11 | ./ | 2/ | | 011. | nore, n | 1 | Him | ore C |
| Funeral Director | | 5. Social Security Number 6. Se 15 15 Usuel Residence of Decedent | 9X □ M 2 X F | ge (in yrs. ies 7 | 3 Yrs. | nder 1 Year iths Deys | | rs. 8. Dete of B | ey, Year) | | Ge (Stete or For |
| and show | ctor | 10a. State 10b. County Manyland | | 10c. City, 1 | Fown or Location | | | | | 100 | Inside City Lin |
| 23a or 28 | Funeral Director | 10e. Sheet end Number 2805 Brighton | J. | | 10f | Zip Code | 16 | | 10g. Citizen of V | Whet Country | 7 |
| o','o | þ | 11. Maritel Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorcad | 12. Wes Decedent Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Dates: | 7 | | ecedent of H specify Cube es 2/2/No | | (Specify Yes or N erto Rican, etc.) | o- 14. Rac Bled Specify | a - American ck, White, etc. | |
| "netu | Completed | 15. Decedent's Edu (Specify only highest great | ucation de com <i>pleted)</i> | 1 | (Give kind o | Usuel Occup | etion during most of with | vorking | 16b. Kind of Bu | usiness/Indu | stry |
| then. | omp | Elementery/Secondary (0-12) | College (1-4or | 5+) | me. DO NO | | memal | en | ^ | VA | |
| 도등등 | BeC | 17. Father's Neme (First, Middle, Last) | 1 | | | | 18. Mother's N | lame (First, Middle | , Maiden Surnem | 10) | |
| arked c | P | Albert Cu. | rtis | | | | 144 | Hel | homas | | |
| 7 is trau | | 19e. Informent's Neme/Relationship (T) Annie B. M | | ister | 19b. Mailing Add | ress (Street | end Number or | Aurel Route Numl | ber, City or Town, | Stete, Zip C | MD, 212 |
| 5 = 5 | | 20e. Method of Disposition 1 | | 0.000 | e of Disposition etery, cremetory | (Neme of or other plea | COM Tex | Date 12/14 | 20c. Location - | City or Town | , Stete |
| Important: I any injury c once. | | 21. Signeture of Funerel Service Licans | | 7 | 22. Nam | e end Andres | ss of Fecility | KevinA | Parker | Fu | reval t |
| - | + | 23e Pert1 Enter the disease or compl | Jane | d the death. I | Do not enter the | -1782 | revick | HVe. | Battimo | re, n | 12.212 |
| ysician | 9. | 23e. Pert1. Enter the disease, or compl shock, or heert failure. List only or | ne ceuse on each l | | DO HOL OHIGH HIGH | mode of dyln | g, such es card | iac or respiretory (| errest. | / A | pproximete |
| ledical | | Immediate Cause (Final | | | | | | | | l o | pproximete tervel Between nset end Deeth |
| ledical aminer | | Immediate Ceuse (Final disease or condition resulting in deeth) | | static | | Car | | Endsta | | l o | tervel Between |
| ledical aminer | liner | disease or condition | | Static Due to (or ea | Colo N | Car | | | | l o | tervel Between nset end Deeth |
| ledical aminer | xaminer | disease or condition resulting in deeth) | | tatic Due to (or es Norm | Colon | Car | ncer. | | | l o | tervel Between nset end Deeth |
| nedical aminer uel-transit | cai Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events | | Due to (or es | Colon se consequence se consequence Desity | of): | ncer. | | | l o | tervel Between nset end Deeth |
| ing physician and and buriel-transit e es the buriel-transit | Medicai | disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury | | Due to (or es | Colons e consequence s e consequence s e consequence s e consequence | Can Can And Corp. | ncer | | | l o | tervel Between nset end Deeth |
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| oy the ettending physician and ached for use as the buriel-transit ached for use as the buriel-transit | Physician/Medical | disease or condition resulting In deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest | o. Metas | Due to (or es Due to (or es Due to (or es Due to (or es Live | Colo M s e consequence | of): An of): An of): | ncer nemia | Endsta 296. Did | 1qe | ntribute to the | tervel Between nset end Deeth |
| been signed by the ettending physician and should be detached for use as the buriel-transit | by Physician/Medical | disease or condition resulting In deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest | o. Metas | Due to (or es Due to (or es Due to (or es Due to (or es Live | Colo M s e consequence s e consequence s e consequence c e consequence s e consequence | of): An of): An of): | ncer nemia | 23b. Did | tobacco usa con | ntribute to the 3 Probel | tervel Between nset end Deeth 2 M Dut 1 4 Dunk 4 Dunk 4 Dunk 4 Dunk 4 Dunk 4 Dunk 5 Du |
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| ate has been signed by the ettending physician and inpoped 2 should be detached for use as the buriel-transit and | Completed by Physician/Medical | disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant conditions condit | e. Metas | Due to (or es Due to (or es Due to (or es Due to (or es Live | Colo M s e consequence s e consequence s e consequence c e consequence s e consequence | of): An of): An of): | ncer nema e en in Pert I. | Endsta 23b. Did 10 | tobacco use cor Yes 2 No | ntribute to the sevalle comported of decomported to the sevalle comported to the sevalle comport | tervel Between nset end Deeth 2 M Du Th 3 He cause of dealer by 4 Unkr eutopsy finding ble prior to letion of cause th? |
| his certificate has been signed by the ettending physician and in page 2 should be detached for use as the buriel-transit and in page 2 should be detached for use as the buriel-transit and in page 2. | To Be Completed by Physician/Medical | disease or condition resulting In deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest Pert II. Other eignificant conditions condit | b | Due to (or est Norm Due to (or est Due to (or est Live Dut not resulting | Colomos e consequence se consequence reconsequence reconse | Carolical All Other Carolical Carolical All Carolical Ca | en in Pert I. 28. Place of Der: 4 Nursing | 23b. Did 1 1 24e. Wes perf 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | tobacco use cor Yes 2 No Sen eutopsy Orned? Yes 2 No No No No | ntribute to the series of decomposition of decomposition of the series o | tervel Between nset end Deeth 2 M Du Th 3 He cause of dealer by 4 Unkr eutopsy finding ble prior to letion of cause th? |
| his certificate has been signed by the ettending physician and in page 2 should be detached for use as the buriel-transit and in page 2 should be detached for use as the buriel-transit and in page 2. | To Be Completed by Physician/Medical | disease or condition resulting In deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert III. Other eignificant conditions condi | b | Due to (or est Norm Due to (or est Due to (or est Live but nof resultin | COLD M s e consequence s e consequence c e consequence c e consequence c e consequence c e consequence d for the underlying for | of): | en in Pert I. 28. Place of Der: 4 Nursing (et) | 23b. Did 1 1 24e. Wes perf 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | tobacco use cor Yes 2 No sen autopsy ormed? | ntribute to the series of decomposition of decomposition of the series o | tervel Between nset end Deeth 2 M Du Th 3 He cause of dealer by 4 Unkr eutopsy finding ble prior to letion of cause th? |
| or: After this certificate has been signed by the ettending physician and processing the funeral director, page 2 should be detached for use as the buriel-transit processing the funeral director, page 2 should be detached for use as the buriel-transit processing the funeral director. | To Be Completed by Physician/Medical | disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert III. Other eignificant conditions condi | b | Due to (or est Norm Due to (or est Due to (or est Due fo (| Colomos e consequence occupante de consequence | of): | en in Pert I. 28. Place of Der: 4 Nursing | 23b. Did 1 24e. Wesperf 1 eeth (Check only) Home 5 Res 28d. Describe | tobacco use cor Yes 2 No Sen eutopsy Orned? Yes 2 No No No No | ntribute to the scale of the sc | Tiervel Between neet end Deeth 2 M Dw 1 |
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permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy, important: if Item 27 is marked other any Injury or other trainments.

Physician /Medicai

Examiner

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certificate

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withing To the Funeral C completely filled

Physiclan/Medical

ò

Completed

Certification:

Medicai

4 Homicide

The law requires that the death certificate be axecuted

P.O. Box 68760,

Nivision of Vital Records,

Attending Physician:

9

Hospit

To the

filed within 72 hours after

21215-0020

Baltimore, Maryland

State of Maryland / Department of Health and Mental Hygiene

Approximate Intervel Betw Onset end Death

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth PLACK **JEFFREY** M Month **Physician** 08 1996 1:49 A DEC /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SINAI HOSPITAL BALTIMORE 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. Birthplece (Stete or Foreign Country) 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** 1√M 2□ F Deys Yrs. Director 23 220-88-7491 Maryland 4-4-1973 Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f ahov

1 Yes 2 No Director Baltimore Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21234 U. S. A. 2300 Tarleton Lane Apt B. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1√ Never Married 2 Married 1 Yes 2∑No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. Do NOT use retired)
Computer Prepress Specialist 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondery (0-12) College (1-4or 5+) Printing

17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Linda P. Harper Paul L. Plack, Jr.

19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 1817 Edgewood Road, Baltimore, Maryland 21234 Paul L. Plack, Jr. (Father)

20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Dulaney Valley Mem. Gards. 12-12-96 Timonium, Md. 21093

21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Ruck Towson Funeral Home, Inc.

1050 York Rd. Towson, Md. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line.

Immediate Cause (Finel MULTIPLE EMURIS diseese or condition resulting in deeth)

Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of) Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings eveileble prior to completion of cause of death? 24e. Was en eutopsy performed?

1- Yes 2 No 25. Was case referred to medical 26. Plece of Deeth (Check only one)

Be Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☑ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 → Yes 2 □ No 27. Menner of Deeth 28c. Injury et Work? 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Uthace 1 Naturel 5 Pending Injury 1 Yes 2 No 2-8-96 PEDESTMON STRUCK BY 2 Accident investigation 365 3 Suicide

6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 1835 BOUND 15 DUMONOTUM PODDWAY

29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the ceuse(s) end menner steted. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

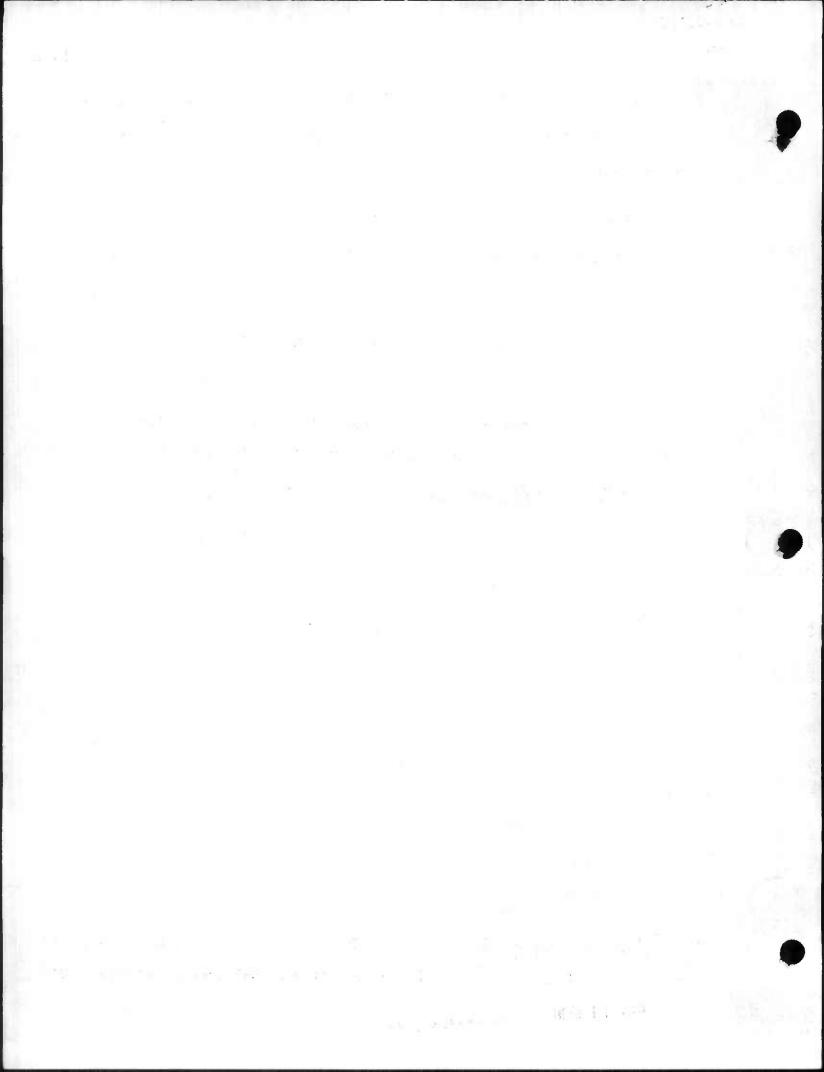
DECEMBER 08, 1996 O.C.M.E

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 1ARGDRITA Who My

State Registrar

31. Dete filed (Month, Dey, Year)
DEC 11 1996



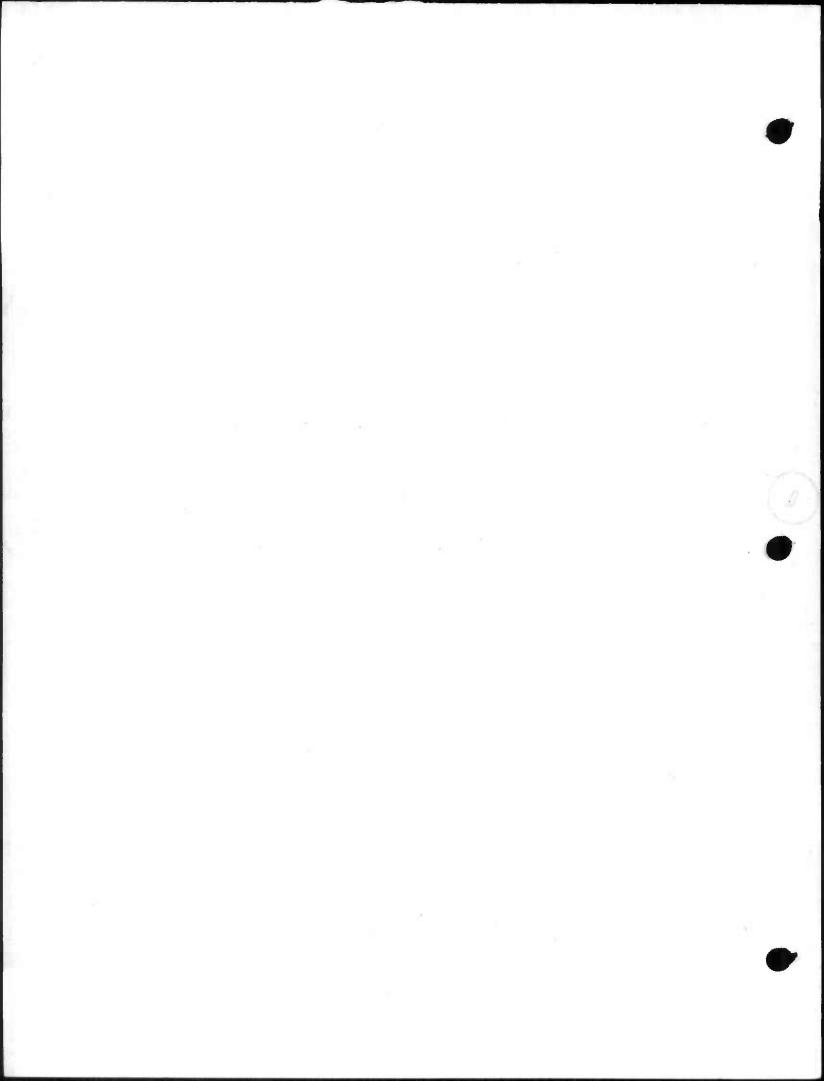


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 7 | DIVISION OF VITAL RECORDS, P.O. BOX 68/6 | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are all the management of the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|--|---|--|---|
| | | TO THE HOSPITAL (| TO THE FUNERAL De filed within 72 ha | IMPORTANT: If IL |

TO BE COMPLETED BY FUNERAL DIRECTOR

| 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
|---|---|---|---------------------------|---|------------------------------------|------------------------------------|---------------------------|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) DONNA | FENTRESS | PHILLIP | S | | 2. DATE OF DECE | DEATN | 199 | 3. TIME OF DEATH 205 A.M. | |
| 447-18-2680 | 1 □ M 2 🖔 F | NAS. M | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF I (Month, Da 10/1 | ly, Year) | Count | NPLACE (State or Foreign try) tana | |
| 9a. FACILITY NAME (If not institution, give street 1198 HUN'TER RO | | | PASADE | R LOCATION OF DE | EATN | ac. co | VE A | RUNDEL CO. | |
| RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD. ANNE | ARUNDEL CO | | TOWN OR LOCAT | ION | | | | 10d. INSIDE CITY LIMITS? | |
| 100. STREET AND NUMBER 1198 HUNTER I | | · INO | | ZIP CODE 21122 | | 10g. C | | 1 YES 2 NO WHAT COUNTRY? | |
| | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D/ | 2 🔀 NO | li yes, spe | ENDENT OF NISPAN celty Cuban, Maxica 2 NO Specifi | n, Puarto Rica | | - 14, RAC Blac Spec | S.A. E — American Indian, ck, White, atc. White | |
| 15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) | | 16a. DECEDENT'S US (Give kind of wo life. Do NOT use | rk done during mo. | | 16b. KIN | OF BUSINESS/ | | WIIICC | |
| 12 | 4 | House | ewife | | | Home | | | |
| 17. FATNER'S NAME (First, Middle, Last) Willis Fentr | 2000 | | | | | le, Malden Sumami Evans | 2) | | |
| 19a. INFORMANT'S NAME (Type/Print) | ess | 19b. MAILING A | DDRESS (Street a | nd Number or Rural | | | Zip Code) | | |
| Gordon W. Phillip | s Sr. | 1198 1 | Hunter 1 | Road Pa | sadena | ,_Md. 2 | 1122 | | |
| 20a. METNOD OF DISPOSITION 1 B Burlal 2 Cremation 3 Removed 4 Donation 5 Other (Specify) | val from State cerr | PLACE AND DATE OF DETERMINE OF | er place) | | 9/96 | Brookly | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LICE | Casta | 56 | McC | ally Fun | eral H | | | ena Md. 21122 | |
| 23. PART I. Enter the diseases, or handle in the cart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST | DUE TO (OR AS A | CONSEQUENCE OF: | arg | | | or reapiratory | arreat, | Approximata Interval Batween Onset and Daath UM med 4 yrs | |
| PART II. Other significant conditions | | | | | _ 10 | a. WAS AN AUTOPPERFORMED? | SY 24 | b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1. See 2 \(\subseteq \) NO | |
| DID TOBACCO USE CONTR | IBUTE TO CAUSE C | 26. PLACE OF DEATH | | UNCERTAI | и 🗆 📗 | | | | |
| EXAMINER? | HOSPITAL: | | OTHER: | e 5 Residence | 8 Other /S | necify) | | | |
| 27. MANNER OF DEATH | 28s. DATE OF INJURY (Month, Day, Year) | 28b. TIME INJU | OF 28c. INJ | | | IBE NOW INJURY | OCCURED | | |
| 1 Netural 5 Pending 2 Accident Investigation | | | M 1 🗆 | YES 2 NO | | | | | |
| 3 Suicide 8 Could not be 4 Nomicide detarmined | 28e. PLACE OF INJURY building, atc. (Spe- | ' — At home, Ferm, str cify) | reet, factory, offic | | City or T | DN (Street and Nun lown, State) | iber or Rural | Route Number, | |
| onel - | CIAN: To the best of my known. | | | | | | | (a) and manner as stated. | |
| 29b. SIGNATURE AND TITLE OF CERTIFIER LAUGH 30. NAME AND ADDRESS OF PERSON WAY | 1. ICawa | o, MI |) | D32. | MBER 553 | 29d. (| TATE SIGNE | o (Month, Day, Year) | |
| C. KAWAS 55 | 501 Bayvie | ATN (FIEM 27) (Type, I | | B82 3 | Bult | more | MI | 21224 | |
| DEC 11 1996 | 32. REGISTRAT'S SHA | vidson-Randa | De_ | | | | | - 41 | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death WANDA PUR DY Month Yeer **Physician** MARJORIE 6. 10 am DECEMBER 10,1996 /Medical 4a. Facility Name (If not institution, give street and number) 300 | S. HANOUER HARBOR HOSPITAL CENTER, STREET 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE STREET If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months Deys Hours Min. (Month, Dey, Year) 9. Birthplace (State or Foreign 1917 Maryland 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** 1□M 20 F Deys 216-09-7256 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ital Hygiene. Id other than 'natural', or items 23e or 28e-f show event, the Medical Examiner must be notified at the Maryla 1 Yes 2□No Director MD. N/A Baltimore (Lakeland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2418 Banger Street 21230 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. spes 1 and 2 should be filed within 72 hours after at of Health and Mental Hygiene. 1 Never Merried 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3)☐(Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) 6th Housewife Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be marked Duffy, Sr. Florence John 2 (Unknown 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ort of Health a vert if from 27 is: Harry Purdy 2808 Hinsdale Drive Balto., MD. 21230 (Son lmore, 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/13/96 Baltimore, Maryland Cedar Hill Cemetery 21. Signature of Funeral Service Licansee 22. Name and Address of Fecility McCully Funeral Home of Brooklyn 237 E. Patapsco Ave. Balto., MD. 21225 Kevin E. Ecker 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betw Physiclan /Medical immediate Cause (Final HYPOTENSION disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner SEPTICEMIA To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detected for use as the buriansit completely filled in by the funeral director, page 2 should be detected for use as the burian-transit physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initieted events rasulting in daath) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of) OP Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vinknown Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☑ No 1 Yes 2 No 25. Was case referred to medical examiner? 8 28. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpatient 3 DOA 28a. Date of injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accident 6 Could not be datermined 3 Sulcide Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, fectory, offica building, atc. (Specify) 3 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated. 29a. Certifier Medical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner steted. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) PGYI INTERNAL MEDICINE AS 2441614-22 Chandre seleha Kedety DECEMBER 10, 1996 HARBOR HOSPITAL CENTER 30. Name and address of person who complated cause of daath (itam 23a) (Type, Print)

State Registrar V. CHANDRASEKHARREDDY, PGY I IN INTERNAL MEDICINE,
31. Detail Description Day 1996 give provider to the provider of the provid

BALTIMORE

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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| | | | | | | Ce | runcate c | Deat | n | | Reg. No. | | | |
|------------------------------|----------|--|-----------------------------|--|-------------------------------------|------------------------------------|--|-------------------------------|---------------------|---|--------------------------------|--------------------------------------|--|-----------|
| Physiciar /Medica | il | 1. Decedent's Name (F PHOMAS 4a. Facility Name (If no. | JOHN | REYNOLI | OS, Sr. | | | 4b. City | | 2. Date of D Month DECEME ocation of Dea | BER 6, | Year 1996 | 3. Time of I | |
| Examine uneral irector | | SAINT JOS 5. Social Security Numb | EPH M | | CENTE | ER s. last birthday) Yrs. | If Under 1 Ye Months Da | T(| OWSOI ar 24 Hrs. | N | | 9. Birthp | lace (State or | r Foreign |
| rector | 1 | 213-28-667 Usuai Residance of De- | | | 04 | | | | | Tiona | 20/1/52 | Balt: | imore, | Md. |
| Mar Market | | 10a. State 10 | b. County | more Co. | | ity, Town or Lo Lutherv | | | | | | 11 | 0d. Inside City | |
| Directo | 9 | 10e. Street and Number | 1 | | | | 10f. Zip Cod | е | | | 10g. Citizen of | What Coun | try? | |
| 4 | | 15 Tenbury | Road | | | | | 093 | | | United | | | |
| 2 | by runer | 11. Marital Status 1 Naver Married 3 Widowed 4 | 2 Married | Armed Fo | 2 No 8/ | 12/55 | Was Decedant of the Mas D | of Hispanic C Juban, Mexic | | ecify Yes or N Rican, etc.) | 0- 14. Rai Bla Specif | ca - Americ ck, White, y: Whit | etc. | |
| a d | 200 | 15. (Specify o | Decedent's | Education grada completed) | | 16e. Dece | dent's Usuai Oci kind of work do DO NOT use ret | cupation | nst of work | ina | 16b. Kind of B | usinass/Ind | lustry | |
| Completed | | Elementery/Seconder | | College (1 | I-4or 5+) | | | | ost of work | g | | | | |
| 3 | 5 | 12 | | 10 | | Mort | gage Ba | nker | | | Banki | ng | | |
| 9 | | 17. Fathar's Nama (Firs | t, Middle, La | st) | | | | | | | , Meiden Sumar | | | |
| F | 2 1 | Thomas Gibb | ons Re | eynolds | | | | Cath | nerine | e Bridg | et Burt | on | | |
| | | 19a. Informent's Name/ Barbara Rey | | | | 19b. Maiil 15 T | enbury | eet end Num Road | ber or Rur Luthe | al Route Numberville | per, City or Town | , State, Zip and 2 | Code) 1093 | 1 |
| | | 20a. Method of Disposit | | | | Placa of Dispo | sition (Name of matory or other | olaca) | | Date | 20c. Location | - City or To | wn, Stata | |
| | | 1 Ø Burial 2 □ Cr 4 □ Donation 5 □ | | | State | - | ia Ceme | * | 12/ | 10/96 | Towson, | Mary | land | |
| • | - | 21. Signature of Funere | | | | | 2. Name and Add | | | | son Fune | | | C. |
| once. | | D. Jun | _ | 1 6 | 7 | 200 | | | - | | Road T | | | |
| | + | 23a Part Enter the ti | seems or co | molloations that | aused the des | th. Do not en | er the mode of o | tylog euch a | e cardiac | or recoireton. | ernet | | Approvings | |
| | | 23a. Part Enter the di shock or heart fai | lur Ist on | ly one ceuse on e | ach line. | in. Do not em | 01 (10 01000) | Jying, Such e | s cardiac | or respiratory i | arrest, | | Approximete Interval Betwo Onset and De | reen |
| an al | 1 | Immediate Cause (Fina | | | | | | _ | | | | | | |
| er | | disease or condition resulting in death) | | a MULT | IPLE (| DRGAN | FAILUR | E | | | | ! | 15 DA | YS |
| 1 | | | | | | or as a consec | (uence of): | | | | | | | |
| Examiner | | | | ISCH | EMIA | | | | | | | 1 | | |
| Xan | | Sequentially list condition | ons, | | Due to (| or as a consec | juence of): | | | | | | | |
| | | Sequantially list condition if any, leading to Immac cause. Enter Underlyin Causa (Disease or Injurthat Initiated avants | g | CORO | NARY A | ARTERY | BYPAS | S GR | AFT | AORTI | C VALV | TE ! | | |
| edical Examir | | that Initiated avants resulting In death) Last | | 0, | Due to (| or as a conseq | uenca of): | | | | NOVEMB | | 1 19 | 96 |
| N/u | | | · | d. MYOC | ARDIAI | LINFA | RCTION | | | | 1996 | | 1, 17 | 70 |
| Physicia | | Part ii. Other significant | conditions | contributing to de | eath but not re | sulting in the u | nderlying cause | given in Par | t I. | 23b. Did | tobacco use co | ntribute to | the cause of | death? |
| Ž | | in in the second | | | | | | | | | 37 | | ably 4 U | |
| b V | | | | | | | | | | | 100 202 100 | 0_1100 | 201, 400 | · ikilowi |
| Completed | | | | | | | | | | 24a. Was | an autopsy ormed? | eva | re autopsy fin illable prior to appletion of car feeth? | |
| E | | | | | | | | | | | Yes 2 No | | | |
| e Com | | 25. Was case referred to | modical | | | | | | | | | 1 | Yes 200 N | 10 |
| O. | | examiner? | niedical | Hospitel: 32 | | | | Thor: | | h (Check only | | | | |
| _ ⊢ | ٠ – | 27. Manner of Death | | 28a. Date o | | ER/Outpatier 28b. Tima of | I 3L DUA | 4 🗆 ୮ | | | Idence 6 Oth | |) | |
| ē | | 1 Netural 5 [| Pending | (Mont | h, Day Year) | Injury | V | | | 28d. Describe | how Injury occur | red | | |
| Certification: | | 2 ☐ Accident 3 ☐ Suicide 6 | investigati Could not | be | | | | Yes 2 | | | | | | |
| ME | | 4 ☐ Homicide | determine | d 200. Place | of Injury - At h ng, etc. (Speci | iome, farm, str <i>fy)</i> | eat, factory, offic | 20 | | 28f. Location (City or To | Straat and Numb wn, State) | per or Rural | Route Number | er. |
| | | | | | | | | | | | | | | |
| edical | | 29a. Certifier 1 X (Check only 2 One) | Cartifying P Medical Exa | thysiclan: To the aminer: On the ba and mann | sis of examine | owledge, death etion end/or Inv | occurred at the restigetion, in my | time, date a y opinion, de | and place, a | and due to the ed et the time, | cause(s) and modate and piace, | anner as sto and due to | ited. the cause(s) | |
| Medic | | 29b. Signature and title | of gertifier_ | | | | 29c. Lica | nsa number | | | 29d. Data signe | d (Month, L | lay, Year) | |
| 1 | | 1/20 | bert | 20 - | ener | | D 0 | 25 47 | | | 12. | 9.91 | 6 | |
|) | - | O. Name end eddress o | f pareon who | completed save | a of doesh (Ital | m 23a) /Tuna | The state of the s | 2547 | | | , – | | | |
| | 711 | | | | | -17 | | | | | | | | |
| | _ | ROBERTO O | | RER, M. | D. 7 egistrar's Sign | 600 O | SLER D | RIVE, | TOV | VSON, | MARYLA | ND_2 | L204 | - |
| State egistrar | | DEC 11 | 1996 | dition | Manual Solgill | Bands 00 | Maria Time | | | | | | | |
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State of Maryland / Department of Health and Mental Hygiene

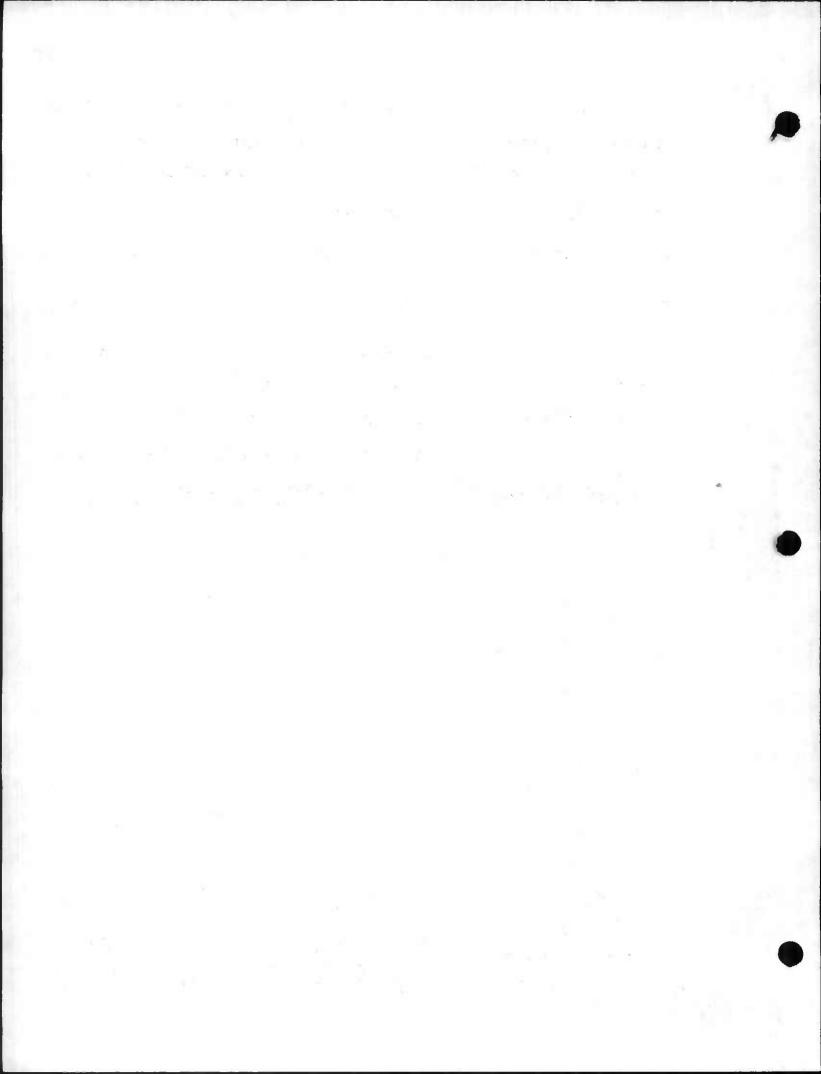
Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth Month **Physician** EARLIEN RIDDICK 6:25 PM 1996 Dec /Medical 4e. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Levindale Geriatric Medical Center Baltimore n/a If Undar 1 Yeer If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months Days Hours 1□M 2X F 249-05-6953 **Director** June 16, 1916 South Carolina Usual Rasidanca of Decedant with the Marylend 10a. Stete 10c. City, Town or Location r 28a-f ahow inctified at 10b. County 10d. Insida City Limits XXYas 2□No Directo MD n/a Baltimore 10o. Citizan of What Country? 10e. Street and Number 10f. Zip Coda permit. Peges 1 and 2 should be filed within 72 hours after deeth with Department of Heelth and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or any injury or other traumatic event, the Wedfaal Experies must be note. 5033 The Alameda 21239 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Rece - American Indien, Biack, Whita, atc. 11. Meritel Stetus 1 Yes 2 No If Yas, Giva Yaar or Dates: 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No P 3 ☐ Widowed 4 ☐ Divorced Black Completed 18a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Collega (1-4or 5+) 5+ Elemantary/Secondary (0-12) Dietician Spring Grove Hospital 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) William King Mary Ida 19a. Informant's Name/Ralationship (Type, Print) husband 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Walter Riddick 5033 The Alameda Baltimore, Maryland 21239 20b. Placa of Disposition (Nama of cematery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) MD Veteran Cem./Garrison | Dec 11 | Owings Mills, Maryland 21. Signatufa, of Funarai Service Licenses 22. Name and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23a. Part . Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** CARDIOMYOPATTAY /Medical Immediata Causa (Final disaasa or condition rasulting in daath) WKS **Examiner** Due to (or as a consequence of) Examiner physician end the burial-transit Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated evants rasulting in death) Lest Due to (or as a consequance of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Probably 4 Unknown 1 Yes 2 No þ 24b. Ware autopsy findings availabla prior to completion of causa of death? 24a. Was an autopsy performed? hes NA 1 Yes 2 2 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Yes 2 ☐ ☐ Yo 1 Dhpatlant 2 ER/Outpatient 3 DOA this Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Panding investigation 1 Atural efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be detarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homleids 24 hours 1) **Gertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. 29a, Cartifiar Medical (Check only one) To the To the To the 29b. Signature and titla of cartifiar novebre 30. Nema and address of parson who complated cause wheth (Itam 23a) (Type, Print) 2434 W Belvelere Are Balt, MD CIES MATTHEW MENARVER 31. Deta filed (Month, Day, Year) 32. Registrer's Signetura Luka Davidson-Randall

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37 | 38

| | | | | | | Cei | rtificate | e of | Death | | R | leg. No. | | |
|------------|---|------------------|--|--|--|------------------------|--------------------------------------|----------------------|--|-----------------------|--|---------------------------------|----------------------------|---|
| П | Dhuois | ion | 1. Decedant's Nama (First, Middla, L. | ast) | | | | | | | 2. Dete of Dee | th Day | Yaar | 3. Tima of Death |
| | Physic /Med | | SADIE | | | RU | BINOF | F | | | DEC. | 1996 | ruui | 4:15am |
| 3 | Exami | ner | 4e. Fecility Nema (If not institution, gi | | er) | | | | 4b. City, To | wn, or L | ocation of Deeth | 4c. Count | ty of Death | |
| a | | | PIKESVILLE NURSING 5. Sociel Security Number 6. | | Ann (In um lant h | n indda nda o a l | if Undar | 1 Voar | | | ILLE | | IMORE | |
| | Funeral Director | | | 1 M 2 F | Age (In yrs. last b | Yrs. | Months | Days | | Min. | 8. Data of Birth (Month, Day OCT . 5 | 1911 | 9. Birthi Cour NEV | piaca (State or Foreign ntry) YORK |
| | the Maryland 28a-f show | tor | 10a. Steta 10b. County MARYLAND HOWA | ARD | 10c. City, To | | ocation OLUMB | IA | | | | | | 10d. Insida City Limits 1 1 Yas 2 □ No |
| | h with the | al Director | 10e. Street end Numbar 6220 FORELAND GA | RTH | | | 10f. Zip | Code 210 | 45 | | 1 | 0g. Citizan of | What Coul | ntry? |
| 020 | within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show tra Medical Examiner must be notified at | by Funeral | 11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced | 12. Was Dacada Armed Force 1 U Yes 2 If Yas, Giva Yaar or Dale | iş? ☑ No | | | | Hispenic Ori pan, Maxicar Specify: | | ecify Yes or No- Rican, atc.) | | ica - Americack, Whita, | |
| 2-0 | 72 ho | ted | 15. Decedant's E (Specify only highast gr | ducation | 18 | a. Deced | dant's Usue | i Occup | petion during mos | t of work | ring | 16b. Kind of E | Businass/In | dustry |
| 21215-0020 | d within giene. or than " | Completed | Elementery/Secondary (0-12) | College (1-4 | | lifa. I | DO NOT US TARY | a ratire | ed) | COT MOIN | ,,,,g | CITY | OF N | NEW YORK |
| land | should be liled and Mental Hygie marked other imatic event, it | To Be | 17. Father's Name (First, Middla, Las. LOUIS | ") | SCHN | EIDE | :R | | 18. Moths | r's Nam LE | a (First, Middle, i | | ma) J NKNO V | VIN |
| Maryland | 2 sh end is m | - | 19a. Informant's Name/Relationship MR. MARTIN RUE | | 19 | b. Mallir | ng Address | | | | al Routa Number | | | Coda) |
| Baltimore, | | | 20e. Mathod of Disposition 1 Suriel 2 Cramation 3 (4 Donation 5 Othar (Speci | | | ary, crar | sition (Nam natory or of DAVID | har pla | ice) | 12 | Date -8-1996- | 20c. Location | | |
| Balti | pemit. Page Department of Important: If any injury or once. | | 21. Signature of Foheral Service Lice | | 41. | 22 | | | ass of Facility EVINSO | ty | BROS., | | | |
| 68760, | entificate be executed ling physician and se as the burial-transit | Medical Examiner | disaasa or condition rasulting in deeth) Sequentially list conditions, if eny, leeding to immediata cause. Entar Underfying Ceusa (Disaese or Injury that initieted evants rasulting in daath) Last | b | Due to (or as a | a conseq | uance of): | | / / | <u> </u> | CTTO | | /// | MARITE |
| .O. Box | thet the death cer ed by the attendir detached for use | Physician/ | Part II. Other significant conditions of | d. contributing to death | but not rasulting | in tha ur | ndarlylng ca | use gř | ven In Part i | | | _ | | o the cause of death? |
| ds, P | 88 5 8 | by | | | | | | | | | | 88 2□ No | | bably 4 Unknown |
| Records, | e law hes b | Completed | | | | | | | | | 24a. Was a parfor | med? | ev co of | vallable prior to emplation of cause death? |
| Vital | ysician: The is certificete director, pag | Be | 25. Was casa rafarred to medical axaminar? | | | | | | 26. Place | of Deet | h (Check only on | a) | | |
| ot | Physician: this certific ral director, | 2 | 1 Yas 2 110 | Hospital: | | utpatien | | A | | rsing Ho | ma 5□Rasida | ance 6 Ot | her (Specif | y) |
| Division o | After After fune | atlon: | 27. Menne of Death 1 ☑ Natural 5 ☐ Panding 2 ☐ Accident invastigetio | | njury 28b. Day Year) | Tima of Injury | M 28 | Bc. Inju Wo 1 | ryat rk? ∣Yas 2 🗆 l | | 28d. Dascribe ho | ow Injury occu | rred | |
| Divis | | Certification: | 3 Sulcida 6 Could not b | 28a. Placa of | Injury - At homa, t atc. <i>(Spacify)</i> | arm, stre | eet, factory, | offica | | | 28f. Location (St City or Town | raat and Num n, Stata) | ber or Rura | al Routa Number, |
| | To the Hospital or finin 24 hours afte To the Funeral Dir completely filled in | edical | 29a. Cartifiar (Check only one) | nysician: To tha bes niner: On the basis end manner | of axaminetion a | ja, daath nd/or inv | occurred a restigetion, | t tha tir In my c | me, date and opinion, deat | d plece, th occurr | and dua to tha ca ed at tha tima, d | ausa(s) and m ata end pieca, | annar as s , and dua to | teted. o the ceuse(s) |
| | Tou | Σ | 29b. Signetura and tale of certifier | | , , | 1 | 290. | Licens | e number | | 2 | 9d. Dete signi | ed (Month, | Day, Year) |
| U | 100 | | and | ust | e,1 | (1) | - | 11 | 5/4 | 0 | | 12 | 171 | 76. |
| l luc | 1 | | 30. Nama and addrass of person who | complated causa of | daath (item 23a) | Type, I | Print) PK | 4 | to 1 | Tre | Bre | 1. | W | 21215 |
| | Sta Registr | _ | DEC 11 1996 | 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Kare Siftende | 1 | | | | | l | | , | 1000 |



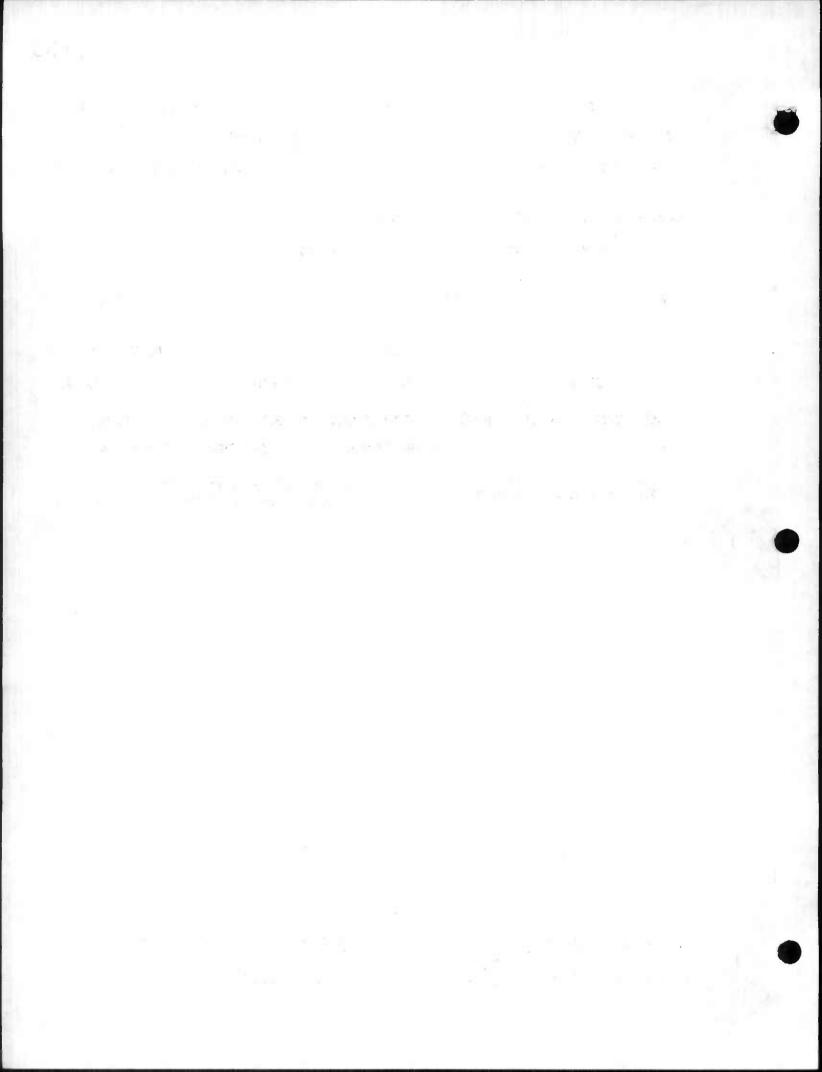
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Yaar 2:45am RAPHAEL 8, DEC. 1996 /Medicai 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3415 FALLSTAFF ROAD BALTIMORE N/A 5. Social Security Number If Under 1 Yaar | if Undar 24 Hrs. Date of Birth (Month, Day, Year) AUG. 16,1907 7. Age (In yrs. last birthday) .Funerai 9. Birthpiace (State or Foreign 1 √ M 2 □ F Days 214-03-0001 89 Yrs NEW YORK Director Usuai Residence of Decedent the Meryland 10a. Slale 10b County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be not fied at 10d. Inside City Limits Director MARYLAND BALTIMORE 1 Yes 2 No OWINGS MILLS 10e. Straet and Number 10f. Zip Coda 10g. Citizen of What Country? deeth with 7 GREENMOUNTAIN CT, APT. C 21117 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dales: WWII Was Dacadent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: þ Specify: WHITE 3 Widowed 4 □ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) CLERK POST OFFICE Baltimore, Maryland 17 Father's Nama (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Peges 1 and 2 should be nent of Heelth and Mental int: if item 27 is marked or ISAAC RAPHAEL SOPHIE BASHEFSKI 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MR. JACK RAPHAEL (SON) 3732 MILFORD MILL ROAD BALTIMORE, MD 21244 other 20a. Method of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, State Date ANSHE EMUNAH Place) 1 X Buriai 2 ☐ Cremation 3 ☐ Removal from State 12-9-1996 BALTIMORE, MD Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerai Service Licensee 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cerdiac or respiratory arrest, shock, or hear feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediata Cause (Finel disease or condition resulting in death) Examiner The lew requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate ceusa. Enter Undarlying Cause (Disease or injury that initiated events resulting in deeth) Last pue Due to (or as a consequence of) P.O. Box 68760. ettending physician Physician/Medical the Dua to (or as a consequence of): use es signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, ò should b Completed 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24e. Was an eutopsy performed? certificate hes Division of Vital or Attending Physician: Be 25. Was cese referred to medicai 28. Plece of Death (Check only one) Other: 4 Nursing Home P 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) this 27. Manner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred After t 28c. Injury at Work? 5 Pending investigation 1 Yes 2 No death. **€** □ Accident filled in by the efter death Director: 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide within 24 hours of To the Funeral C the Hospital Medicai 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to the cause(s) end manner as stated.

Medicel Examiner: On the best of examinetion and/or investigation, in my opinion, death occurred et the time, date end piece, end due to the ceuse(s) and manner stated. completely (Check only one) 29b. Signature and Ittie of certifier 0 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed ceuse of deeth (item 23a) (Type, Print) Bal Ave ar 32. Registrar's Signature

Day doon-Aandell 31. Dete filed (Month, Day, Year) State

Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

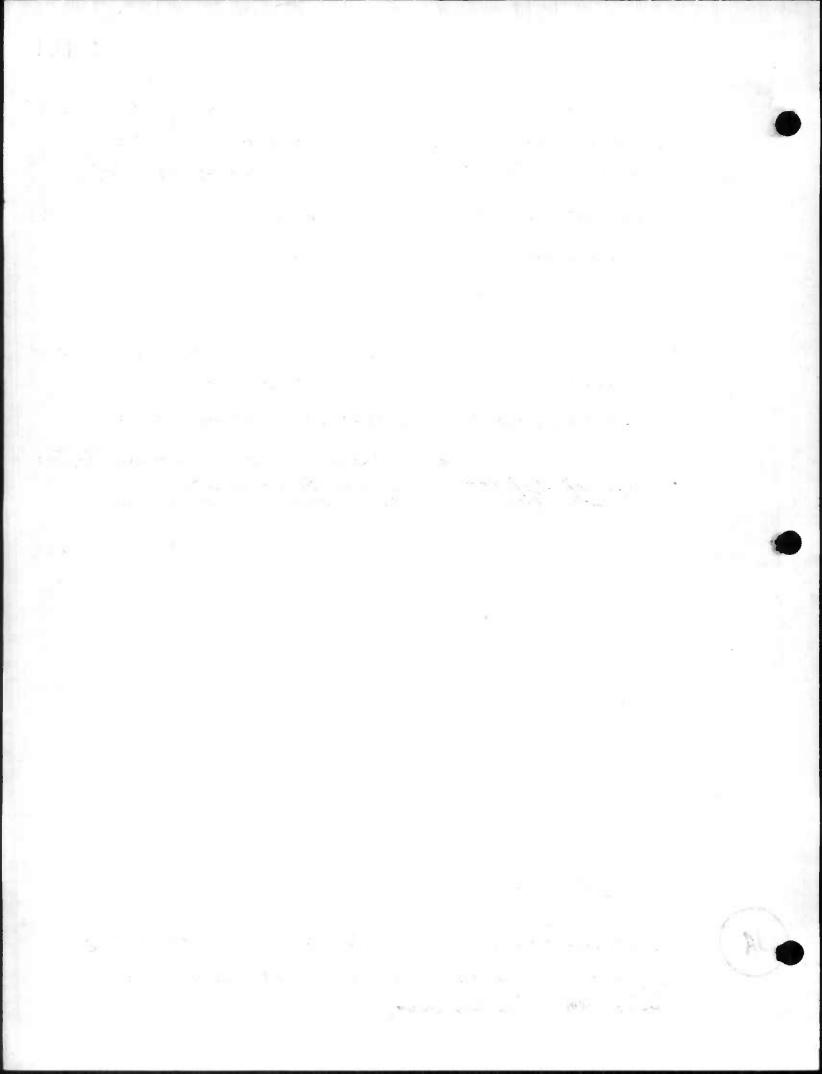
| | | | | | | Cer | tificate | of Dea | th | | Reg. No. | | |
|------------|---|----------------|---|---|-----------------------|----------------------------------|---|---------------------------------|---------------------------|---------------------------------------|-----------------------------------|---|---|
| г | 1. Decedent's Neme (First, Middle, Last) Physician | | | | | | | | | 2. Data of De | eath | 4000 | 3. Time of Death |
| | Pnysic /Medi | | Elizabeth (| 3. | STE | VENSON | | | | Month Decemb | er 4,19 | 96 | 9:23 P.M. |
| h | Exami | | 4a. Facility Neme (If not Institution, g | ive street end nun | nber) | | | 4b. City, | Town, or L | ocation of Deel | | y of Death | |
| | | | Franklin Square H | lospital | Center | | | В | altim | ore | Balti | more | |
| | Funeral Director | | 5. Social Security Number 6. 220-42-9761 Usual Rasidence of Decedent | Sex 1□M 2X F | 7. Aga (In yrs. 86 | last birthday) Yrs. | If Under 1 Y Months D | aar If Uni ays Hou | dar 24 Hrs. s Min. | 8. Deta of Bi (Month, Do Jan. 2 | ey. Year) 23,1910 | 9. Birthpla Country Mary I | ce (State or Foreign y) and |
| | and and | | 10e. Steta 10b. County | | 10c. Cit | y, Town or Lo | cation | | | | | 100 | d. Inside City Limits |
| | Se-fah | Director | Maryland Baltin | nore | | | Baltimo | | | | | | 1 ☐ Yes 2 💆 No |
| | eth with the 1234 or 2 | ral Dire | 10e. Street and Number 5534 Lanham Wa | - | | | 10f. Zip Co | de 21206 | | | 10g. Citizen of U . S | 23 | η |
| | De lied within 72 hours after deeth with the Meryland tall Hyglene. d other than "naturel", or fleme 23a or 28a-1 ahow event, the Medical Examiner must be notified at | by Funeral | 11. Merital Status 1 Never Merried 2 Married 3XXWidowed 4 Divorced | 12. Was Dece Armed For 1 Yas If Yes, Give Yaer or Da | ces? 2 A No | 11 | Vas Decedent I Yes, specify | Cuban, Mex | can, Puarto | pecify Yas or No Pican, etc.) | | ce - American ick, White, etc by: Whi | c. |
| | within 72 h ene. than "natui he Medical | Completed by | 15. Decedant's (Spacify only highest g | Education rade complatad) College (1- | 4or 5+) | (Giva | lent's Usual O kind of work d DO NOT use re keeper | one durina n | ost of work | king | 16b. Kind of B | | |
| | Hied within Hyglene. off, the M | | 6th grade 17. Father's Neme (First, Middla, Las | at) | | House | Keeper | 18 Mc | ther's Nem | o (First Middle | a. Meldan Sumar | | 19 |
| | a la b y | Be | James Armst | , | | | | | nie | Hurl | | 110) | |
| • | d 2 should be filled th and Mental Hygi 7 is marked other traumatic event, it | 2 | 19a. Informant's Name/Reletionship | | | 19h Mellin | n Address (St | | | | per, City or Town | State 7in C | 'odel |
| | " = " = | | Ronald T. Steven | | nn) | | | | | timore, | | 206 | oue) |
| | tem of the | | 20e. Method of Disposition | | 20b. P | leca of Dispos | sition (Nema o | of | , Dul | Date | 20c. Location | | n, Stete |
| | t: If | | 1 XBurial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec | | tete | | netory or other of Fait | | . 1 | 2/7/96 | Raltim | ore M | aryland |
| 2 | permit. Pages I and a Department of Health a Important: If Item 27 Is any injury or other tra | | 21. Signature of Foreral Service Lice | • | / | | . Nama and A | | - | 2/1/50 | Dartin | ore, n | aryrand |
| | Depar Impor | | Mother | 1.0 | | | Schimur | nek Fu | neral | Homes, | | | |
| i | | | 23e, Pert1. Enter the disease, or co | mplicetions that ca | used the deet | h. Do not ente | 9705 Be | lair | Rd. | Baltimo | re, MD | 21206 | pproximete |
| | hycician | | 23e. Pert1. Enter the disease, or conshock, or heart feilure. List only | y one cause on ea | ch line. | 5011010111 | or the mode of | dying, soon | us ouroiec | or respiratory e | arroot, | i fr | ntarval Between Onset and Deeth |
| | hysician /Medical | | Immediete Ceuse (Finel | - | | | | | | | | | , 1 |
| E | Examiner | | disaese or condition resulting in daeth) | e. Intrac | | | | _ | | | | | 4 hours |
| | | je | | | | or as a conseq | uence or): | | | | | i | |
| 1 | earr cerminate be executed attending physician and for use as the burlet-transit | Examiner | Sequentially list conditions | b Myeloc | | 1a r es a consequ | uence of): | | | | | - | |
| | an ar | | Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury | | | | | | | | | 1 | |
| 7 - 0 | ysioi bu | Medical | thet initiated events | C. ——— | Dua to (or | r as e consequ | uence of): | | | | | | |
| 100 | os the | Ped | resulting In deeth) Lest | | | , | | | | | | | |
| | endir | 60 | | d | | | | | | | | <u> </u> | |
| 4 | the atter | Physician | Part II. Other significant conditions | contributing to dea | ath but not resu | ulting in the un | derlying cause | e given in Pe | ert I. | 23b. Dld | tobacco uss co | entributs to ti | he cause of death? |
| 44.4 | 6.9 | h | | | | _ | | | | 10 | Yes 25 No | 3 Probe | bly 4 Unknown |
| | 5.8 | b | | | | | | | | | | | |
| 1000 | 1s been s 2 should | Completed | | | | | | | | 24a. Wes | s an autopsy omned? | aveile | autopsy findings able prior to oletion of cause eth? |
| F | | S | | | | | | | | 10 | Yes 2 No | 101 | Yas 2□ No |
| Inlan | certificate | Be | 25. Was casa referred to medical examiner? | Hospital | | | | | aca of Deat | th (Check only | one) | | |
| Dhim | this o | 2 | 1 Yes 2 No | | | ER/Outpatient | | | Nursing Ho | | Idence 8 Ott | | |
| Manufluo I | fun Afte | Certification: | 27. Menner of Death 1 Neturel 5 Panding Investigetic | | Day Year) | 28b. Time of Injury | | Injury et Work? 1 ☐ Yes 2 | ΠNo | 28d. Describe | how injury occur | rred | |
| - | death rtor: y the | lica | 3 Suicide 6 Could not | be on Diese | of Injury - At ho | me farm airc | | | | 28f. Location / | Street end Numi | her or Rurel F | Poute Number |
| 9 | a di | eri | 4 ☐ Homicide determine | buildin | g, etc. (Specify | y) | set, lectory, on | ioa. | | City or To | wn, Stata) | oor or ridiarr | TOGIC PULLEDOI, |
| a Mountle | with 24 hour. To the hour. completely filled | edical C | 29a. Certifier (Check only one) 15 Certifying P 2 Medical Exa | hysician: To the b miner: On the basend manner | sis of examinet | wledge, deeth tion end/or Inv | occurred et the estigetion, in r | a time, dete | end piece, laath occur | and due to the red et the time, | ceuse(s) and m deta end place, | annar as state and due to th | ed. ne cause(s) |
| 4 | To the | Me | 29b, Signature and title of certifier | MI | | | 29c. Lic | ensa numb | er | | 29d. Data signe | ed (Month, Da | ıy, Year) |
| _ | | |) X0 | lulle | | | R D | 2095 | | | Decembe | r 4. 1 | 996 |
| | 5 | İ | 30. Nema and address of parson who | completed cause | of deeth (Item | 23e) (Type, F | | | | | Decembe | , 1 | |
| | | | Dr Parhara Uall | a 0000 E | ranklir | Sauar | o Dr | Raltin | ore | Maryla: | nd 21237 | 7 | |

State Registrar 31. Dete filed (Month, Dey, Year)
DEC 11 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month Yaar Physician Bianca M. Scaramazzo December 1, 1996 12:15 PM /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** Lorien Frankford Nursing Center Baltimore N/A If Undar 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Deys 1 □ M 2 🛛 F 97 213-09-9940 Yrs. Director Dec. 31,1898 Italy Usuel Rasidance of Dacadani with the Maryland 10e State 10h County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Items 23a or 28a-f short ther must be notified at Baltimore Baltimore 1 TYAS 2KINO Director Maryland 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 21236 4003 Pinedale Drive by Funeral U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. traumatic event, the Medical Examiner filed within 72 hours after 1 ☐ Yas 2 No If Yas, Giva Year or Datas: 1 Navar Married 2 Married Maryland 21215-0020 6 1 ☐ Yas 2 ☑ No Specity: Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Business/Industry (Specify only highast grade complated) Pages 1 end 2 should be filed within nent of Health end Mental Hygiena. Int. If Item 27 is merked other than ' Elementery/Secondery (0-12) College (1-4or 5+) 12th Grade Manager Clothing Manufacturer 17. Fethar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Carlo Mainolfi O'Dorsi Amila 19a. Informent's Name/Ralationship (Typa, Print) 19b. Meiling Addrass (Straet and Number or Rural Routa Number, City or Town, Steta, Zlp Coda) Eva A. Hampton (daughter) 4003 Pinedale Drive, Baltimore, MD Baltimore, | 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Burial 2 Crametion 3 Ramoval from State = 8 Department of important: If any injury or stice. 4 ☐ Donation 5 ☐ Othar (Specify) Most Holy Redeemer Cem. 12/5/96 Baltimore, Maryland 21. Signature at Funeral Service Lightsea 22. Nama and Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23a. Petri. Enter the disease, or complete file ations that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediata Causa (Final Failure disaasa or condition resulting in daath) Examiner The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaese or Injury that Initiated avents rasulting in death) Last the burial-tran P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the did be detached if Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Cardo ugula 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Were autopsy findings evailable prior to Completed 24a. Was an autopsy performed? completion of ceuse of death? this certificate 1 🗌 Yas 2 1 No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was cesa rafarred a medical Be 28. Place Death (Chack only ona) axaminar? Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 10 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA by the funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Daeth Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Panding investigation 1 DNetural death. 1 ☐ Yas 2 ☐ No s eftar death 2 Accident 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 3 Suicida 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) 4 Homicide hours e 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the causa(s) and mannar as stated.
2 Medical Examiner: On the best of examinetion and/or invastigation, in my opinion, death occurred at the time, dete end piece, and due to the cause(s) and mannar stated. Medical 29a. Certifian (Check only 29d. Date signed (Month, Gay, Year) 29b. Signature and title of certifiar 29c. License number un con 96 of person who completed cause of death (Itam 23a) (Type, Print) VATRICIO. 8903 Harford Rd., Baltimore, MD

State Registrar 32. Registrar's Signature



96-6843-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 23 PART I, 27, 28a-f, AM 17EHS: 23 PART 1, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene UNK. 96-277 PER MED FILM 6-743 1/7/97 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Tim f th **Physician** Month Yeer ANTHONY D. SIMMS DEC.02,1996 0913 A /Medicai 4e. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 1719 ASHLAND AVE. IN REAR BALTIMORE 7. Age (In yrs. lest birthday) 3 6 Yrs. Months Days Hours Min. 5. Social Sacurity Number 8. Dete of Birth J. Wenth. Pay, Yaar) 960 9. Birthplece (State or Foreign , Funeral 1 1 1 2 F 214-80-2949 Director Usual Residence of Decadent the Maryland 10b. County 10a. State 10c. City, Town or Location man be nothed at 10d. toside City Limits MD BALTIMORE n/a 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 220 SILVER COURT 21231 UNITED STATES Funerai death permit. Pages 1 and 2 should be filed within 72 hours efter deat Department of Health and Mental thygiene. Important: If Item 27 is marked other than any highry or other trainments. 12. Was Decedent Ever In U,S. Armed Forces? 1☑Xes 2☐No If Yes, Give Yeer or Detas: U N k . r than "natural", or items the Medical Examiner in 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 1 Nevar Marriad 2 Married 1 Ves 2 No Specify: ģ 3 ☐ Widowad 4 ☐ Divorced Specify: BLACK Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) GUARD SECURITY 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surnama) JANICE SIMMS unk. 19e. Informent's Neme/Relationship (Type, Print)
ROSALIE BRANCH 19b. Melling Address (Street and Number or Rural Route Number, City of Town, State, Zig Code), 3957 SINCLAIR LANE, BALTIMORE, MD 21213 20a. Mathod of Disposition 20b. Place of Disposition (Name of 20c. Location (htg) on Town, State Dete 1XD/Burlet 2 Cremetion 3 Removel from State GARRISON FOREST VA CEM. 12-11-96-MILLMD 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signeture of Fameral Service Licensee 22. Name end Address of Facility WM. C. MARCHFH.-1101 AE. E. NORTH Pert1. Enter the disease, or complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, on lear feiture. List only one cause on each line. Approximete tnterval Between Onsei and Deeth **Physician** /Medical Immediata Cause (Finel NARCOTIC INTOXICATION disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initieted evants resulting in death) Last end Due to (or es a consequence of): P.O. Box 68760, ettending physician Physician/Medical the Dua to (or es e consequance of) signed by the et id be deteched for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, Š 24b. Were eutopsy findings evailable prior to completion of causa of death? Completed 24e. Wes en autopsy parformed? certificate has 2 □ No Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only ona) examiner? 1.Xes 2 No 10 Other: $_{4}\square$ Nursing Home $_{5}\square$ Residence 6 \boxtimes Other (Specify) YARD 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this. After this 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) Certification: 28b. Tima of Injury 28d. Describe how Injury occurred 28c. Injury at Work? or(Attending 1 Natural 5 Pending investigation afficosath Director: Ar d in by the fu 1 Yes 2 No UNKNOWN 2 Accident UNKNOWN 12-2-96 3 Sulcide 6 Could not be 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stete) 1719 ASHLAND AVE. 4 Homloide FOUND IN REAR OF BLDG. BALTIMORE. MD. within 24 hours To the Functional 29a. Cartifle 1 Certifying Phystcian: To the best of my knowledge, deeth occurred et the time, date and plece, and due to the ceuse(s) end manner as steted.

2X Aedical Examtner: On the basis of exemination end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner steted. Medical (Check only 29b. Signature and title of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year) OCME DEC.02,1996 30. Nan duress of person who completed causa of daath (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 State Registrar

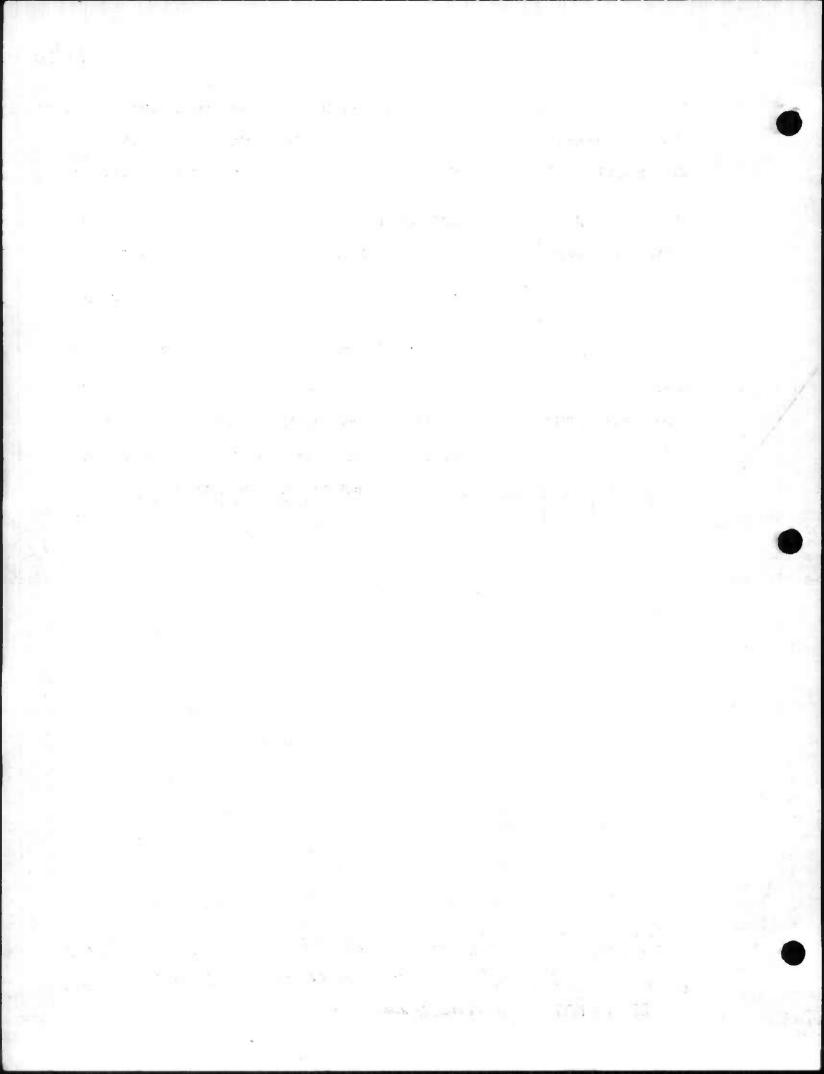
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 37 | 43

| | | | Certificate of Death Reg. No. | | | | | | | | | | | | | | |
|-----------------------------|--|--------------------------------|--|--|--------------------|-------------------|---|---|--|---------------|-------------------------------------|--|---------------------------|----------------------|--------------------|-----------------------------------|-------------|
| | | | 1. Decedent's Neme (First, Midd | | | | | | | 2. Dete of De | eth | | | 3. Time of Deeth | | | |
| Physici /Media Examin | | | Henry Gerard | | | | Schuler, Sr. | | | | Month | | r 3 1996 | | 6:00 | PM | |
| | | | 4e. Fecility Neme (If not institution, give street and number) | | | 501141317 | | | | vn, or Lo | ocation of Deet | | | | 4,00 | ~ 1.1 | |
| 1 | | | 1815 Northbourne Rd. | | | | | | B | altimo | ore | | | | | | |
| r | Funeral | П | 5. Sociel Security Number | 6. Sex | 7. Age (/ | n yrs. lest birth | | If Under 1 Y | 'ear | If Under 2 | | | N/A th 9. Birthplece (Ste | | | lece (State or | r Foreign |
| | Director | | 214-24-7115 Usuel Residence of Decedent | 12□ M 2□ F | | 70 Y | rs. | Months D | eys | Hours | Min. | 8. Dete of Bir (Month, De Oct, 9 | 192 | 5 1 | Coun | land | · o.o.g. |
| | show | | 10e. Stete 10b. County | 1 | 10 | Oc. City, Town | or Loca | ation | | | | | | | 10 | 0d. Inside Cit | v Limits |
| | f sh | ŏ | Md. N/ | 7 | | Dol+im | 280 | Cito | | | | | | | | 1√2 Yes | |
| | the 28s | 9 | Md. N/A Baltimore City 10e. Street end Number 10f. Zip Code | | | | | | | - | 10g. Citizen of Whet Country? | | | | | | |
| 21215-0020 | vurs after death with the Maryla el', or items 23e or 28e-f shor Examiner in at be norified at | Funeral Director | 1815 Northbou | | 21239 | | | | | | USA | | | | | | |
| | er de | - Pur | 11. Maritel Status 12. Wes Decedent Ever in U,S Armed Forces? | | | | ,S. 13. Wes Decedent of Hispenic Origin? (Specify Yes or If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) | | | | | |)- | 14. Rece - Bleck, | | | |
| | ours afte | þ | 1 Never Married 2 Mar 3 Widowed 4 Divorced | If Yes G | | WWII | | | | | | | | Specify: White | | | |
| | | Completed | 15. Decedent's Education (Specify only highest grade completed) | | | | | 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working | | | | | 16b. Kind of Business | | | lustry | |
| | filed within 72 ho Hygiene. ther then "netui | | Elementery/Secondary (0-12) | | College (1-4or 5+) | | | life. DO NOT use retired) | | | | nig | | | | | |
| 7 | filed w Hygier ther th | S | 12 | | | GI | Graphic Arts | | | | | | | nting | Ind | ndustry | |
| Baltimore, Marylan | 8 2 2 3 | Be | 17. Fether's Neme (First, Middle, | Last) |) | | | | | 18. Mother's | | s Neme (First, Middle | | e, Maiden Surneme) | | | |
| | | 2 | Joseph Schule | | | | ıler | Dorothy | | | | | Mehling | | | | |
| | 2 should end Mer is marke | | 19e. Informent's Name/Reletions | 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (S | | | | | treet end Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | |
| | DENS | Examiner | Arlene Schuler | /Wife | | 181 | .5 N | orthb | our | cne Rô | 1. | Baltimo | re! | Md. 2 | 2123 | 9 | |
| | of Heall | | 20e. Method of Disposition | | | 20b. Piece of E | Disposit | tion (Neme of | of | o) | | Dete | | cation - Cit | | | |
| | Y :: 4 | | 1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S | | n State | Morelar | | | | | 1 | 2-7-96 | Bal | timor | e. | Md. | |
| | permit. Pe Depertmen Important: any Injury once. | | 21. Signeture of Funeral Service Ligenses 22. Name and Address of Facility | | | | | | | | | | | | | | |
| | Depe Impo | | Ruck Towson Funeral Home, Inc. | | | | | | | | | | | | | | |
| | _ | | 1050 York Rd. Towson, Md. 21204 | | | | | | | | | | | | | | |
| | | | 23e. Pert1. Enter the disagree, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only care cause on each line. Approximate Interval Between | | | | | | | | | | | reen | | | |
| | Physician | | Onset end De | | | | | | | | | | eeth | | | | |
| | /Medicai Examiner | | Immediate Cause (Finel disease or condition resulting In deeth) e. met a static pancreatic cancer 3 in ord | | | | | | | | | | moth | | | | |
| | CAMILITIES | | resulting In deeth) | 0, | Due | to (or es e co | nseque | ince of): | | | | | | - | | | . 0 - 0 3 - |
| | D # | | | | | | | | | | | | | | | | |
| | certificate be executed ding physician and se as the bunial-transit | am | Sequentially list conditions, | D | Due | to (or es e co | nseque | nce of): | | | | | | | - | | |
| Ö, | an a exe | | Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury | , | | | | | | | | | | | | | |
| 68760, | ysici ne bu | edical | thet initieted events | c. — | Due | to (or es e cor | nseque | nce of): | | | | | | | - | | |
| 99 | tifica g ph as th | B | resulting in deeth) Lest Due to (or es e consequence of): | | | | | | | | | | | | | | |
| ŏ | 6 9 | M | d. | | | | | | | | | | | | | | |
| \mathbf{m} | the atten hed for u | cla | Port II Other classificant applicant applicant applicant | | | | | | | | | DON DISTANCE OF THE STATE OF TH | | | | | |
| P.O. | y the | Physician | Pert II. Other significent condition | Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. | | | | | | | | 23b. Did tobacco use contribute to the cause of | | | | | |
| | es that the death igned by the atte be deteched for | | | | | | | | | | 1 Yee 2 No 3 □ | | | | Probably 4 Unknown | | |
| qs | requires ween sign hould be | d by | | | | | | | | | | -700mc/6 | 20.00 | 1.0 | 45 144- | | di- |
| I Rec | v require | Certification: To Be Completed | | | | | | | | | | 24e. Wes perfo | en autop rmed? | sy | ave | re eutopsy fir ileble prior to | |
| | S 55 B | | | | | | | | | | | | | | of d | npletion of ca leeth? | 058 |
| | E age | | | | | | | | | | | 10 | res 2 | No | 1 🗆 | Yes 2 N | 10 |
| | Physician: The this certificate ral director, pag | | 25. Wes cese referred to medice exeminer? | | | | | | | 26. Plece | of Deeth | (Check only o | ne) | | | | - |
| 2 | yelc dire | | 1 ☐ Yes 2 No | Hospital: | | | | | | | | | Specify |) | | | |
| 0 | ding Ph After th funeral | | of Many (2) | | | | | | | | 28d. Describe how Injury occurred | | | | | | |
| Division | eath. or: Aft the fur | | | | | | | | | | | | | | | | |
| | 100 | | 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office 28f. Location (Street and Number or Rural Route Number Number or Rural Route Number N | | | | | | | | | Route Numb | er, | | | | |
| | 2465 \ | ert | 4 Homicide building, etc. (Specify) | | | | | | | | | | | | | | |
| 9 | 展記書 | | 29a. Certifier Cartifyin | g Phyelclan: To the | best of my | / knowledge d | eeth oo | courred at th | e time | e dete end | nlece 6 | and due to the | couea/e\ | and monne | r oc etc | atod | |
| 2 | 五年五章 | Medical | 29a. Certifier (Check only one) Cartifying Phyelclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. (Check only one) Cartifying Phyelclan: To the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the ceuse(s) end menner steted. | | | | | | | | | | | | | | |
| | within To the comple | | 9b. Signeture and title of pertifier 29c. License number | | | | | | | | 29d. Date signed (Month, Day, Year) | | | | | | |
| | F > F 0 | | · 01/1/1 | CI Gallandel um | | | | | | | 5 | | | | | | |
| | , \ | - | 11 mil | my Ki | rey | 1 | | 00 | | 3 000 | | | Hec | ambe. | - 7 | ,1796 | 2 |
| | GXV | | 30. Neme and address of person | 11 00 | se of deeth | (Item 23a) (Ty | pe, Prin | nt) | V | 11 | 2 | 1 0 | 0. | | | | |
| | 1. | | WARILE | 7 651 | enc | 6 | 10 |) / / | - (| me | ک جه | 7. B | alto | 1 M | nd | 2/2 | 06 |
| | Sta | | 31. Dete filed (Month, Dey, Year) DEC 1 1 19 | | Registrer's | Signeture | 2.00 | | | | | | | | | | |
| | Registra | ar | DEC II 13 | 30 34 | MUNICIPAL ACTION | idean-Non | SANDA | - | | | | | | | | | |

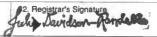
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.
State of Maryland / Department of Health and Mental Hygiene 96

| an al | | Last) | | | | | | | 1 | | | | - | | | |
|--|--|---|--|--|--|--|--|--|--|--|---|---|---|--|--|--|
| ai ! | Ulaude William | | | | | | ER, | Cr | 2. Date of Death Month DEC 5 1996 | | | Year | 3. T 4.16 | | | |
| er | 4a. Facility Neme (If not institution, MEMORIAL HO | | | | | wn, or L | ocation of Dea | ith 4c | | | 12.10 | | | | | |
| | 5. Social Security Number 213-10-8981 | 6. Sex 7 | Age (In yrs. 89 | last birthday) Yrs. | | | If Under Hours | 24 Hrs. Min. | 8. Dete of B (Month, D Jan. | irth Pay Year 14 | 907 | 9. Birthplace (State or Foreig County) Maryland | | | | |
| tor | Usual Residence of Decedent 10a. State 10b. County Fla. Broward | | | | | | 10d. Inside City Limits 1 ☐ Yes 2 ĈNN | | | | | | | | | |
| al Direc | 10e. Street and Number 461 Holly Lane | | 10f. Zip Code 33317 | | | | | 10g. Citizen of What Country? USA | | | | | | | | |
| þ | 11. Marital Status 1 ☐ Never Married 2 Ă Marrie 3 ☐ Widowed 4 ☐ Divorced | Armed Force d 1 ☐ Yes 2% If Yes, Give | 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2點 No If Yes, Give Year or Dates: | | | 13. Was Decedent of Hispanic Origin? (Spec If Yes, specify Cuben, Mexican, Puerto R 1 ☐ Yes 2 ☐ No Specify: | | | | | | Bleck, White, etc. | | | | |
| ompleted | 15. Decadent' (Specify only highest Elementary/Secondary (0-12) | r 5+) | 16a. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired) Corporate Executive | | | | t of work | ing | 16b. K | Manu | Manufacturing | | | | | |
| Be | | er | | 18. Mother's Name (First, Middle, Maiden Sumame) Wilhelmina Vogts | | | | | | ts | | | | | | |
| | | | | | | | | | | | | | | | | |
| | 1 ☑ Burial 2 ☐ Cremation | | te (| Placa of Disposition (Name of cemetery, crematory or other p | | | | i | Date | 20c. L | | | | | | |
| 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility | | | | | | | | | | | | | | | | |
| al Examiner | Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury | a | Due to (c | JARY | quenca of): | | | | DSCLE | ros | IS | 73 | O MI | 7 | | |
| resulting in death) Last Due to (or es a consequence of): | | | | | | | | | | | | | | | | |
| | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | | | | 23b. Did tobacco use contribute to the cause of do | | | | | | |
| | | | | | | | | | perf | ormed? | | avails comp of de | able prior to vietion of cau eth? | se | | |
| a a | examiner? | Manadant | | | | Tex | | of Death | | | | 1 02 1 | es 2L NO |) | | |
| | 27. Manner of Death 1 ☑Naturel 5 ☐ Pending | 28a. Dete of In (Month, D | | 28b. Time of Injury | | . Injur Wor | y at k? | | 28d. Describe how Injury occurred | | | | | | | |
| Certific | | ed 286. Place of II | 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Num City or Town, State) | | | | | | | | loute Numbe | r, | | | | |
| _ | 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end placa, and due to the cause(s) and manner as steted. 2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner as steted. | | | | | | | | | | | | | | | |
| _ | 29b. Signeture and title of certifier Aux 3, | | 0 | 29c. License number D50502 . | | | | | 29d. Date signed (Month, Day, Year) | | | | | | | |
| | To Be Completed by Physician/Medical Examiner To Be Completed | Usual Residence of Decedent 10a. State 10b. County Fla. Broward 10e. Street and Number 461 Holly Lane 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decadent's (Specify only highest Elementary/Secondary (0-12) 17. Fether's Name (First, Middle, Law William Philip 19a. Informant's Name/Relationship F. Ruth Schaefer 20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify only highest elementary) 21. Signature of Funeral Servica Line of Specify only highest elementary (1-12) 23a. Part 1. Enter the disease, or or only a condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 28. Cartifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) | Usual Residence of Decedent 10a. State 10b. County Fla. Broward 10e. Street and Number 461 Holly Lane 11. Marital Status 12. Wes Decedent Armed Force 1 Yes 28 14 Yes, Give Year or Date: 15. Decadent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4c, 1-2) 17. Fether's Name (First, Middle, Last) William Philip Henry S 19a. Informant's Name/Relationship (Type, Print) F. Ruth Schaefer/Wife 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature of Funeral Servica Licensee 23a. Part, Enter the disease, or complications that caus shock, or heert failure. List only one cause on each limmediate Ceuse (Final disease or condition resulting in death) 23a. Part Content of the conditions or cause on each limmediate Ceuse (Final disease or condition resulting in death) 25. Was case referred to medical examiner? 1 Yes 28 Yes Yes 1 Marital Status 1 Marital Status 1 Marital Inflinated events resulting in death) Last 25. Was case referred to medical examiner? 2 Accident 3 Yes Yes Yes 26. Was case referred to medical examiner? 2 Yes Yes | Usual Residence of Decedent 10a. State 10b. County Fla. Broward 10c. Cl Fla. Broward 11c. Marital Status 11c. Never Married 11c. Never Married 11c. Marital Status 11c. Never Married 11c. Never Married 11c. Never Married 11c. Never Married 11c. Specify only highest grade completed) 11c. Clease (Fisal, Middle, Last) 11c. Cellege (1-4or 5+) 11c. Fether's Name (First, Middle, Last) 11c. Fether' | Usual Residence of Decedent 10a. State 10b. County Fla. Broward Plantati 10b. Street and Number 461 Holly Lane 11. Marital Status Armed Forces? 1 Yes Zil No Yes Give Year or Dates: 15b. Decadent's Education (Specify only highest grade completed) 16a. Dece (Give West or or Dates) 15b. Decadent's Education (Specify only highest grade completed) 16a. Dece (Give West or or Dates) 15b. Decadent's Education 15 | Usual Residence of Decedent 100. County 100. City, Town or Location Plantation 100. State 100. County Plantation 100. Street and Number 461 Holly Lane 11. Marital Status 12. Wes Decedent Ever in U.S. 13. Was Decedent Status 12. Wes Decedent Ever in U.S. 13. Was Decedent Status 12. Wes Decedent Ever in U.S. 13. Was Decedent Status 12. Wes Decedent Status 13. Was Decedent | Usual Residence of Decedent 10s. State 10b. County Fla. Broward Plantation 10f. Zip Code Fla. Broward Plantation 10f. Zip Code 3331 10f. Street and Number 461 Holly Lane 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 10b. County 11. Martial Status 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 11. Martial Status 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 12. Was Decedent Ever in U.S. 13. Was Decedent of Here of State 12. Was Decedent State 12. Was Decedent State 12. Was Decedent State 13. Was Decedent Stat | Usual Readence of Decedent 10e. State 10e. County Fla. 10e. City, Town or Location Fla. 10e. Street and Number 461 Holly Lane 11. Merital Status 11. Merital Status 12. Wes Decedent Ever in U.S. Armed Forcess 13. 33317 11. Merital Status 12. Wes Decedent Ever in U.S. Armed Forcess 13. Was Decedent of Hispanic Or 11. Merital Status 13. Was Decedent of Hispanic Or 11. Merital Status 14. Wes Decedent Ever in U.S. Armed Forcess 15. Decedent's Education (Specify only highest grade completed) (Specify only highest grade comple | Usual Residence of Decedent 106. County 106. Chy, Town or Location 107. Ze Code 33.3.1.7 106. State 106. County 107. Ze Code 33.3.1.7 116. West and Number 461 Holly Lane 12. West Decedent Versi II U.S. 13. Wast Decedent of Hispanic Origin? (Spirity Specify Code) 10. Street and Number 461 Holly Lane 12. West Decedent Versi II U.S. 13. Wast Decedent of Hispanic Origin? (Spirity Specify Code) 10. Street Spirity Specify Code 10. Street Spirity Spir | Usual Residence of Decedent Usua | Usual Residence of Decededing 100. County 100. City, Town or Location Fla. Broward 100. County Flantation 100. City, Town or Location Fla. Broward 100. County Flantation 100. City, Town or Location 100. City, Town or | Usual Real-Status | 23 - 10 - 8961 ST A 20 F 89 Yrs. Months Day's Hours Min. Jan. Jan. | Day Pour P | | |

State Registrar 31. Date filed (Month, Dey, Year) DEC 11 1996



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| wlc | | | VIII | | State | of Mar | yland | • | | | lealth : Death | | Mental H | ygi |
|------------------------------------|---------------------|-----------|--|-------------------|--|-----------------------|-------------|------------------------------|---------------------------|-------------------|-----------------------------------|-----------|-----------------------------------|-------|
| P | hysiclaı | | Decedent's Nam. | a (First, Middl | a, Last) | | | | | | | | 2. Data of Month | Daath |
| | /Medica | _ | ALEXANI | DER | EDWAR | D | S | IDOR | OWIC | Z | | | Dece | mb |
| | xamine | | 4a. Facility Nama (/ | f not institution | n, giva street and n | um <i>ber)</i> | | | | | 4b. City, To | own, or L | ocation of De | |
| STATE OF | | | EASTON | MEMOR | RIAL HOS | PITA | λТ. | | | | EAST | ON | | |
| Fu | nerai | 7 | 5. Social Sacurity N | | 6. Sax | | | st birthday) | if Under | 1 Yaar | if Undar | | 8. Data of I | 3irth |
| | ector | | 191-36-40 | 1/7 | 1] [0] M 2□ F | | 49 | Yrs. | Months | Days | Hours | Min. | | |
| | | - | Usual Rasidanca of | | | | | | | | | L., | Dury 2 | 27, |
| oue . | A 111 | | 10a. Stata | 10b. County | | 1 | Oc. City, | Town or Loc | cation | | | | | |
| Mary | notified at | Director | Maryland | N | J/A | | Ba | ltimo | re Ci | ty | | | | |
| the state of | 1 19 | 9 | 10a. Streat and Nur | mber | | | | | 10f. Zip | Coda | | | | 10 |
| h with | the state of | | 111 Hamle | + Hill | Road 7 | Apt.# | 1212 |) | 2 | 2121 | n | | | U |
| 020 urs eff | Exam. | Dy ru | 11. Marital Status 1 Navar Marri 3 Widowed | 4.4 | 12. Was Dac Armed F led 1 Tyes If Yas, G Yaar or I | orcas? 2 No iva | ai iii 0,3. | lf. | Yas, spec | | Specify: | | pecify Yas or on the Rican, atc.) | 40- |
| 5-121 | egical. | 5 | (Spac | 15. Deceden | t's Education st grada complatad; |) | | 16a. Deced | ant's Usua kind of wor | l Occup k dona | ation du <i>ring mos</i> d) | t of worl | king | 10 |
| d 2121 filed within Hygiene. | 10.00 | panaldino | Elamantary/Secon | ndary (0-12) | | (1-4or 5+) | D | | | | | | munica | ti |
| D P | emt, | ٦ - | 17. Fathar's Nama (| Firet Middle | (ant) | 9 | | | | | | | | |
| ylan ylan | 5 6 H | ă | | | | | | | | | | | a (First, Midd | |
| should nd Mer | metic ev | | Edward Si | | | | | | | | | | Alksni | |
| Mar 2 sho | 2 6 | | 19a. Informant's Na | | | | | | | | | | ral Routa Nun | - |
| 5 20 6 | 4 to | | Ruth Hasv | vell Si | dorowicz | (Wife | | 111 H | | | 11 Ro | ad | Apt.#1 | .21 |
| Baltimore, | any injury or other | | | Cramation | 3 □Ramoval from | Steta | 20b. Plac | ce of Dispos natary, cram | etory or of | a of har pla | ce) | | Data | 20 |
| in Paris | 5 | | 4 Donation | | | | Hi-1 | top S | ervic | e C | oro. | 12/ | /10/96 | T |
| Balti Permit. | any injury | | 21. Signatura of Fu | neral Sarvica | Licansaa Jeff | rey I | . Ga | ir 22. | Nama and | d Addra | ss of Facili | | k Tows | son |

Towson Funeral Home, Inc. 1050 York Road Towson, Md. 21204 complications of t causad tha daath. Do not entar tha moda of dying, such as cardiac or raspiratory arrast, only ona caus. In each line.

immediata Causa (Final disaasa or condition rasulting in death)

Physician

/Medicai Examiner

ettending physician and for use as the buriel-tran

2

signed I

page 2 s

ar death.

To the Hospital

by the

The law requires that the death certificate be executed

Records, P.O. Box 68760.

Division of Vital or Attending Physician: Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medical

Sequantially list conditions, if any, laading to Immadiate causa. Enter Underlying Causa (Disaase or injury that initiated avants rasulting in daath) Last

Dua to (or as a consequence of):

Dua to (or as a consequence of):

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert t.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No

24a. Wes an autopsy performed?

24b. Ware autopsy findings available prior to completion of cause of death?

2 No 26. Placa of Deeth (Check only ona)

2 No

25. Was case refarred to medical axaminar? 1 XYas 2 No

27. Mannar of Death

212 Accidant

3 Suicida

29a. Cartifie

4 Homicide

1 Naturel

Data of injury (Month, Day

28b. Tima of LY

28a. Placa of injury - At homa, farm, streat, factory, office building, atc. (Specify)

28c. injury at Work? 1 Yas 28d, Dascribe how injury occurred

(C

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.

The physicien: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.

The physicien: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and manner stated.

29b. Signa

5 Panding Invastigation

6 Could not be datarmined

29c. Licansa number O.C.M.E.

December 08, 1996

completed cause of death (Item 23a) (Type, Print) mo

31. Data filed (Month, Day, Year)

DEG

32. Registrar's Signature

State Registrar

DHMH 16 Rev 6/95

3. Tima of Death

1:59p

1 X Yas 2 □ No

g. No.

Day

Yaar

er07, 1996 4c. County of Death

TALBOT

Birthplaca (Stata or Foraign Country)

1947 Pa.

10d. Insida City Limits

g. Citizan of What Country?

nited States

14. Race - Amarican Indian, Black, Whita, atc.

Specify: White

6b. Kind of Businass/Industry

ons/Towson State Univ

aidan Sumama)

City or Town, Steta, Zip Coda)

2 Balto., Md. 21210 Oc. Location - City or Town, Stata

owson, Maryland

Approximata interval Betw Onsat and Death

3 Probably 4 Unknown

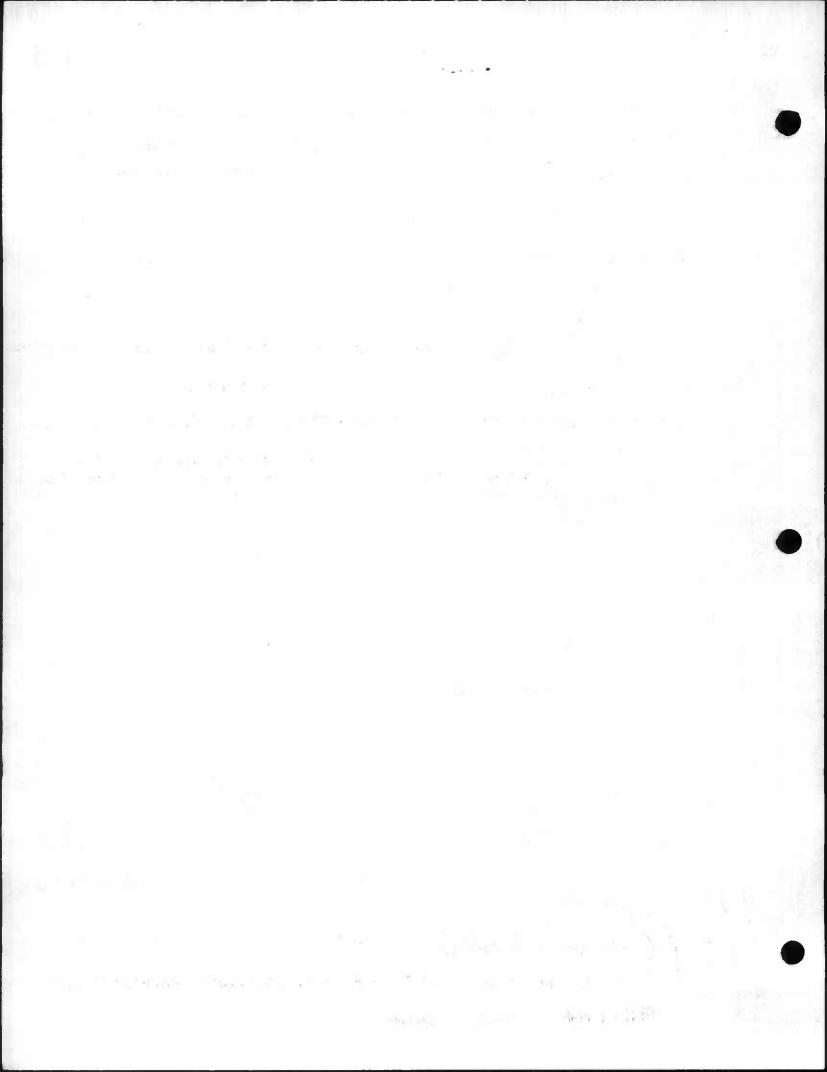
Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify)

thurs accide

Location (Street and Number or Rural Routa Number, City or Town, Stata)

29d. Data signed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6878

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 feeth. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mertral Hygiene prior to burial, cremation, or removal.

| | 1 - STATE REGISTRAR | STATE OF MARYLAN | | TMENT OF H | | MENTAL HYGIEN REG. NO | | |
|--|--|--|--|---|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | <i>a</i> | | | | 2. DATE OF DEATH MONTH | DAY YEAR | 3. TIME OF DEATH |
| | James Edwa | od Sudd | all | | | 12 0 | 8 96 | 11:00 OM |
| | 4. SOCIAL SECURITY NUMBER | | yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS, HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | Count | HPLACE (State or Foreign |
| - 4 | 219-07-5318 | 15KM 2 □ F 83 | YRS. | | | 01/22/13 | _ | aryland |
| m | 90. FACILITY NAME (If not institution, give str 2831 Old Washingt | on Road | | Westmi | or location of d | EATH / | 9c. COUNTY OF C | roll |
| Ē | RESIDENCE OF DECEDENT | | | Webdill | IISCCI. | | Car | |
| DIRECTOR | 10e. STATE 10b. COUNTY | | 10c. CIT | Y, TOWN OR LOCAT | TION | | | 10d. INSIDE CITY LIMITS? |
| ā | Maryland Carro | 011 | E | ldersbu | 49 | | | 1 YES 2 X NO |
| \A | 100. STREET AND NUMBER | | | 101 | 1. 20 CODE | 4 | 10g. CITIZEN OF | WHAT COUNTRY? |
| FUNERAL | | ch St. | | eT. | 2118 | 7 | USA | |
| 5 | 11. MARITAL STATUS 1 Never Merried 2 Merried | 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES GIVE WAR OR DATE | 2 NO | | | NIC ORIGIN? (Specify Year, Puerto Rican, etc.) | e or No— 14. RAC Blac | E — American Indian, ik, White, atc. |
| BY | 3 Widowed 4 Divorced | IF YES, GIVE WAR OR DATE | ES A | 1 TYES | X Speci | fy: | Spec | White |
| | 15. DECEDENT'S EDUC | | 6e. DECEDENT'S | USUAL OCCUPATION | ON | 18b. KIND OF BU | ISINESS/INDUSTRY | |
| E | (Specify only highest grade of Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give kind of a life. Do NOT us | work done during mo se retired.) | ost of working | | | |
| 4 | 6 | | Mainte | enance W | orker | Mainte | nance | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | AME (First, Middle, Maider | Surname) | |
| 111 | Edgar Suddath | | | | 1 | n Creamer | | |
| TO BI | 190. INFORMANT'S NAME (Type/Print) Janice L. Barnes | (daughter) | | | | Route Number, City or To | | |
| 9 | 200 METHOD DE DISPOSITION | len n | | OF DISPOSITION (NO | | kesville M | D Z I / O4 DCATION — City or To | |
| | 1 1 Buriel 2 Cremetion 3 Remo | | | ther place) Ld Cemete | | 2/10/06 S | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | | ingrie | | ND ADDRESS OF F | | t Funeral | |
| arama arama | Brian & | Hart | | P.0 | . Box 19 | 5 Sykesvil | | |
| 2000 | 23. PART i. Enter the diseases, or co | 1 012 | n ha dansh Dans | | | _ | | |
| 5 | shock, or haart failure. L | int only one course on the | ne desin. Do i | tot eitter ins mo | | on as cardiac of rest | | Approximats |
| | li . | ist only one cause on allo | h lina. | | 1 | | | Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | Act +e | My lo | | 1 | | | |
| alli, ille ille | IMMEDIATE CAUSE (Final | DUE TO (DR AS A C | Myle | Genon | sleu | | | Interval Between |
| event, me | IMMEDIATE CAUSE (Final disease or condition resulting in death) | Acute | Myle | Genon | 1 | | | Interval Between |
| event, me | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate | Acute | My P | Genin Fis | 1 | | | Interval Between |
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Julia Tavidon Rondoll

DEC 1 1 1996

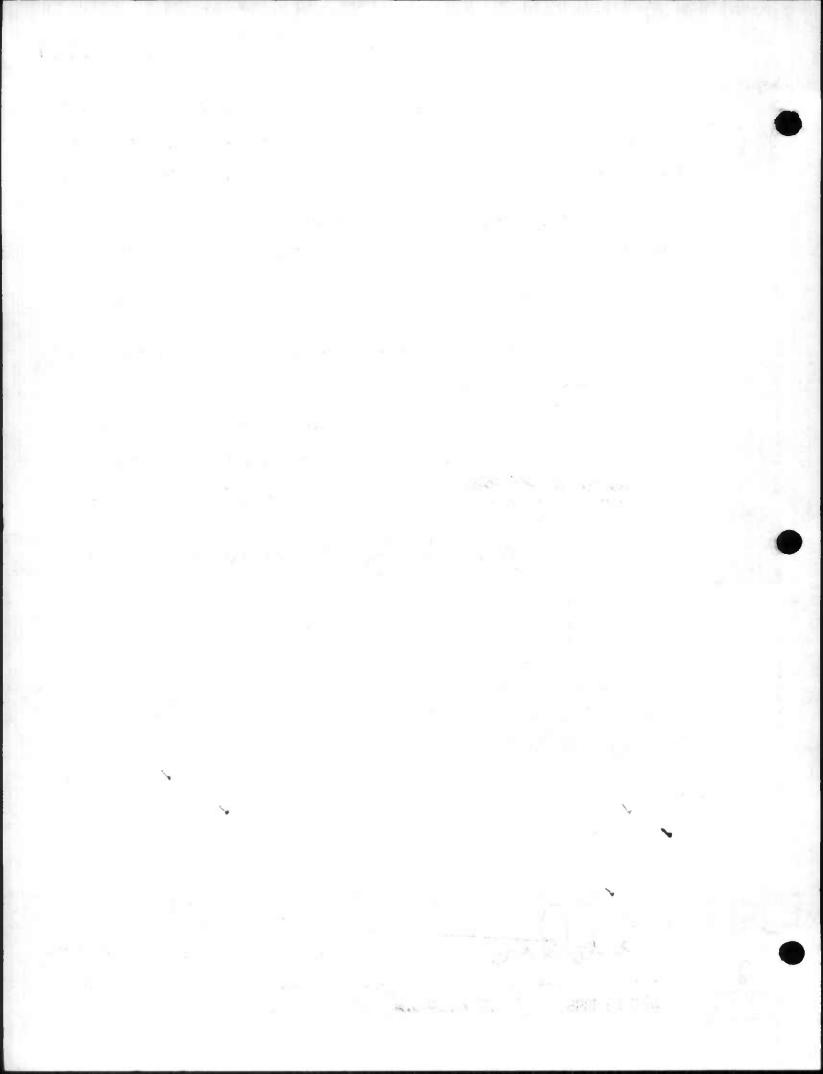
DHMH-16 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 37 | 47

| | | | | | Certifica | te of Death | | Reg. No. | | |
|---|---|--|--|---|--|---|--|---|---|--|
| Dhusisis | | 1. Decedent's Neme (First, Middle, La | ast) | | | | 2. Dete of De Month | eth Dev | Yeer | 3. Time of Death |
| Physicia /Medica | | | Elroy | Joseph | Sno | uffer | DEC | | 996 | 7:45 AM |
| Examine | - | 4e. Fecility Name (If not institution, gir | | | | 4b. City, Town, o | Location of Deett | | | |
| | | 239 Fifth Ave | enue | | | Lanso | lowne | Ba | alti | more |
| Funeral | | | | In yrs. last birtho | day) If Und Months | er 1 Year if Under 24 Hr Deys Hours Mi | | th v. Year) | 9. Birthp | plece (Stete or Forei |
| Director | | 212-05-4978 Usuel Residence of Decedent | 1 X M 2□ F | 78 Yr | S. | | APR 18 | , 1918 | Ma | ryland |
| w H | | 10e. Stete 10b. County | 1 | 0c. City, Town o | or Location | | | | 1 | 0d. Inside City Limit |
| - 4 | Funeral Director | MD Ba | altimore | | | Lansdowne | | | | 1 ☐ Yes 2 N |
| or 2 | | 10e. Street end Number | | | 10f. Z | ip Code | | 10g. Citizen of | Whet Cour | ntry? |
| 238 | 20 | 239 Fifth Av | renue | | | 21227 | | | USA | |
| E E | une ne | 11. Maritel Stetus | 12. Was Decedent Eve Armed Forces? | er In U,S. | Was Dec If Yes, sp | edent of Hispenic Orlgin? (ecify Cuben, Mexican, Pue | Specify Yes or No rto Rican, etc.) | - 14. Red Ble | ce - Americ | ean Indien, etc. |
| 0 5 | by F | 1 ☐ Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced | 1 ☐ Yes 2 1 No If Yes, Give Year or Dates: | | | 2 No Specify: | | Specify | y: | ite |
| "natural". | Completed | 15. Decedent's E | ducation | 16e. D | ecedent's Us | uel Occupation | | 16b. Kind of B | | |
| | De le | (Specify only highest grant Elementery/Secondary (0-12) | College (1-4or 5+) | (C | give kind of wife. DO NOT | ork done during most of w use retired) | orking | | | |
| r Haain and Mental Hyglena. Item 27 is merked other than other treumetic event, tre M | Ö | Liamon, sociality (o 12) | 5+ | CP | A / A | ttorney | | Account | ting | / Legal |
| ofthe v | Bec | 17. Fether's Neme (First, Middle, Last |) | | | | ame (First, Middle, | Maiden Suman | ne) | |
| rked tic e | To | Joseph | Bernard Sr | nouffer | | | Emma | Shook | | |
| amo | | 19e. informent's Neme/Relationship | (Type, Print) | 19b. N | Helling Addre | ss (Street and Number or I | Rural Route Numbe | er, City or Town, | State, Zip | Code) |
| om 27 is | | Dorothy L. Sno | ouffer / W | ife 23 | 9 Fif | th Avenue | Lansdo | owne. N | MD | 21227 |
| item the | | 20e. Method of Disposition | | 20b. Placa of D | | ame of | Dete | 20c. Location | | own, Stete |
| int: If its | | 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Special | | | | ory, Inc. 12 | /10/96 | Rali | imo | re, MD |
| 들하를 | | 21. Signeture of Funeral Service Lice | asee Male | | 22. Name | and Address of Fecility | | | | , 1115 |
| Important in portant | | y serge | | | | tion Socie | | | | |
| | - | George E. 23e. Pert1. Enter the disease, or com | | a death Do not | 299 F | rederick F | Road Ba | alto., | MD | 21228 Approximete |
| uninian | | shock, or heart feilure. List only | one ceuse on each line. | | | , , , | | | | Intervel Between Onset end Deeth |
| ysician Nedical | | Immediete Ceuse (Finel | 00 | | ^ . | | | 1 | | |
| aminer | | diseese or condition resulting in deeth) | e. IVLYC | CAR | DIAC | INFAM | SOLD |) | | |
| 100 | 6 | | Du | e to (or es e cor | nsequence of |): | | | i | |
| insit | b. Due to (or es e consequence of): if any, leeding to immediate ause. Enter Underbying | | | | | | | | i | |
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| phy str. | Medical | resulting in death) Lest | Dui | e to (or es e con | isequence of | : | | | | |
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| ettendi for use | <u>e</u> | Post II. Other electricant an addition of | | | - 4.11 | | and Dist | | | |
| ched | Physician | Pert II. Other algnificant conditions of | | iot resulting in th | ne underlying | ceuse given in Pert I. | | 1 | | the cause of deat |
| 5 6 | 0 | HUPOR TRUE. | on . | | | | 1 🗆 | Tes Jacko | 3 ∐ Pro | bably 4 Unkno |
| ned by the detached | | 11410010021 | | | | | | | 24b. W | ere autopsy findings |
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| grei Director. After this certificate has been signed filled in by the funeral director, page 2 should be d | Certification: To Be Completed by | 25. Wes case referred to medicel exeminer? 1 Yes 2 No 27. Manger of Deeth 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. Certifier (Check only) 2 Medical Example 2 | Hospitel: 1 Inpatient 28a. Date of Injury (Month, Day Ye) 28e. Plece of Injury building, etc. (3 | 28b. Tim Inju - At home, ferm Specify) ny knowledge, d amination end/o | M M , street, factor | OA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No | performance of the performance o | Yes 2 No None) denca 6 □Oth how injury occur Street end Numb vn, Stete) | 1 [specification of the control of | mpletion of cause deeth? Yes No Yes No No Route Number, |
| geel Director: After this certificate has been signed filled in by the funaral director, page 2 should be d | redical Certification: To Be Completed by | 25. Wes case referred to medicel exeminer? 1 | Hospitel: 1 Inpatient 28a. Date of Injury (Month, Day Ye) 28e. Plece of Injury building, etc. (3) | 28b. Tim Inju - At home, ferm Specify) ny knowledge, d amination end/o | e of ry M , street, factor eath occurred r Investigatio | OA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No Try, office d et the time, date and plec n, in my oplnion, deeth occ | performance of the control of the co | Yes 2 No No none) denca 6 □Oth now injury occur Street end Numb vn, Stete) ceuse(s) and madate and place, | of 1 [specification of the control | mpletion of cause deeth? Yes Proposition of cause deeth? Yes Proposition of cause deeth? |
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| grei Director. After this certificate has been signed filled in by the funeral director, page 2 should be d | redical Certification: To Be Completed by | 25. Wes case referred to medicel exeminer? 1 | Hospitel: 1 Inpatient 28a. Date of Injury (Month, Day Ye) 28e. Plece of Injury building, etc. (3 | 28b. Tim Inju - At home, ferm Specify) ny knowledge, d amination end/o | e of ry M , street, factor eath occurred r Investigatio | OA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No Try, office d et the time, date and plec n, in my oplnion, deeth occ | performance of the control of the co | Yes 2 No No note) denca 6 □Oth how injury occur Street end Numb wn, Stete) ceuse(s) and ma date and place, 29d. Dete signe | of of 1 [] are (Specificated per or Rura anner as seend due to d (Month, | mpletion of cause deeth? Yes No |
| erel Director: After this certificate has been signed filled in by the funeral director, page 2 should be d | Medical Certification: To Be Completed by | 25. Wes case referred to medicel exeminer? 1 | Hospitel: 1 Inpatient 28a. Date of Injury (Month, Day You 28e. Plece of Injury building, etc. (Supplican: To the best of manner: On the basis of exemple the desired manner steted completed cause of deet | 28b. Tim Inju - At home, ferm Specify) ny knowledge, d amination end/o | ne of Iny M , street, factor eath occurrer Investigatio 29 | OA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No ny, office d et the time, date and plecen, in my opinion, deeth occurs. | performance of the performance o | Yes 2 No one) denca 6 □Oth now injury occur Street end Numb vn, Stete) ceuse(s) and ma date and place, 29d. Dete signe | of 1 [] her (Specificated per or Rura anner as send due to d (Month, | mpletion of cause deeth? Yes 200000 Yes 2000000000000000000000000000000000000 |

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State of Maryland / Department of Health and Mental Hygiene 96 37 | 48

| | | | | | Cer | tificate d | of Death | | Reg. No. | 0 0 | , , , , | |
|---|---------------|---|--|-------------------|--------------------|------------------------------------|---|---|--------------------------------------|---|---|---|
| Physician | | 1. Decedant's Nama (First, Middla, La | | | | | | 2. Data of D Month | aath | | 3. Tima of Death | |
| /Medical | ıi - | 4a. Facility Nama (If not institution, giv | | NSONE | | | 4h Cin Tour | DECEM | BER 08 | | 11:30 PM | - |
| Examiner | r | HERITAGE CENT | | | | | BALTI | | th 4c. County | n/a | | |
| Funeral Director | | DID 10 DITT | ax 7. Aga | (In yrs. last bii | rthday) Yrs. | If Undar 1 Y Months Do | | Hrs. 8. Data of Bi Min. (Month, D Sept. (| rth ay, Yaar) 08 1895 | 9. Birthpiad Country | ca (Stata or Foreign y) York | |
| B w | - | Usual Rasidanca of Dacadant 10a. Stata 10b. County | | 10c. City, Tow | n or Loc | ation | | | | 10d | d. Inside City Limits | |
| rector | 2010 | Md. n/ | 'a | Balt: | imo | re | | | | | Yas 2□No | |
| | | 10e. Street and Number 1841 S. Charl | es Stree | t | | 10f. Zip Coo | | | 10g. Citizan of V USA | What Country | y? | |
| edical Examiner must be n leted by Funeral Dir | ò | 11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 🎗 Widowed 4 ☐ Divorced | 12. Was Dacedant Ev Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: | | | | of Hispanic Origin Cuban, Maxican, F No <i>Specify:</i> | 7 (Specify Yas or N Puarto Rican, atc.) | o- 14. Rac Blac Specify | ea - Amarican ck, Whita, ato v: Whi | c. | |
| Completed | Delle elle | 15. Dacedant's Ed (Specify only highast gra | lucation da complated) | 16a. | Dacada (Giva k | ant's Usual Oci ind of work do | ccupation on a during most of tired) | f working | 16b. Kind of Bu | usinass/indus | stry | |
| | | Elemantary/Secondary (0-12) | Collaga (1-4or 5+) | | | o <i>notusa ra</i> usewi: | | | Home O | unor | | |
| Be Com | 2 - | 17. Fathar's Nama (First, Middla, Last) | 0 | | 1101 | ABEWI. | | Nama (First, Middle | - | | | |
| 10 8 | | John Sansone | | | | | Mari | e Rinio | | | | |
| | | 19a. informant's Name/Ralationship (| | | | | | or Rural Routa Numi | | | Ī | |
| To | - 1- | Marcus A. Sanso | ne/son | | | S . Cl | | Street 1 | | | | 4 |
| | | 1 X Burial 2 Cramation 3 4 Donation 5 Other (Specify 21 Signature of Funeral September Licen |) | cemata | ry, crama | atory or othar | metery | DEC.11 1996 | 20c. Location - Baltin | | | |
| 15008 En El | 1 | 23a. Part I. Enter the disease, or comshock, or heap failure. List only | 1 | a daath. Do | not entai | 30 E. | Fort A | ral Home ve. Balt rdiac or raspiratory a | imore. | Md. | Balto. 21230 Approximata Intarval Batween Onsat and Death | |
| iner | | disaasa or condition rasulting in daath) | a | ua to (or as a | 10000 | anca of): | | | | | | |
| Medical Examiner | | | b. 1+ | -BX | | | | | | | | |
| Exal | | Sequentially list conditions, if any, laading to Immadiata causa. Entar UndarlyIng Cause (Disaase or Injury | Du | la to (or as a | consequ | ance of): | | | | | | I |
| n/Medical | | Cause (Disaase or Injury that initiated evants rasulting in daath) Last | c | a to (or as a c | onsequ | ance of): | | | | | | |
| Physician/ | - | Part II. Other significant conditions co | entributing to death but r | not rasulting in | tha unc | lariving causa | givan in Part i | 23h Did | tobacco use cor | ntribute to th | he cause of death? | |
| by Phys | | | | | | anying out as | givan in talti. | | Yes 250 No | | bly 4 Unknown | |
| Completed | | T: | | | | | | | an autopsy ormed? | availa | a eutopsy findings able prior to plation of causa ath? | |
| Com | | | | | | | | 10 | Yas 2000 | 1 🗆 Y | ras 212 No | ı |
| director, | | 25. Was casa rafarrad to medical axaminar? | Hospitai: | | | | 011 | Daath (Check only | | | | |
| eral dire | | 27. Mannar of Death | 1 ☐ Inpatient 28a. Data of Injury | 28b. T | tpatient ima of | | | ng Homa 5 🗆 Rasi 28d. Dascribe | dance 6 Othe | | | |
| atlor | | 1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation | (Month, Day Y | | njury | | njuryat Work? I∐ Yas 2∐ No | | ,, | | 1 1 1 1 1 | |
| Certification: | | 3 ☐ Suicida 6 ☐ Could not be datarmined | 28a. Place of injury building, atc. (| - At homa, fa | ca | 28f. Location (City or To | Street and Number wn, Stata) | er or Rural R | Pouta Number, | | | |
| completely filled in by the funeral Medical Certification: | | 29a. Certifier 1 ☐ Certifying Phy cone) 1 ☐ Certifying Phy 2 ☐ Medical Exam | sician: To the bast of n iner: On the basis of ax and mannar stated | amination and | , daath d | occurred at the stigation, in m | a tima, data and p y oplnion, daath o | lace, and dua to tha occurred at tha tima, | causa(s) and ma data and placa, a | nnar as stata and dua to th | ad. na causa(s) | |
| E S | | 29b. Signatura and titla of certifiar | 1/2 A. | e | | | ansa number | 2 1 | 29d. Data signed | | y, Year) | |
| | | | accorde |) | | | 2313 | | 12-12 | | | |
| | 3 | 10. Nama and address of person who c | omplated causa of daat | h (itam 23a) (| Type, Pr | rint) TEE | mo | 3927 | annan | nhe | Rel- | |
| State | 3 | DEC 11 1996 | F. Harris | A BOOK OF | indell | & | | | 1 | - | | |

1091 (1 0 3 0

96-6939-033

FILM q-743 1/7/97 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Certificate of Death

ITEMS: 23 PART I, 27, PER MEO State of Maryland / Department of Health and Mental Hygiene

| Physician |
|-----------|
| /Medical |
| Examiner |

PAULINE SHEARS 4e. Facility Name (If not institution, give street and number)

2. Date of Deeth Day Month DEC.06, 1996

3. Time of Death Year 4:25 PM.

Funeral Director

5. Social Security Number 6. Sex 1□M 2√F 233 50 2973 Usual Rasidenca of Decadent

NORTH ARUNDEL HOSPITAL

If Under 1 Year 7. Age (In yrs. last birthday) Months Days Yrs.

if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Hours 1932 11,

18. Mother's Name (First, Middle, Maiden Surname)

4b. City. Town, or Location of Death

BURNIE

 Birthplace (State or Foreign Country) West Virginia

ns 23a or 28a-f show

the Medical Examiner

Pages 1 and 2 should be filed within 72 hours after one of Health and Mental Hygiene.

ant: If Item 27 is marked other than "natural; or itel ury or other traumatic event, the Medical Examena.

Depertment of important: If any injury or once

Physician /Medicai

Examiner

attending physician for use es the burie

29 esu

deteched

ate has been signed by page 2 should be detec

certificate

this

After

Funeral

To the Hosp within 24 hor To the Fune completely fi

death.

Hospital or Attendi 24 hours effer death Funeral Director: A

filled in by the funeral

Attending Physician:

The law requires that the death certificate be executed

Box 68760,

P.O.

Division of Vital Records,

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

Medical

altimore, Maryland 21215-0020

Director

Funerai

þ

Completed

Be

0

the Maryland

With

death items 2 10a. State 10b. County Maryland Anne Arundel

10c. City. Town or Location Baltimore

63

10g. Citizen of What Country?

U.S.

4c. County of Death

Anne Arundel

10d. inside City Limits 1 ☐ Yes 2 ☑ No

10e. Street end Number

5243 Wasena Avenue 11. Maritai Status 1 Never Married 2 Married

3 N Widowed 4 □ Divorced

1. Decedant's Nama (First, Middle, Last)

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates:

 Wes Decedent of Hispanic Orlgln? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

GLEN

14. Raca - American Indien, Bieck, White, etc. White Specify:

15. Decedant's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired)

21225

16b. Kind of Business/Industry

12th 17 Fether's Name (First Middle Lest)

Elemantary/Secondary (0-12) Collaga (1-4or 5+)

Home Maker

10f. Zip Code

Own Home

Charles Shears

Grace Bosley

19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code)

19a. informant's Neme/Relationship (Type, Print) Thomas Bosley

5243 Wasena Avenue

Baltimore, Maryland 21225

20a. Method of Disposition

1 Buriai 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Placa of Disposition (Name of cemetery, crematory or other place) Glen Haven Memorial Pk.

20c. Location - City or Town, Stete 12/10/96 Glen Bunrie, Maryland

21. Signature of Funeral Service Licenses

22. Name end Address of Fecility

Gonce Funeral Home P.A. Baltimore, Md. 21225

ramerou rnall

4001 Ritchie Highway complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, us only one cause on each line.

Approximate Interval Between Onset and Death

immediate Causa (Final disease or condition resulting in death)

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequenca of):

Due to (or as a consequenca of):

23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown

24a. Was en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes

1 TYPES 2 No

25. Was casa raferred to medical XXYas 2 No

28a. Date of Injury (Month, Day Year) 5 Pending investigation

Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 ☐ Inpatient 2 ☐XER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work?

1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

28e. Placa of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 Homloide

26. Place of Death (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Cartifiar

27. Manner of Death

1 Natural

2 Accident

3 Suicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

**Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture and title of certifier

O.C.M.E.

29c. License number

29d. Date signed (Month, Day, Year) DEC. 07, 1996

30. Name and addrass of person who completed cause of death (ttam 23a) (Type, Print)

KOREL

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201

State Registrar

The state of the s

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical **Examiner**

1. Decedent's Neme (First, Middle, Last) **EMORY** FRANCIS

SAPP II

30

DEC . 05, 1996

3 Time of Death

4a. Facility Name (If not institution, give street end number) CARROLL COUNTY GENERAL 4b. City, Town, or Location of Deeth Westminster

2146 P 4c. County of Deeth

Funerai Director

r than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

g

Completed

Be 2

death with the Maryland

filed within 72 hours ofter

al Hygiene.

permit. Pages 1 and 2 should be fit Department of Health end Mental Hy Important: If Item 27 is marked other any Injury or other transment

Physician /Medicai

Examiner

use as the burial iding physician

certificate be eom

The law requires that the death

rigned by

certificate

After this

death.

To the Nospital within 24 hours a To the Funeral C

Just death

6

division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

à

Completed

Be

2

Certification:

Medical

21215-0020

Saltimore, Maryland

Usual Residence of Decedent 10a. Stete Maryland

10b. County

If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Months Days Hours

July 27,

2. Date of Death

 Birthplece (Stete or Foreign Country) Maryland

213 82 9185

5. Social Security Number

Anne Arundel

1XM 2□ F

10c. City. Town or Location Baltimore

Yrs.

10d. Inside City Limits 1 ☐ Yes 200 No

White

10e Street and Number

318 Camrose Avenue

10f. Zip Code 21225 10g. Citizen of What Country? U.S.

CARROLL

11 Marital Status

1 ☐ Naver Married 2 ☑ Married 3 Widowed 4 Divorced

12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 🔯 No

 Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 X No Specify.

Race - American Indien, Bleck, White, etc.

15. Decedent's Education (Specify only highest greda completed) Elementary/Secondary (0-12)

College (1-4or 5+) 2 years

Decedent's Usual Occupation
 (Give kind of work done during most of working life, DO NOT use retired)

16b. Kind of Business/Industry

Specify.

17. Fether's Nema (First Middle Last)

Auto Technician

Fleet Auto - I.T.E.

Emory I. Sapp

18. Mother's Name (First, Middla, Meiden Sumeme) JoAnn Whitten

19e. Informent's Name/Reletionship (Type, Print)

19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)

Ann Sapp

wife

318 Camrose Avenue 20b. Pleca of Disposition (Neme of cemetery, crematory or other pleca)

Baltimore, Maryland 21225

20e. Method of Disposition

1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

Cedar Hill Cemetery

20c. Location - City or Town, Steta 12/9/96 Baltimore, Maryland

21. Signature of Funeral Servica Licensee

22. Name end Addrass of Facility

Gonce Funeral Home P.A.

memuseer

4001 Ritchie Highway 23a Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.

Baltimore, Md.

Immediete Ceuse (Finel disaese or condition resulting in deeth)

a SUDU BOWN DECHOSIS

Due to (or es e consequenca of):

HESENTERUL TORSION

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequença of):

Due to (or as e consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an eutopsy performed?

24b. Were eutopsy findings avellable prior to completion of causa of death?

Approximete Intervel Between Onset end Deeth

NZ Yes 2 - No 1 DYes 2□ No

25. Wes case referred to medical 1 XYes 2 No

5 Pending Investigation

6 Could not be determined

NE

1 ☐ inpatient 3☐ ER/Outpetient 3☐ DOA 28e. Dete of Injury (Month, Dey Year)

28b. Time of Injury

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how Injury occurred

26. Plece of Deeth (Check only ona)

28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify)

Location (Street end Number or Rurel Route Number, City or Town, Stete)

29e. Certifier (Check only

27. Menger of Deeth

2 Accident

4 Homicide

3 Suicide

1 Naturel

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

XXMedical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

OCME

29c. License number

29d. Date signed (Month, Dey, Year) DEC.07,1996

30. Name and eddress of person who completed cause of deeth (item 23a) (Type, Print)

WRUTI

111 Penn Street, Baltimore, Maryland 21201

State Registrar

nade manufacture of a figure of the figure o

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

| | | | | _ | , | Cert | ificate | of D | Peath | .viornai r | Reg. 1 | | 0 (|) 1 | 101 | |
|----------------|---|------------------|--|---|-----------------------------------|---|-------------------------------|------------------|--|------------------------------------|-----------------------|--------------|--------------|------------|------------------------------------|--|
| | Ohini | Æ | 1. Decedent'a Nama (First, Middle, Las | t) | | | | | | 2. Dete of Month | | Dev | Yeer | | e of Deeth | |
| | Physici /Medi | | MILDRED C | SHINSKIE | _ | | | | | DEC. | | 9 | 1996 | 13 | 00 pm | |
|) | Examir | | 4a. Facility Nama (If not institution, give | street and number) | | | | 4b | . City, Town, or | Location of De | eth | 4c. County | of Death | | | |
| | | | ST. AGNES HOS | PITAL | | | | E | BALTIMO | RE | | N/A | | | | |
| | Funeral | | 5. Social Security Number 6. Sa | | (In yrs. las | st birthday) | If Undar 1 | Yaar | If Undar 24 Hrs | | Birth | | 9. Birthple | aca (Ste | ta or Foreign | |
| | Director | | 166-14-1166 15 Usual Residence of Decedent | □ M 2 X F | 88 | Yrs. | Months [| Days | Hours Min. | 8. Dete of (Month, 03 – 0 | 1-1 | 908 | PENN | SYL | VANIA | |
| | dand dand | | 10a. Steta 10b. County | | 10c. City, | Town or Loca | ation | | | | | | 10 | d. Insid | a City Limits | |
| | Mar | io | MARYLAND BALTI | MORE | CA | TONS | /ILLE | | | | | | | 101 | res 2 No | |
| | r 28 | je je | 10e. Street and Number | | | | 10f. Zlp Ce | ode | | | 10g. (| Citizen of V | What Count | ry? | | |
| | h wit | Funeral Director | 5743 EDMONSON | AVE. | | | 21 | 228 | } | | | U.S. | Α. | | | |
| | dea | ner | 11. Maritel Stetus | 12. Was Decedent E Armed Forces? | ever In U,S. | 13. W | es Deceden | t of His | panic Origin? (S , Mexicen, Puer | pecify Yes or | | 14. Rac | e - Amarica | | ١, | |
| 21215-0020 | filed within 72 hours aftar death with the Maryland Hygiena. ther than "natural", or Herns 23a or 28a-f show hrt, the Medical Examinet must be notified at | þ | 1 Nevar Married 2 Merried 3 Widowad 4 Divorced | 1 Tes 2 N If Yes, Giva Yaer or Dates: | lo | | Yes 2 | | | to Fican, etc.) | | | ok, Whita, a | | | |
| 2-0 | 72 ho | Completed | 15. Decedent's Edi (Specify only highast grad | | | 16a. Decede | nt's Usuel C | Occupat | ion uring most of wo | rkina | 16b. | Kind of Bu | usiness/Ind | ustry | | |
| 2 | within ena. than | nple | Elementery/Secondery (0-12) | Coilege (1-4or 5 | +) | | | | | naig | | | | | | |
| 2 | e filed within Il Hygiena. other than vent, the M | ပိ | 12 | | | HOSF | PITAL | | | | | C00 | | | | |
| Maryiand | tal Hyg d other event, | Be | 17. Fathar's Nama (First, Middle, Last) | | | | | | 18. Mother's Ne | | 3,110 | | | | | |
| yia | | 2 | MILTON ADAM SH | | | | | | ANNA E | | | | | |) | |
| Jar | C 60 00 00 | | 19e. Informent's Neme/Reletionship (T | | | _ | | | nd Number or R | | | | | | | |
| dî | a a a a a a a a a a a a a a a a a a a | | ROBERT L. SHIN | SKIE | | | | | N PLAC | | 1 | | | | | |
| Baltimore, | t t | | 20e. Method of Disposition 1 Burlai 2 Cremetion 3 4 Donetion 5 Other (Specify, | Removal from Stete | сеп | ce of Disposi netery, creme EN MC | etory or other | er plece | MATORY | Dete 12/10 | | | City or Tov | | | |
| Balt | permit. Pag Department Important: I any injury c | | 21. Signature of Funerei Sarvice Licens | 1 | | H | | W. | JENKI | | | | | | | |
| | | | HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212. 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter tha moda of dying, such as cerdiac or respiratory arrest, interval Between the shock, or heart feiture. List only one cause on each line. | | | | | | | | | | | | | |
| | Physician | 9 1 | 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter tha moda of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. | | | | | | | | | | | | | |
| | /Medical | | Immediate Cause (Final | isaasa or condition ENUSTAGE ALLHEIMERS DISEASE SYEARS | | | | | | | | | | | | |
| | Examiner | ١ | resulting in death) | 0, | | es a consequ | | | 71361 | 136 | | | 1 2 | 110 | 77.05 | |
| | D 5 | ne | | | | 10.000000 | | | | | | | 1 | | | |
| | ifficata be axecuted g physician and as tha burial-transit | Examiner | Sequentially list conditions, | b | Due to (or e | s a consequ | ence of): | | | | | | | | | |
| 0 | e axe lan a urial-i | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or Injury that initiated events | | | | | | | | | | i | | | |
| 68760, | ata b hysic tha b | edlcai | that initiated events resulting in death) Last | c. | Due to (or e | s a conseque | ance of): | | | | | | | | | |
| | # 0 s | | | d | | | | | | | | | | | | |
| Box | attendin | lan/ | _ | 0 | | | | | | | | | 1 | | | |
| | a de the a | Physician/N | Pert II. Other significant conditions co | ntributing to death bu | t not rasulti | ing In tha und | derlying ceu | se give | n in Pert I. | 23b. D | ld tobac | co uss co | ntribute to | the cau | es of death? | |
| P.0 | Tha law requires that tha death cer ata has been signed by the attendir paga 2 should be detached for usa | | EMACIATION / | MALNI | UTRI | TION | | | | 1 | ☐ Yss | 2□ No | 3 Prob | ably | 4 ⊠Unknown | |
| ds, | signe d be | d by | | | | | | | | 200.0 | | 2000 | 0 4h 14/a | | and finalina | |
| Vitai Records, | neen | Completed | PYSPHAGIA | | | | | | | 24a. W | es an au erformed | topsy | ava | illable pr | osy findings for to of ceuse | |
| 3ec | has b | ign. | | | | | | | | | | | of d | leath? | of ceuse | |
| Zi. | | S | | | | | | | | 1 | Yes | 2 1 No | 1 🗆 | Yes | 212 No | |
| VIII. | iclan: Th certificata rector, pag | Be | 25. Wes cese referred to medicei examinar? | Haankah | | | | | 26. Place of De | ath (Check on | ly ona) | | | | | |
| of | hya I di | To | TU Tes 219 No | Hospital: | | R/Outpatient | | Othe | # LI Indising i | | | | |) | | |
| n | Vitar Unem | lon: | 27. Menner of Death 1 ☑ Neturel 5 ☑ Pending | 28e. Deta of Injur (Month, Dey | Year) 2 | 8b. Time of injury | | . Injury Work | | 28d. Descri | oe how Ir | jury occur | red | | | |
| Sic | Attending or death. | cat | 2 Accident invastigetion 3 Suicida 6 Could not be | | | | М | | as 2 No | | | | - | 1 00 | | |
| = | A# 5 5 | Certification: | 4 ☐ Homicide determined | 28a. Piace of Inju building, etc | ry - At hom . <i>(Specily)</i> | e, farm, stree | et, factory, c | office | | 28f. Locatio City or | n (Street Town, St | | er or Hurai | Houte / | vumber, | |
| 7 | at a se | | 29e. Certifier Certifying Phy | elelen. T. M. L. | 4 mary from to 1 | adaa da w | | Mara Marin | data and the | land division | | Jal car | | ola d | | |
| ₹ | Hoppital 24 Iburs Funeral lataly filled | edical | | sician: To the best of iner: On the basis of end menner ste | examinetion | eage, deeth on end/or inva | eccurred et estigetion, in | my opi | s, dete end plece inlon, deeth occi | , end due to t urred et the tin | ne, dete e | end plece, | end due to | the ceu | se(s) | |
| | within 2 To the comple | Mec | 29b. Signature end title of certifier | one medial 818 | | | 29c. L | icansa | number | | 29d. 1 | Dete signe | d (Month, L | Dey, Yer | er) | |
| | ĕ ≒ € ∺ | | F. An | | | | | | | | | _ | | | | |
| | 0 | | | | | | - P | 0 7 | 519 CATON | | / | | 09 | 1 (4 | 46 | |
| | D | | 30. Name and eddress of person who c | ompleted ceuse of de | eth (ttem 2 | | rint) 40 | ,1, | SPITAL | 1-7-4 | 127 | W.B. | | 0 | | |
| | Che | 10 | 31. Dete filed (Month, Dey, Year) | 1 1 3 Registra | r's 'Min ate | >\ /47 to00_ | my KJ | 177 | 32111AL | 1974-1 | | n office | עריז | 4 | 229 | |
| | Sta Registr | | DEC 1 1 1996 | frena Davidson | -Navion | -CAPAGE | | | | | | | | | | |

| BALTIMORE, MARYLAND 21215-0020 | CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | s medical examiner must be notified at once. | |
|--|---|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 | THE FLIMERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune be liked within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | INPORTANT: If Isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |

| | 1 - FOR STATE OF MARYLI | AND / DEPAR CERTIFI | TMENT OF HEAL | TH AND MEN | ITAL HYGIEN | _ | |
|--------------------|--|--|---|---------------------|--|----------------------|--|
| | 1. DECEMENT'S NAME (First, Middle, Last) Antoinette Elizabeth | olmon | | 2.1 | DATE OF DEATH ONTH BU | | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 215-40-7536 1 M 2 F 9 Ss. FACILITY NAME (If not institution, give street and number) | n yrs. lesi birthdey) 1 YRS. | MONTHS DAYS HOU | ms Min. No. | Morth, Day, Year) /ember 11, | 1905 M | sirthplace (State or Foreign Jountry) aryland |
| DIRECTOR | Bon Secour Nursing Center | | 96. CITY, TOWN OR LO Ellicott | | | Howar | |
| | Maryland Anne Arundel Co. | | en Burnie | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 X NO |
| FUNERAL | 7942 Myers Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN | U.S. ARMED | 101. ZIP (210 | | BIGIN2 (Charity Van | United | OF WHAT COUNTRY? States BACE — American Indian. |
| ВУ | 1 Never Merried 2 Merried 3 M Wildowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 X NO | If yes, specify (| Cuban, Mexican, Pur | orto Rican, etc.) | | Black, White White |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 | (Give kind of we life. Do NOT use Registe) | | | HOSDit | | Tth Care |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) Josef Jasinski | | 18. 1 | NOTHER'S NAME (F) | | Sumame) | |
| TO E | 190. INFORMANT'S NAME (Type/Print) Mrs. Diane Haberstich/Niece | 7942 M | ADORESS (Street and Null Yers Drive | Glen Bu | rnie, Mary | yland 2 | 1061 |
| | 20b. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Brian A. Wi | etery, cremetory or oth | FDISPOSITION (Name of her place) E CEMETERY | 12/1 | 1/96 Pike | sville, | Maryland |
| | Duan a. Willen | | 5305 Harfo | ord Road | Baltimore | , Maryla | uneral Home,Inc. and 21214 |
| | 23. PART I. Enter the disesses, or complications that caused shock, or heart feliure. List only one cause on ear IMMEDIATE CAUSE (Finel disease or condition resulting in death) | ch line. | fast | dying, such as | cardlec or respi | ratory arrest, | Approximate Intervel Between Onset and Dasth |
| CERTIFICATION | Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | neral V | lascular | Disease | | | 3 years |
| PHYSICIAN: MEDICAL | PART II. Other significent conditions contributing to death bu | it not resulting in | the underlying cour | se given in Pert | 24a. WAS AN / PERFORI | MED? | 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO |
| YSICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | | 26. PLACE 0 OTHER: 4 Nursing Home 5 | Residence 8 (| | | |
| | 27. MANNER OF DEATH 28s. DATE OF INJURY | 28b. TIME INJU | | | DESCRIBE HOW IN | JURY OCCURE | |
| BY | 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 2 County 28e. PLACE OF INJURY | - At home, farm, at- | | | OCATION (Street or | and Museumbers on D. | 10 |
| BY | 2 Accident S Pending Investigation | y) | reet, tectory, office | 281. | OCATION (Street as City or Town, State) | | rrel Floute Number, |
| COMPLETED BY | 1 M Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY - building, etc. (Specification) | y) dge, death occurred | at the time, date and pi | 28t. | City or Town, State) cause(s) and meni | ner as atated. | se(s) and menner as stated. |
| BY | 2 Accident 5 Pending 1 28e. PLACE OF INJURY - building, etc. (Specific Check only one) 2 MEDICAL EXAMINER: On the basis of examination | y/ dge, death occurred and/or inveatigation, | at the time, data and pi , in my opinion, death or | 28t. | City or Town, State) cause(s) and meni | ner as atated. | |
| BE COMPLETED BY | 2 Accident 3 Suicide 4 Homloide 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER SUICIDE SUPPLICE OF INJURY - building, etc. (Specification) 28e. PLACE OF INJURY - building, etc. (Specif | odge, death occurred and/or investigation, TH (ITEM 27) (Type, F | at the time, data and pl in my opinion, death or | 28t. | City or Town, State) cause(s) and meni | ner as atated. | se(s) and menner as stated. NED (Month, Day, Year) |

Sc 1. 7

State of Maryland / Department of Health and Mental Hygiene Q C 27153

| _ | | | | | , | | | of Death | | Reg. No. |) 3/1 | 00 | | | | |
|--|---|--|---|--|--------------------------------|----------------------------------|---|--|------------------------------------|---|--|---------------|--|--|--|--|
| PI | hysicia | an | 1. Decedant's Nama (First, Middle, Last) | | | | | | 2. Date of D Month | Day | Year | a of Death | | | | |
| | /Medic | | | n Duval Si | nead | | | II. Oh. Taur | Decemb | - 1 | | O PM | | | | |
| E | xamin | er | 4a. Fecility Nema (If not institution, give s Greater Baltimon | | 1 Cent | er | | Towson | or Location of Dee | 111111111111111111111111111111111111111 | imore | | | | | |
| | neral ector | | NONE | M 2□F | e (In yrs. last | birthday) Yrs. | If Under 1 Months | Days Hours M | | irth lay, Year) | 9. Birthpleca (Ste Country) Marylan | | | | | |
| and | ž +1 | | Usuel Rasidence of Decedant 10a, State 10b. County | | 10c. City, To | own or Lo | ocation | | | | 10d. Inside | B City Limits | | | | |
| Mary | ust be notified at | to | Maryland Baltin | nore | Bal | timo | re | | | | 1)30(1 | 'es 2□No | | | | |
| th the | e not | irec | 10e. Street and Number | | | | 10f. Zip C | | | 10g. Citizan of N | What Country? | | | | | |
| # C | | Tai | 2049 Wisper Wood | | | | | 1244 | | | States | | | | | |
| | Examiner m | by Funeral Director | 11. Marital Status X1X Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedanf E Armed Forces? 1 ☐ Yes X2X N If Yas, Giva Year or Datas: | Ever in U,S. Io | | Wes Decede If Yas, specif 1 ☐ Yas 2 | nt of Hispenic Orlgin? y Cuban, Maxican, Pu | (Specify Yes or Nerto Rican, etc.) | Specify | a - American Indier ck, White, etc. |), | | | | |
| 5-0 72 ho | ges 1 and 2 should be filed within 72 hours after designed 1 and 2 should be filed within 72 hours after designed 1 to 1 files 1 and Mental Hygiene. If fem 27 is marked other than "natural", or flems or other traumatic event, the Medical Examiner on | | 15. Dacedent's Educ (Specify only highest grade | cation completed) | 16 | 6a. Dece | dant's Usual | Occupation | vadkina | 16b. Kind of Business/Industry | | | | | | |
| 121 within | | | Elamantary/Secondary (0-12) | College (1-4or 5 | +) | lifa. | DO NOT usa | dona during most of w retired) | | N | /A | | | | | |
| D D D | mt, m | e Completed | 17. Fathar's Nama (First, Middle, Last) | | | | | 18. Mothar's N | ama (First, Middl | a, <i>Maid</i> an Suman | | | | | | |
| ylan | ic ev | To Be | (UNKNOWN) | | | | | Не | lena Sne | ad | | | | | | |
| , Maryland 21215-0020 and 2 should be filed within 72 hours of the filed within 72 hours of the filed within and Mental Hygiene. | or trauma | | 19a. Informant's Name/Relationship (Ty) STAFF G • B • N | | | | _ | Street and Number or HARLES ST | | | | ,2120 | | | | |
| Baltimore, M. permit. Pages 1 and 2 Department of Health a | ury or oth | | 20a. Method of Disposition 1 ☐ Burial 2XXX remation 3 ☐ R 4 ☐ Donation 5 ☐ Othar (Specify) | amoval from Stata | cema | tary, cra | osition (Name matory or oth IOUNT | a of ear place) CREMATOR | Y 12-10 | | City or Town, State | | | | | |
| Balt Permit. | any injury | | 21. Signatura of Funaral Sarvice Licanse | NKINS A | GTIMORE, MARYLAND, 2121 | | | | | | | | | | | |
| | | | 3a. Pert1. Entar tha diseese, or complications that causad tha daath. Do not entar fha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only one causa on each line. | | | | | | | | | | | | | |
| Physi /Med Exam | dical | | Immediata Causa (Final disaasa or condition | Respirat | tory d | istr | ess sy | ndrome | | | hou | Irs | | | | |
| LAdii | miei | 7 | rasulting In daeth) | | Dua to (or as | a conse | quanca ot): | | | | | | | | | |
| petr. | ansit | 듵 | _ b | Prematur | | | | | | | | | | | | |
| 0, | rial-tra | Exa | Sequentially list conditions, if eny, leading to immadiate causa. Entar Underlying Causa (Disaase or Injury that initiated evants | | Dua to (or as | a consec | quance or): | | | | 1 | | | | | |
| 68760, tificate be assecut | the br | edicai Examiner | that initiated evants rasulting In death) Last | | Due to (or es | e consec | quance of): | | | | | | | | | |
| X 6 Sertific | Se as | mark. | | l | | | | | | | | | | | | |
| BOX death cert | d for u | clar | Dort II. Other significant conditions and | Anthodism to donath hou | | - I- M | and all the best | and the second second | anh Di | A Anhanan iran iran | madhua a ab a a su | and death of | | | | |
| P. O. | ed by the attending priystolan and detached for use as the burial-transit | Physician/N | Part II. Other significant conditions con Sepsis | tributing to death bu | it not rasuiting | g in tha u | indariying cai | usa givan in Paπ I. | | Yes 2 No | ntribute to the cau 3 Probably | | | | | |
| S, P | 5.8 | þ | | | | - | | | | | | | | | | |
| Records, | 2 should be det | Completed | | | | | | | 24a. Wa per | s an eutopsy formed? | 24b. Wara autop evallable pr completion of deeth? | ior to | | | | |
| E 8 | page 2 | Con | | | | | | | 1 🖔 | Yas 2□No | 1 💢 Yas | 2□ No | | | | |
| of Vital Physician: Th | rector | Be | 25. Was casa rafarrad to medical axaminar? | lospital: | | | | Other | eath (Check only | | | | | | | |
| n Of | meral di | tion: To | 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pending 2 Accidant Invastigation | 1 Inpatie 28a. Data of Injur (Month, Day | | Outpaties b. Tima o Injury | | c. Injury at Work? | | sidance 6 Oth how injury occur | | | | | | |
| Division To the Hospital or Attending within 24 hours after death To the Finners Director Attention | od in by the | Certification: | 3 Suicida 6 Could not be 4 Homicida datamined | 28a. Place of Injubuilding, atc | ury - At homa, :. (Specify) | , farm, st | reat, factory, | office | 28f. Location City or To | (Street and Numb own, Stata) | per or Rural Routs N | lumber, | | | | |
| he Hospit in 24 hour | pletely fills | 29a. Cartiflar (Check only one) 29a Cartiflar (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and meaning the companient of the best of my knowledge, death occurred at the time, date and place, and meaning the companient of the best of my knowledge, death occurred at the time, date and place, and meaning the companient of the best of my knowledge, death occurred at the time, date and place, and meaning the companient of the best of my knowledge, death occurred at the time, date and place, and meaning the companient of the best of my knowledge, death occurred at the time, date and place, and meaning the companient of the best of my knowledge, death occurred at the time, date and place, and the companient of the best of my knowledge, death occurred at the time, date and place, and the companient of the best of my knowledge, death occurred at the time, date and place, and the companient of the best of my knowledge, death occurred at the time, date and place, and the companient of the best of my knowledge, death occurred at the time, date and place, and the companient of the best of my knowledge, death occurred at the time, date and place, and the companient of the compan | | | | | | | | a causa(s) and ma a, data and placa, | annar as statad. and dua to tha caus | sa(s) | | | | |
| To the | E03 | Σ | 29b. Signatura and titla of Cartifier | | | d (Month, Day, Yea | r) | | | | | | | | | |
| 10 | | | D27740 12/9/96 30. Nama and address of person who complated causa of death (Item 23e) (Type, Print) Robert A. Palermo, M.D. GBMC 6701 North Charles Street, Baltimore, Maryland 21 | | | | | | | | | | | | | |
| 1 | Ÿ | | | | | | North | Charles St | reet, Ba | ltimore, | Maryland | 2120 | | | | |
| R | Stat egistra | | 31. Data filad (Month, Day, Year) | 32. Hagistra | ır's Signatura | | | | | | | | | | | |

DHMH 16 Rev 6/95

37154

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Data of Deeth 3. Tima of Deeth Month **Physician GEORGE** STEPNER DEC. 5 1996 1:35 PM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 43 WEST CHERRY HILL RD. REISTERSTOWN BALTIMORE If Undar 1 Year If Under 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthpiece (Steta or Foraign Country) Funeral 1**⊠** M 2□ F Deys 072-12-8256 Vrs Director MAR. 2, 1921 NEW YORK Usuei Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits $n_{\rm BH} z_{\rm J}$ is marked other then "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be nothered at 1 □Xes 2 □ No Director MD BALTIMORE REISTERSTOWN 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 43 WEST CHERRY HILL RD. 21136 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 Ø Yas 2 □ No If Yes, Give Yeer or Detas: 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - American Indian, Bleck, Whita, atc. permit. Pages 1 and 2 should be filled within 72 hours after a Department of Health and Mentai Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exercises and 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Eiementery/Secondary (0-12) College (1-4or 5+) U.S.POSTAL SERVICE 12 TRUCK DRIVER 17. Fethar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be MORRIS STEPNER OLGA SCHAFFER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. SUSAN STEPNER (NIECE) 43 W. CHERRY HILL RD. REISTERSTOWN, MD 21136 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetary, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from Stete 4 Donetion 5 Other (Specify) 5 ☐ Other (Specify) 12/8/96 BETH JACOB FINKSBURG, MD 21. Signature of Fe 22. Name end Address of Fecility
SOL LEVINSON & BROS., INC. eral Service Licenses 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 en 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, hock, or heart teilure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** immediete Ceuse (Finel disease or condition resulting in deeth) ut cordiai arrest /Medical Examiner Due to (or es e consequence of) Examiner buriel-trensit The lew requires that the deeth certificate be executed and Sequentielly list conditions, if any, leeding to Immediata ceuse. Enter Underlying Ceuse (Disease or Injury thet Initiated events resulting In deeth) Last Due to (or es e consequence of): Records, P.O. Box 68760, ettending physician for use as the burie Physician/Medical Due to (or as a consequence of) Pert II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of death? signed by t Deripherio Vosculor Ocscon 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown ρ 24b. Were autopsy findings available prior to completion of cause ot death? Be Completed Diubeten 24e. Wes an eutopsy performed? Deen s certificate has b director, page 2 s 1 Yes 2 No 1 □ Yes 2 □ No Division of Vital he Hospital or Attending Physician: 1724 hours after death.
The Funeral Director: After this certifical pletely filled in by the funeral director, 25. Wes case referred to medical 26. Piace of Deeth (Check only one) exeminar? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Thesidence 6 Other (Specify) Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 1 Neturei 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 □ Yes 2 □ No 2 Accident 6 Could not ba 3 Suicida 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steled.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner steted. edical 29a. Certifier

29c. License number

29d. Dete signed (Month, Day, Year)

SAMUEL BENESCH, M.D.

Within To the comple

31. Dete filed (Month, Dey, Year) DEC 1 1 1996

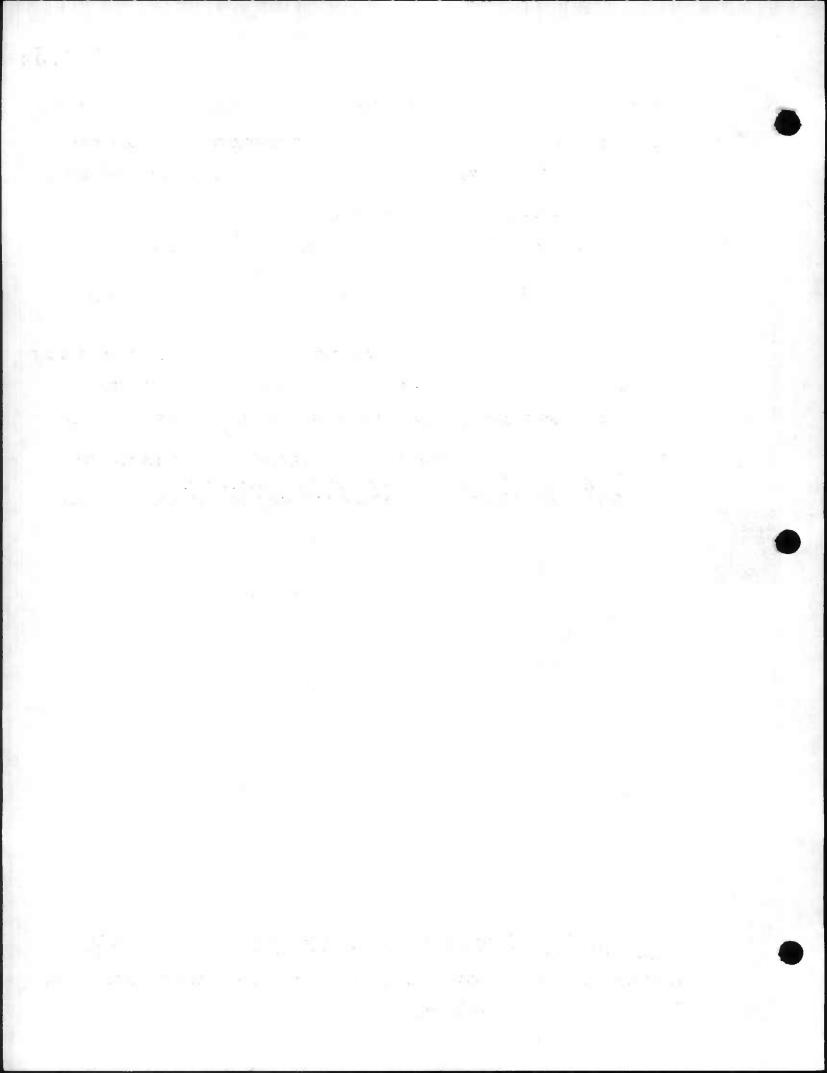
29b. Signeture end little of certifier



30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)

State

Registrar



| BALLINONE, MANI LAND 21213-0020 | YSICIAN: The law requires that the death certificate be executed with the forms after death. Page 6 may be retained by the hospital or attending physician. | certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | ation, or removal. | the medical examiner must be notified at once. |
|---|---|---|--|--|
| DIVISION OF VITAL RECORDS, T.O. BOX 65154 | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with | IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | FOR STATE REGISTRAR | STATE OF I | MARYLAND / | | RTMENT | | | | MENT | AL HYGIEN | | | | |
|--|---|--|---|--|-------------------------|-----------|------------|------------------|----------------------------------|---|--|---|--------------------------------------|------|
| | 1. DECEDENT'S NAME (First, Middle, Lest) ALEXANDER | | | | SEID | | | | MOR | E OF DEATH | Av . | YEAR 1996 | 3. TIME OF DEATH | м |
| | 4. SOCIAL SECURITY NUMBER 212-10-9937 | 5. 9EX 1 🛣 M 2 🗌 F | 6. AGE (In yrs. less | t birthday) YRS. | IF UNDER | | # UNDE | MIN. | 7. DAT | E OF BIRTH rith, Day, Year) AN.7,19 | | 8. BIRTH Countr | PLACE (State or Forei | gn |
| OR | 9e. FACILITY NAME (If not institution, give a HEBREW HOME OF G | | ASHINGTO | N | | | ILLE | ION OF DE | | | · | MON" | EATH I'GOMERY | |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD N/A | | | 10c. CIT | Y, TOWN C | | | | 10d, INSIDE LIMITS 1 □ XES | | | | | 0 |
| FUNERAL | 100. STREET AND NUMBER 2813 DAMASCUS CT | | | | | 101 | ZIP COE | | 10g. CITIZEN OF WHAT COU | | | | | |
| B | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V | IT EVER IN U.S. ARI YES 2 X | MED IO | | f yes, sp | | en, Mexica | ın, Puert | ilN? (Specify Yes o Rican, etc.) | or No— | 14. RACE Black Speci | — American Indian, i, White, etc. | |
| COMPLETED | 15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5 | +) (Gi | ive kind of Do NOT u | work done (se retired.) | during mo | st of work | ing | 1 | sb. KIND OF BU | | ICAL | | |
| BE CON | 17, FATHER'S NAME (First, Middle, Last) REUBEN | | SEID | MAN | | | | her's na PHIE | | t, Middle, Maiden | Sumame) | | FELDT | |
| 10 | 190. INFORMANT'S NAME (Type/Print) DAVID SAKS (GRAN) | DSON) | | | TURT | | | | | mber, City or Tow THERSB | | | 20879 | |
| | 20e. METHOD OF DISPOSITION 1 Deurle 2 Cremetton 3 Removal from State 4 Donettor 9 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Light Park 12/8/96 REISTERSTO | | | | | | | | | | Contraction of the contraction o | | | |
| | 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE | | | | | | | | | | | LE, MD 2 | 120 | |
| | 23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | a. AS7 | ot coused the deuse on each line ROCY (OR AS A CONSEC | TO | mot enter | the mo | ds of dy | ring, suc | ch ss co | irdisc or resp | iratory s | rreat, | Approximate interval Bet Onset and I | ween |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | (OR AS A CONSEC | | | | | | | | | | | | |
| MEDICAL CI | PART II. Other algnificent condition | death but not r | eaulting | uiting in the underlying ceuse given in Part i. 24e. WAS AN PERFOR | | | | | | RMED? | 7 24b | . WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? |) | |
| | DID TOBACCO USE CONT | | | | L UN | CERTAI | N 🗆 | | 6 | | 1 YES 2 NO | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW | | | | | | | | | | | | | |
| BY | 1 Netural 5 Pending 2 Accident Investigation | DF INJURY At ho | tN | JURY M | WORK? M 1 YES 2 NO | | | | | | | | | |
| 3 Suicide 8 Could not be determined building, etc. (Specify) 4 Homicide determined building, etc. (Specify) 29e. CERTIFIER A PORTYPHING PRINCIPLE IN THE PRIN | | | | | | | | | | | _ | | | |
| COMPLETED | 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner se stated. | | | | | | | | | | ed. | | | |
| BE (| 29b. SIGNATURE AND TITLE OF CERTIFIE | France | и ил | , | | | 29c. LIC | ENSE NU | | 85 | | | (Month, Day, Year) | 991 |

PSON 6/2/MONTROSE

Juna Davidson-Randalle

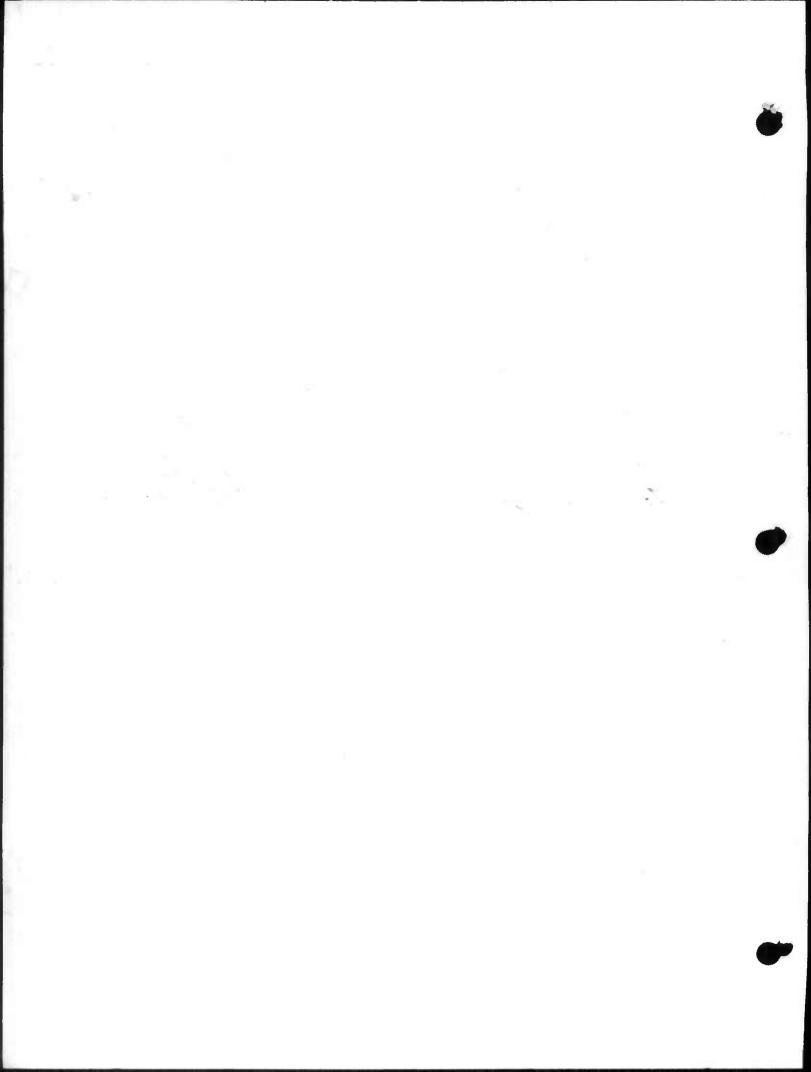
RD,

ROCKVILLE, MD

LIPSON

STEVEN

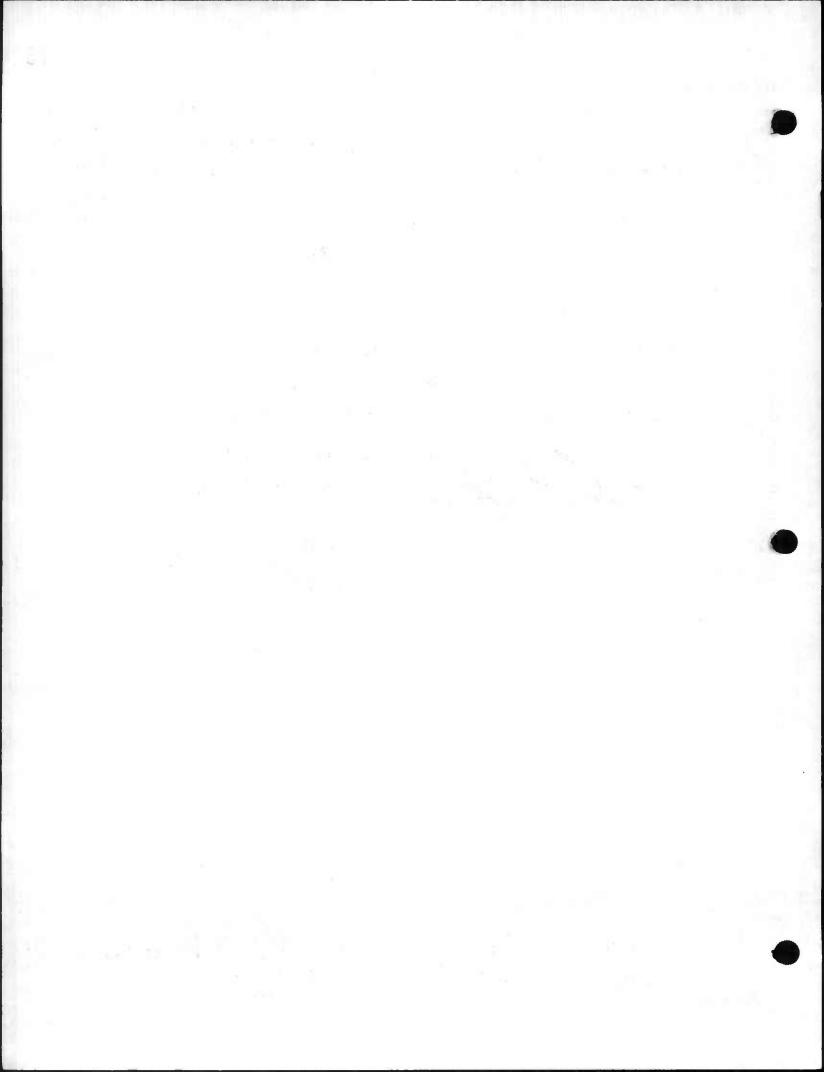
31. DATE FILED (Month, Day, Year)
DEC 11 1996



State of Maryland / Department of Health and Mental Hygiene 96 37156

| | | | | Certifica | ate of Death | Reg | . No. | 0/100 | | |
|--|------------------|--|---|--|--|---|-------------------------------------|--|--|--|
| Phys /Ma | ician dical | 1. Decedent's Neme (First, Middle, Las | 3. Siegel | | | 2. Dete of Deeth Month Decem | | 3. Time of Deeth 358 a | | |
| Exam Funer Directo | niner al | | spital | st birthdey) If Und Month | der 1 Year If Under 24 Hrs. s Deys Hours Min. | 8. Dete of Birth Month, Day, Y. JUNE | 4c. County of De | | | |
| puel lend | | Usuel Residence of Decedent 10a. Stete 10b. County | 10c. City, | Town or Location | | | | 10d. Inside City Limits | | |
| Mary H sh | to | MARYLAND N/A | | BALTIMO | RE | | | 1 Tyes 2 □ No | | |
| or 28g | Director | 10e. Street end Number | | | Zip Code | 109 | 10g. Citizen of Whet Country? | | | |
| th will | a D | 1705 SOUTH RD. | | | 21209 | | USA | | | |
| Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Manylend th end Mental Hygiene. 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, If a Modical Examiner must be not listed at | by Funeral | 11. Marital Stetus 1 Never Married 2 Married X Widowed 4 Divorced | 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Dates: | | cedent of Hispanic Origin? (Specify Cuben, Mexican, Puerto | ecify Yes or No- Ricen, etc.) | Bleck, W | merican Indien, hite, etc. WHITE | | |
| 5-0 72 ho | Completed | 15. Decedent's Ed | ucetion de completed) | 16e. Decedent's Us | suel Occupetion | ina 16 | b. Kind of Busines | ss/îndustry | | |
| 121 vithin han | mpi | Elementery/Secondary (0-12) | College (1-4or 5+) | | work done during most of workings retired) | | | | | |
| d 212 filed with Hygiane. ither than | | 17. Fether's Neme (First, Middle, Last) | | MAINA | GEMENT 18. Mother's Neme | (First Middle Me. | RESTAUR | ANT | | |
| id be ental | To Be | ABRAHAM | BODNE | SONIA | (1 1104, 11110010, 1110 | CHALAV | IN | | | |
| CENL | | 19e. Informent's Neme/Reletionship (7, ONA_SHELLEY_ADLER | | 19b. Meiling Addre | ess (Street and Number or Rure TH RD. BALTIM | ORE, MD | City or Town, State | a, Zip Code) | | |
| oth the | | 20e. Method of Disposition 1 Burlel 2 Cremetion 4 Donation 5 Oth | Removal from State cen | ce of Disposition (A netery, cremetory o KESIDE ME | r other plece) | | C. Location - City | | | |
| Baltimo pemit. Page Department Important: If any Injury or | ouce. | 21. Signeture of Funeral Service License | 100 | 22. Neme | end Address of Fecility | | | | | |
| D P P P P P P P P P P P P P P P P P P P | a | 23a. Part LEnter the disease, or complete the control of the contr | - Au | SOL | LEVINSON & BR | OS., INC. | • | , MD 21208 | | |
| lecords, P.O. BOX 58760, law requires that the death certificate be axecuted as been signed by the ettending physician and a 2 should be detached for use as the burial-transit | Medicai Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest | b. Cualder & Due to (or e | es e consequence o | letus | | 0 | 5 5 | | |
| Geath cert death cert death cert death cert | Physician/N | Pert II. Other algnificent conditions co | d | ing In the underlying | Toping given in Port I | 22h Did tohe | noo usa cantalbu | ute to the cause of death | | |
| that the de detached detached | phys | | Tributing to doubt but not room. | ing ar are underlying | J Cause given in Felt i. | 1 10 | | Probably 4 Unknow | | |
| Of VICAL RECORDS, Physician: The law requires the this certificate has been signed rel director, page 2 should be de | Completed by | | | | | 24e. Wes en e | | b. Were eutopsy findings evalleble prior to completion of ceuse of deeth? | | |
| Tha lav | E | | | | | 1 ☐ Yes | 2 12 No | 1 ☐ Yes 2 ☐ No | | |
| VICAL The Iclan: The certificata | Be | 25. Wes cese referred to medicel examiner? | | | 26. Plece of Deeth | (Check only one) | | | | |
| VISION OF VICE Attending Physician: r death. betor: After this certific by the funeral director, | 2 | 1 Yes 2 No 1 Yes 2 Yes 3 Y | The second second | R/Outpetient 3 I | | me 5 Residence 28d. Describe how | | Decify) | | |
| | Certification: | 3 Suicide 6 Could not be determined | 28e. Plece of Injury - At home building, etc. (Specify) | e, farm, street, fecto | ory, office | 28f. Location (Stree City or Town, S | | Rural Route Number, | | |
| Hospital or 24 hours afte Funeral Dir staly filled in | edicai | (Check only 2 Medical Exami | sician: To the best of my knowle ner: On the basis of examinetion | edge, deeth occurre | d et the time, dete end plece, e on, in my opinion, deeth occurre | end due to the ceus | e(s) end menner and pleca, and d | as steted. Jue to the ceuse(s) | | |
| THE STATE OF | Med | one) 29b. Signeture ≰nd title of cartifier | end menner steted. | | 9c. License number | | Dete signed (Mo | | | |
| OF TES | | 1/2/10 | - lan | | Acidno | · b | | | | |
| 1 | | 30 Name and address of access up | Mulated course of death (in | 30) (Tues Dist) | ASCTUL | | cemb | er 6, 1996 | | |
|) | | USHA SW | ompleted ceuse of death (Item 2: | | US 923 | 35 | | | | |
| S Regis | tate trar | DEC 1 1 1996 | 32) Registrer's State | all | | | | | | |

Registrar



| | | 1 Decedent's No | arne (First, Middle, Le | | | Certifica | | Health and M Death | | Reg. No. | | 7157 |
|--|--------------------------------------|--|---|--|--|--|------------------------|--|---|---|--|--|
| Physic | ian | | | 381) | | KIlon) | +7 | 7 | 2. Dete of De Month | eeth Dey | Year 3. | Time of Deeth |
| /Med | | 1 OMA | - | ve street end number | el . | SHAIUI | 10 | 4b. City, Town, or L | continuo of Door | 6 | 1996 | USX |
| Exam | ner | | | | | | | TOWSON | ocation of Deet | | ty of Deeth | |
| Francis | 7 | 5. Sociei Security | | LTIMORE— (| GILCHRI Age (In yrs. las | | er 1 Yeer | | 8. Dete of Bir | | TIMORE | Ctata or Essain |
| Funera Director | _ | 214-01 Usuel Residence | 9783 | 1[XM 2□ F | 84 | Yrs. Months | Deys | Hours Min. | OCT.1 | 2, 1912 | Country) MD | (Stete or Foreig |
| Mon W | | 10a. Stete | 10b. County | | 10c. City, 7 | Town or Location | | | | | 10d. fr | side City Limits |
| 100 | to | MD | BALTIMO | RE | | BALTIMORE | 2 | | | | 1 | ☐ Yes 2 📆 |
| 23a or 28a-f show | Funeral Director | 10e. Street end N | Number | | | 10f. Zi | ip Code | | | 10g. Citizen of | Whet Country? | |
| 3a c | 2 | 9 POM | IONA NORTH | - T3 | | | 21 | 208 | | USA | | |
| Hema 2 | ner | 11. Maritel Stetus | \$ | 12. Wes Decedent | t Ever in U,S. | 13. Wes Dece | | | pecify Yes or No | | ace - American in | dien, |
| 5 6 | by | | erried 2 Married | Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: | | Wes Decedent of Hispenic Origin? (Spelf Yes, specify Cuban, Mexican, Puerto □ Yes XXNo Specify: | | | Spec | | lack, White, etc. city: WHITE | |
| "natural", | ted | /0- | 15. Decadent's E | ducation | 1 | 6e. Decedent's Usu | uel Occu | petion | | 16b. Kind of I | Business/Industry | |
| - 4 | Completed | | econdery (0-12) | ade completed) College (1-4or | r 5+) | life. DO NOT | ork done use retire | during most of worked) | king | | | |
| - | NO. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2 | , | OWNER | | | | FURN | ITURE ST | ORE |
| d other | Be (| 17. Fether's Nam | ne (First, Middle, Last | | | | | 18. Mother's Neme (First, Midd | | , Meiden Sume | me) | |
| Mental arked o | To | SAMUEL | | SHAIVITZ | | | | STELLA | | | CAF | LAN |
| and Men is marks aumatic | 1 | 19a. fnforment's | Name/Reletionship | (Type, Print) | | 19b. Malling Addres | s (Stree | t end Number or Rui | ral Route Numb | er, City or Town | n, State, Zip Code |) |
| 5 5 5 | | MINNA | SHAIVITZ | (WIFE) | | 9 POMONA | NOR | TH-T3; BAI | LTIMORE | , MD 21 | 208 | |
| permit. Peges 1 end: Department of Health Important: If item 27 any injury or other tr | | 20e. Method of D | | | com | e of Disposition (Ne etery, cremetory or | ome of | nce) | Date | 20c. Location | - City or Town, S | itete |
| | | | 2 ☐ Cremetion 3 ☐ 1 5 ☐ Other (Special | Removel from Stete (y) | | TFILOH | | | -8-96 | BALTI | MORE, ME |) |
| Departmen Important: any injury | | 21. Signature of | Funerel Service Lice | nsee | 0 | 22. Name e | nd Addr | ess of Fecility | oc Tara | | | |
| | | | | plicetions that cause one cause on each l | | 8900 F Do not enter the mo | REIS! | | RD; PIK | ESVILLE errest, | Appr Inter Onse | 208 roximete vel Between et end Deeth |
| ledical | | fmmediete Ceus diseese or condi resulting In death | e (Finel | | tas | 8900 F Do not enter the mo | REIS! | PERSTOWN I | RD; PIK | ESVILLE errest, | Appr Inter Onse | oximete vel Between |
| edical aminer | ier | fmmediete Ceus diseese or condi | e (Finel | | tas | 8900 F Do not enter the mo | REIS! | FERSTOWN I | RD; PIK | ESVILLE errest, | Appr Inter Onse | oximete vel Between |
| edicai ıminer | miner | fmmediete Ceus diseese or condi resulting In death | e (Finel tion n) | | Due to (or es | 8900 F Do not enter the mo A + C s e consequenca of) | REIST de of dyl | FERSTOWN I | RD; PIK | ESVILLE errest, | Appr Inter Onse | oximete vel Between |
| edical miner | Examiner | Immediate Caus disease or condi resulting in death Sequentially list if any, leading to | e (Finel tition 1) conditions, immediate | | Due to (or es | 8900 F Do not enter the mo | REIST de of dyl | FERSTOWN I | RD; PIK | ESVILLE errest, | Appr Inter Onse | oximete vel Between |
| edical aminer | <u>a</u> | fmmediete Ceus diseese or condi resulting In death | e (Finel titlon til) conditions, immediate derlying or Injury | | Due to (or es | 8900 F Do not enter the mo AATC s e consequenca of) s e consequence of) | REIST de of dyl | FERSTOWN I | RD; PIK | ESVILLE errest, | Appr Inter Onse | oximete vel Between |
| ysician end aminer transit | edical | fmmediete Ceus diseese or condi resulting in death Sequentielly list if eny, leeding to cause. Enter Uceuse (Diseese | e (Finel tition 1) conditions, immediate derlying or Injury nts | | Due to (or es | 8900 F Do not enter the mo A + C s e consequenca of) | REIST de of dyl | FERSTOWN I | RD; PIK | ESVILLE errest, | Appr Inter Onse | oximete vel Between |
| Medical aminer fransit | edical | fmmediete Ceus diseese or condi resulting In death Sequentielly list of if eny, leeding to cause. Enter Un Ceuse (Diseese thet Intileted ever | e (Finel tition 1) conditions, immediate derlying or Injury nts | | Due to (or es | 8900 F Do not enter the mo AATC s e consequenca of) s e consequence of) | REIST de of dyl | FERSTOWN I | RD; PIK | ESVILLE errest, | Appr Inter Onse | oximete vel Between |
| attending physician end in a particular in a p | an/Medical | fmmediete Ceus diseese or condi resulting in death sequentially list if eny, leeding to cause. Enter Un Ceuse (Diseese that initieted ever resulting in deeth | e (Finel tion tion tion tion tion tion tion tion | e | Due to (or es | 8900 F Do not enter the mo A + C s e consequence of) s e consequence of) | REIST de of dyl | IERSTOWN Ing. such es cardiec | RD; PIK | ESVILLE orrest, Comce | Apprinter Ons | roximete vel Between et end Deeth Jeans |
| attending physician end for use as the buriel-transit | an/Medical | fmmediete Ceus diseese or condi resulting in death sequentially list if eny, leeding to cause. Enter Un Ceuse (Diseese that initieted ever resulting in deeth | e (Finel tion tion tion tion tion tion tion tion | | Due to (or es | 8900 F Do not enter the mo A + C s e consequence of) s e consequence of) | REIST de of dyl | IERSTOWN Ing. such es cardiec | RD; PIK or respiratory e | ESVILLE orrest, | Apprinter Ons | roximete vel Between et end Deeth J cars. |
| by the attending physician end in properties of in proper | Physician/Medical | fmmediete Ceus diseese or condi resulting in death sequentially list if eny, leeding to cause. Enter Un Ceuse (Diseese that initieted ever resulting in deeth | e (Finel tion tion tion tion tion tion tion tion | e | Due to (or es | 8900 F Do not enter the mo A + C s e consequence of) s e consequence of) | REIST de of dyl | IERSTOWN Ing. such es cardiec | RD; PIK or respiratory e | ESVILLE orrest, Comce | Apprinter Ons | roximete vel Between et end Deeth J cars. |
| been signed by the attending phyy should be detached for use as the | by Physician/Medical | fmmediete Ceus diseese or condi resulting in death sequentially list if eny, leeding to cause. Enter Un Ceuse (Diseese that initieted ever resulting in deeth | e (Finel tion tion tion tion tion tion tion tion | e | Due to (or es | 8900 F Do not enter the mo A + C s e consequence of) s e consequence of) | REIST de of dyl | IERSTOWN Ing. such es cardiec | RD; PIK or respiratory e C C () 23b. Did 1 24e. Wes | ESVILLE orrest, | ontribute to the c 3 Probably 24b. Were au eveileble completi | cause of death Unknow |
| is been signed by the attending physician end 2 should be detached for use as the buriel-transit 9 po | by Physician/Medical | fmmediete Ceus diseese or condi resulting in death sequentially list if eny, leeding to cause. Enter Un Ceuse (Diseese that initieted ever resulting in deeth | e (Finel tion tion tion tion tion tion tion tion | e | Due to (or es | 8900 F Do not enter the mo A + C s e consequence of) s e consequence of) | REIST de of dyl | IERSTOWN Ing. such es cardiec | 23b. Dld | tobacco uss co | ontribute to the case of deeth | cause of death 4 Unknow topsy findings a prior to on of cause? |
| rate has been signed by the attending physician end poge 2 should be detached for use as the buriet-transit | Completed by Physician/Medical | fmmediete Ceus dissess or condi resulting In death Sequentielly list of if eny, leeding to cause. Enter Un Ceuse (Disesse thet intileted ever resulting In deeth | e (Finel tition n) conditions, immediate derlying or Injury nts n) Lest | e | Due to (or es | 8900 F Do not enter the mo A + C s e consequence of) s e consequence of) | REIST de of dyl | PERSTOWN Ing., such es cardiec | RD; PIKI or respiratory e 29b. Did 1 24e. Wes perfe | tobacco uss co | ontribute to the c 3 Probably 24b. Were au eveileble completi | cause of death 4 Unknow toppy findings a prior to on of cause? |
| rate has been signed by the attending physician end poge 2 should be detached for use as the buriet-transit | Be Completed by Physician/Medical | fmmediete Ceus diseese or condi resulting In death Sequentielly list of if eny, leeding to cause. Enter Un Ceuse (Diseese - thet intileted ever resulting In deeth Pert II. Other sign 25. Wes case ref examiner? | e (Finel tition n) conditions, immediate derlying or Injury nts n) Lest | b c d contributing to death t | Due to (or es | 8900 F Do not enter the mo A + C s e consequence of) e consequence of) g in the underlying of | REIST de of dyl | PERSTOWN Ing., such as cardiac and a cardiac | 23b. Dld 10 24e. Wes perfo | tobacco uss co Yes 2 Mo en eutopsy primed? Yes 2 Mo one) | ontribute to the case of deeth and the case of the cas | cause of death 4 Unknow topsy findings a prior to on of cause? |
| this certificate has been signed by the attending physician end of careful director, page 2 should be detached for use as the buriet-transit of careful director, page 2 should be detached for use as the buriet-transit of careful director. | To Be Completed by Physician/Medical | fmmediete Ceus diseese or condi resulting In death Sequentielly list of if eny, leeding to cause. Enter Un Ceuse (Diseese - thet intileted ever resulting In deeth Pert II. Other sign 25. Wes case ref examiner? | e (Finel tition n) conditions, immediate derlying or Injury nts n) Lest erred to medical | e | Due to (or es | 8900 F Do not enter the mo A A C s e consequence of) e consequence of) g In the underlying of Outpetient 3 D | Cause gh | PERSTOWN Ing., such es cardiec ven lin Pert I. | 23b. Did 24e. Wes perfo | tobecco uss co Yss 2 No en eutopsy med? Yes 2 No ene) dence 6 No | ontribute to the a system of deeth 1 Yes | cause of death Unknow topsy findings prior to on of cause? |
| After this certificate has been signed by the attending physician end in principal director, page 2 should be detached for use as the buriel-transit on principal director. | To Be Completed by Physician/Medical | fmmediete Ceus dissess or condi resulting In death Sequentielly list of entry, leeding to cause. Enter Un Ceuse (Disesse thet intileted ever resulting In deeth Pert II. Other eigr 25. Wes case refrections and interest | e (Finel tition conditions, immediate derlying or Injury nits i) Lest erred to medical erred to medical SNo eth 5 □ Pending | e | Due to (or es | 8900 F Do not enter the mo A A C s e consequence of) e consequence of) g in the underlying of to b. Time of injury | Cause gh | PERSTOWN Ing., such es cardiec ven in Pert I. 26. Piece of Deel ner: 4 \(\triangle \) Nursing Ho ry et rk? | 23b. Did 24e. Wes perfo | tobacco uss co Yes 2 Mo en eutopsy primed? Yes 2 Mo one) | ontribute to the a system of deeth 1 Yes | cause of death Unknow topsy findings prior to on of cause? |
| or this certificate has been signed by the attending physician end Done and Done and Done and Done and Done and Done are a the buriel-transit Done Done Done Done Done Done Done Done | o Be Completed by Physician/Medical | fmmediete Ceus disease or condi resulting In death service of the condition of the conditio | e (Finel tition n) conditions, immediate derlying or Injury nts n) Lest erred to medical erred to medical Solve eth Solve Pending investigation Could not be described. | b c d contributing to death to the splite in th | Due to (or est Due to | 8900 F Do not enter the mo A A C s e consequence of) e consequence of) g In the underlying of Outpetient 3 D | Cause gi | PERSTOWN Ing., such es cardiec ven lin Pert I. | 23b. Did 1 24e. Wes perfc 1 1 th (Check only of the Check only of | tobecco uss co Yes 2 No one) dence 6 Note | ontribute to the a system of deeth 1 Yes | cause of death 4 Unknow to prior to on of cause 2 No |

29c. License number

29d. Dete signed (Month, Dey, Year) Accember 6, 1996

Belta, md. 21204

State Registrar

29b. Signeture end title of certifier

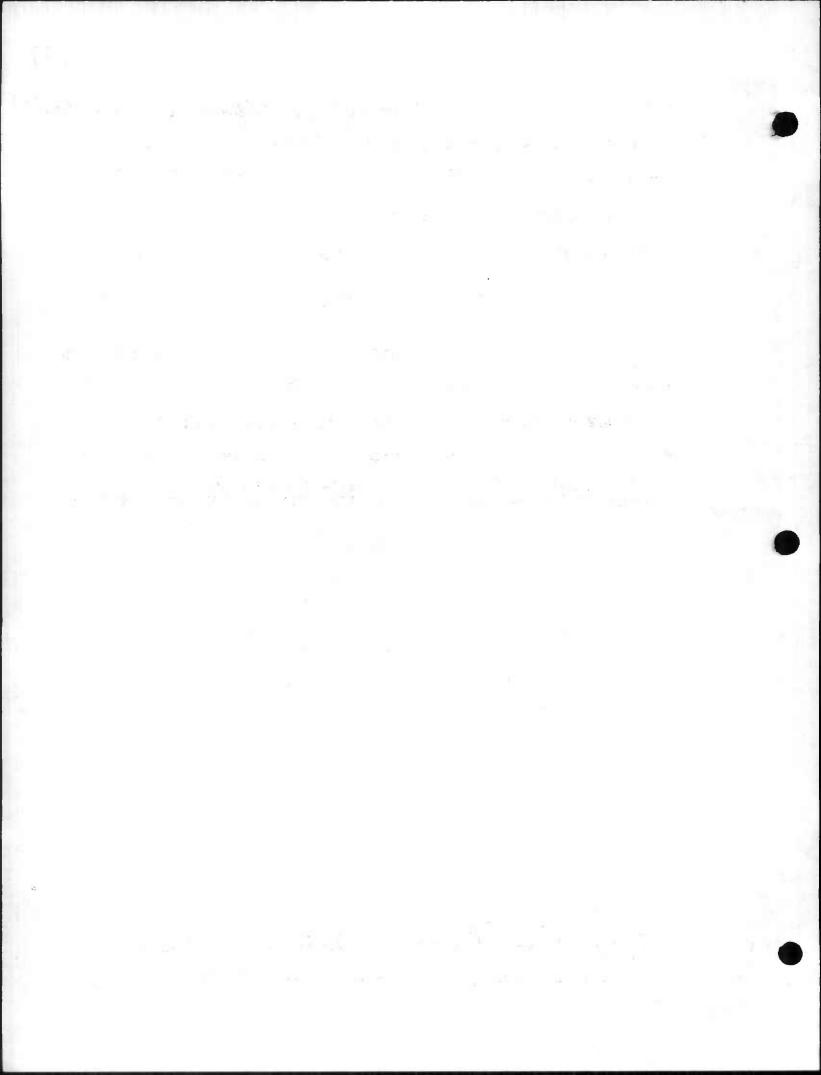
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

W. A. R. & S. M. G. N. Charle ST.

31. Date filed (Month, Day, Year)

DEC 11 1996

Julia Fauthor-Randelle



State of Maryland / Department of Health and Mental Hygiene 96

96 37158

| - | | | | | | Certific | cate of | Death | | R | Reg. No. | | 01100 | | |
|---|--|----------------|---|--|---|---|-----------------------------------|-------------------------------|-------------------------------|--|--|--------------------------|--|--|--|
| C | Physic /Medi | | Decedent's Neme (First, Middle, L Wilbur | est) | Thoma | ıs | | | | 2. Dete of Dee Month Dec 9 | | Yeer | 3. Time of Deeth 4:45PM | | |
| | Exami | | 4e. Fecility Neme (If not institution, g 10141 Cottage L | | | | | Frost | wn, or Local burg | ation of Deeth | 4c. County All | of Deeth egan | у | | |
| | Funeral Director | | 5. Sociel Security Number 6. 219-03-5544 Usuel Residence of Decadent | Sex 7. Ag | ge (In yrs. last bird | | Jnder 1 Yeer nths Deys | | Min. | B. Date of Birth (Month, Day pril 14 | Year) 4, 1921 | 9. Birthp | olece (State or Foreign htry) Md. | | |
| | dand dand | | 10e. Stete 10b. County | | 10c. City, Town | or Location | n | | | | | 1 | 0d. Inside City Limits | | |
| | Mary | ţō | Md. Alleg | any | Frost | burg | | | | | | | 1 ☐ Yes 2 🖾 No | | |
| | r 28s | Director | 10e. Street end Number | | <u> </u> | 10 | of. Zip Code | | | 1 | log. Citizen of W | het Cour | ntry? | | |
| Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland | th wit | aiD | 10141 Cottage L | ane NW | | | 21532 | 2 | | | USA | | | | |
| | thin 72 hours after death with the Marylan e. "natural", or items 23s or 28s-f show Medical Examinet must be notified at | by Funerai | 11. Meritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Wes Decedent Armed Forces? 1 12 Yes 2 11 If Yes, Give Year or Dates: | No | 13. Was Decedent of Hispenic Orlgin? (Specify Y If Yes, specify Cuben, Mexican, Puerto Rican 1 ☐ Yes 2 ☒ No Specify: | | | ify Yes or No- ican, etc.) | | k, White, | | | | |
| 5-0 | 72 ho | eted | 15. Decedent's I (Specify only highest g. | Education | 16e. | Decedent's | Usuel Occu | pation | t of undin | | 16b. Kind of Bu | | | | |
| 7 | E . E | Completed | Elementery/Secondary (0-12) | College (1-4or : | (Give kind of work done duri life. DO NOT use retired) | | | during most or working | | | | | | | |
| 7 | o filed wit If Hygiene other the | | 17 Esthada Nama (First Middle 1 - | 2 | Sales Person | | | | | Allstate Insura | | | urance | | |
| and | od ta by | Be | 17. Fether's Neme (First, Middle, Les | | | | | | | | Meiden Sumem | | | | |
| Ž | should band Mente | 7 | George Edwa: | | | 84-11 8-4 | 1 (0) | Mild | | | nces | Rut | | | |
| Ma | 0 0 0 | | 19e. Informent's Neme/Reletionship | | | | | | | | r, City or Town, | | Code) | | |
| | Pages 1 and 2 nent of Health int: if item 27 l | | Mr. Dale L. Thoma | as/son | 20b. Plece of | | | Rd. | Parkv | | Md. 212: | The second second second | um Stata | | |
| 0 | nt of nt of | | 1 ☐ Buriel 2 ☐ Cremation 3 | | cemeter | y, crematory | y or other pla | | | | 20c. Location - City or Town, Stete | | | | |
| altimore, | it. P | | 4 ☐ Donetion 5 ☐ Other (Spec 21. Signature of Funerel Service Lice | ** | Hillto | | | | | 13/96 | Tows | on, M | id. | | |
| Da | permit. Pages Department of Important: If it any Injury or once. | | To De De Les | | ~ | | ne end Addre k Tows | | | Home, | Inc. | | | | |
| | | | 23a Pert1 Enter the disease or cou | unlications that cause | the death Don | | | | | n, Md. | | - | Access to the | | |
| | Dhambian | | 23a. Pert1. Enter the diseese, or cor shock, or heert failure. List only | one ceuse on each li | ne. | ot enter the | тпоав от ауг | ng, such es | cardiac or | respiretory err | est, | - | Approximete Interval Between Onset end Deeth | | |
| 1 | Physician /Medicai | | Immediate Ceuse (Fine) | | | | | | | | | | onoctona poem | | |
| | Examiner | | disease or condition resulting In deeth) e. Arteriosclerotic cardiovascular heart disease uk yrs Due to (or es e consequence of): | | | | | | | | | | | | |
| | Service . | je l | | | Due to (or es e c | onsequence | e of): | | | | | | | | |
| Ď. | that the death certificate be executed ed by the attending physician end detached for use as the buriel-transit | Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying | b | Due to (or es e c | onsequence | a of): | | | | | | | | |
| 68/60, | ate be nysicii | edicai | Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): | | | | | | | | | | | | |
| X | n certifice ending pt r use es t | 3 | | | | | | | | | i | | | | |
| 0 | death e atter | Physician | Pert ti. Other significent conditions | contributing to deeth b | ut not resulting in | the underly | ing cause gi | ven in Pert I. | | 23b. Did to | bacco usa con | tributs to | the causs of death? | | |
| | that the ed by th detache | Phy | status post cerebellar infarcts/ hypertension | | | | | | | 1 Yes 2 No 3 Probably 4 Unknown | | | | | |
| 'n | 8 50 | by | status post ce | rebellar 1 | niarcis | пуре | ertens | 1011 | | 18 22 NO SEPTOBACKY 4 ONK | | | | | |
| מכסים | lew requires les been sign 2 should be | Completed | status post coronary artery bypass x 3 esophageal stricture | | | | | | | 24e. Wes e | Ves en eutopsy enformed? 24b. Were eutopsy finding evelleble prior to completion of cause of deeth? | | | | |
| Ē | 0 - 0 | EO | oboping data out to | | | | | | | 1 □ Y€ | s 2X No | 1 🗆 | Yes 2□ No | | |
| | ysician: The | Be | 25. We case referred to medical examiner? | | | | | 28. Plece | of Deeth (| Check oply on | e) | | | | |
| > | 5 00 | To | Yes 2 No | Hospitel: 1 Inpatie | nt 2 ER/Out | patient 3E | DOA Ott | ner: 4 Nur | rsing Home | 5 Reside | ence 8 DOthe | r (Specify | () | | |
| DIVISION OF VITAL | After fune | | 27. Menner of Deeth Neturel 5 Pending 2 Accident Investigation | | | ime of jury M | 28c. Inju | ryat rk? !Yes 2□N | | d. Describe ho | ow Injury occurre | ed | | | |
| | after deat after deat Director: d in by the | Certification: | 3 Suicide 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Stree City or Town, S | | | | | | | | reet and Numbe n, State) | or Or Rura | Route Number, | | |
| 1 | E Hospit | edicai | 29e. Certifier (Check only one) | hysician: To the best of miner: On the basis of | of my knowledge, examinetion end | deeth occur or investige | rred et the tir etion, in my c | me, dete end opinion, deet | d plece, end h occurred | d due to the ce et the time, da | euse(s) end mer ate end plece, e | ner es st nd due to | eted. the cause(s) | | |
| | P P P P | Σ | 29b. Signature and title of certifier | 4 | Dpty 1 | Med Ex | 29c. Licens CDO | | | 25 | od. Date signed Dec 9 | (Month, 1 | Dey, Year) | | |
| 4 | 2X1 | | 30. Name and address of person who Paul Snow, | | eeth (Item 23e) (1 w 3rd st | | Md 2 | 1502 | | | | | 1100 | | |
| | Stat Registra | _ | 31. Dete filed (Month Day, Year) UEC 11 19 | 96 32. Registre | er's Signeture | - Hande | e, | | | | | | | | |

The same of the same serveria e ancia Park and a Common of the space of the space of

State of Maryland / Department of Health and Mental Hygiene 96 37 | 59

| | | | | | | | Cei | rtificate | of . | Death | | F | Reg. No. | | 01103 | |
|--|------------------------|----------|--|--------------------------|-------------------------------------|---|---------------------------------|--------------------------|------------------|----------------------------|-----------------|---|---------------------------------|------------------------------|---|--|
| | /siciar | ı | 1. Decedant's Nama | (First, Middla, | | | T | 101 | 01 | J | | 2. Data of Dea Month | fh Day | 7 1996 | 3. Tima of Death 07:15An | |
| | ledica amine | - | 4a. Facility Neme (If I | | | mber) | | | | 4b. City, To | wn, or Loc | cation of Death | | ty of Deeth | | |
| | | | GLEN | 1 ME | ADOWS | | | | | Gle | n_Arm | | | imore | | |
| Fune Direc | | | 5. Social Security Nu 215-03-374 Usual Residance of D | 49 | Sex 1 M 2 □ F | 7. Age (In yrs. 96 | lest birthday) Yrs. | If Under Months | 1 Year Deys | If Under Hours | 24 Hrs. Min. | 8. Date of Birtl (Month, Day une 18 | 1900 | 9. Birthpl Count Mary | lace (Stete or Foreign try) "Land | |
| and and | | - 1- | | 10b. County | | 10c. Cit | y, Town or Lo | cation | | | | | | 1/ | 0d. Inside City Limits | |
| death with the Maryland ms 23a or 28a-f show | Direction of | 2 | Md. | N/ | A | Ва | ltimor | | - | | | | 11 Yas 2□No | | | |
| vith th | 8 2 | 5 | 10e. Streef and Numi | | | | | 10f. Zlp | Code | | | | 10g. Cltizen of | Whet Coun | try? | |
| # 23 | Fire must | 5 | 3433 Ramo | ona Ave | | edent Ever in U | 6 123 | | 213 | llanania Ori | min? /Con | cify Yas or No- | 14 Do | USA co - Amarica | | |
| ē 2 | | 5 | 1 Never Married | d 2 Marrier | Armed Fo | rcas? | .5. | f Yas, spec | ify Cuba | an, Maxicar | n, Puarto F | Rican, atc.) | | ack, Whita, a | | |
| d 21215-0020 filed within 72 hours efter hygiene. | 1 | 5 | 3 ⊠Widowed 4 | | If Yas, Giv Year or D | 10 - | | 1□ Yes 2 | No No | Specify: | | | Speci | Whi | te | |
| 15-0 72 ho | r, tre mesical i | 3 | 100001 | 5. Decedent's | Education | | 16a. Dece | dent's Usue | Occup | ation | A = 6 | | 16b. Kind of E | | | |
| 21 thin 2 | 194 | 1 | Elementary/Second | | grade complated) Collega (1 | I-4or 5+) | life. | kind of wor DO NOT us | e retired | during mos d) | t of workin | ng . | | | | |
| 21 od wi | in and | 5 | 8 | | | | Mach | inist | | | | | | actur | ing | |
| Par de | 2 0 | 2 | 17. Fathar's Name (F | irst, Middle, La | , | | | | | | | (First, Middle, | | | | |
| faryland 212: 2 should be filed within and Mental Hygiene. | To | 2 | J. | 280 mar | Fran | K | Tip | | | Alio | | | | Stinc | | |
| THE THE PARTY | Die D | - 1 | 19a. Informent's Nen Glen Tipto | | | | | | | | | Route Numbe | | | Code) | |
| Heal and S | | \vdash | 20a. Method of Dispo | | | 20b. F | laca of Dispo | Berw. | e of | | RUXT | on, Md. | 20c. Location | | wn. State | |
| DD ages | 8 | | 1 X Burial 2 4 Donetion 5 | | □Removal from | State | ematery, crer | | Fr. 15 | | | | | | | |
| Baltimore, permit. Pages 1 ar Department of Hea | n a | - | 21. Signature of Fund | | - | Gar | dens 0 | f Fai | | | 12 | -10-96 | Rosed | ale, 1 | Md. | |
| Balt Permit. Depart | SOC6. | | 1 Kin | 11/ | 20 | |) | | | | | neral H Towson | Home, In | C. | | |
| | | + | 23a. Part1. Enter the shock, or heart | disease, or co | omplications that o | aused tha deat | h. Do not ent | er the mode | U50 Lof dvin | York | Rd. | Towson, | Md. 2 | 1204 | Approximate Interval Between | |
| Physici /Medi Examin | cai ner | | Immediate Ceuse (Fi disease or condition resulting in daath) | | | KONIC | | ruch | | | | | | se | Onset and Death | |
| 760, be executed sician and | Framiner | | Sequentially list cond | ditions, | b | Due to (o | r as e conseq | juence of): | | | | | | | | |
| 60, | | ì | Sequentielly list cond if eny, leeding to Imm cause. Enter Underly Cause (Disease or In | nediate ying ijury | c | | | | | | | | | . ! | | |
| So date | | | that initieted events resulting in deeth) La | | • | Due to (o | r es a conseq | uenca of): | | | | | | | | |
| Box (Box) | Par la | | | | d | | | | | | | | | 1 | | |
| hat the death | Completed by Physician | | Part II. Other signific | ant conditions | contributing to de | eath but not res | ulting in tha u | ndarlying ca | use giv | an in Pert I | | 23b. Did t | obacco use c | ontributs to | the cause of death? | |
| P.O hat the deby the | 4 | | SKIN C | ance | r -le | ft ec | RK | unk | na | n | | 124 | es 2 No | 3 Prob | bably 4 Unknown | |
| on of Vital Records, Funding Physician: The law requires that the Miter this certificate has been signed. | 2 | | | | | | | | | | | 0.00 147.00 | =44.5 | Dab Mr | are automorphism discuss | |
| cord v require | | | cell | type | | | | | | | | 24e. Wes a | | cor | ere autopsy findings ailabla prior to mpletion of cause | |
| Rec elaw | om om | | | | | | | | | | | | - 1 | of c | death? | |
| Vital Rullelan: The li | 3 | | 05 Miss sees selected | d to see disc. | | | | | | | | | es 2 1 0 | 1 🗆 | Yes 2 No | |
| of Vita | To Be | | 25. Wes case referre examiner? 1 ☐ Yes 2 🛣 N | | Hospital: | npatient 2 🗆 | ER/Outpatier | nt 3□ DO | Oth | 001 | | (Check only of | | | Retrement | |
| n of Physics terthis | | | 27. Manner of Death | | 28a. Date | of Injury | 28b. Time of | | Bc. Injur Wor | 4 🗆 140 | | 8d. Describe h | | | Community | |
| 0 94 | at o | | 1 Avatural 2 Accidant | 5 Pending investigat | | th, Dey Year) | Injury | - M | | Yes 2 | No | | _ | | | |
| Divis | Certification | | 3 ☐ Suicide 4 ☐ Homicide | 6 Could not determine | 286. Place | of Injury - At hong, etc. (Specify | ome, farm, str | eet, fectory, | office | | 2 | 8f. Location (S City or Tow | | ber or Rure | l Route Number, | |
| To the Hospital of within 24 hours at To the Funers of the | edical C | | 29a. Certifier 1 (Check only 2 one) | Cartifying I | Physician: To the aminar: On the be | best of my kno- ests of examine her stated. | wledge, death ion and/or inv | occurred a | t the tin | ne, date en pinion, dea | d plece, et | nd due to the o | ause(s) end m lete end place | nanner es st , and due to | eted. the cause(s) | |
| To th | 2 | | 29b. Signature and tit | te of certifie | 7.0 | | | 29c. | Licens | e number | | | 29d. Data sign | ed (Month, I | Day, Year) | |
| | | | > K | to to | Eblan | - | | I | 74 | 770 | 7 | | Decemi | bek" | 7, F196 | |
| 17 | | 1 | 80. Name end eddres | os of person who | o completed caus | | 23a) (Type, | | te | 203 | R | Homas | , NI | >21 | 204 | |
| | State | 1 | 31. Dete filed (Month, | Dey, Year) | | egistrar's Signa | ture | | | | | | | | | |
| Reg | jistrar | | DEC | 1 1 1996 | green | a Davidson | Buch | نه | | | | | | | | |
| DHMH 16 Res | v 6/95 | | | | 0 | | | | | | | | | | | |

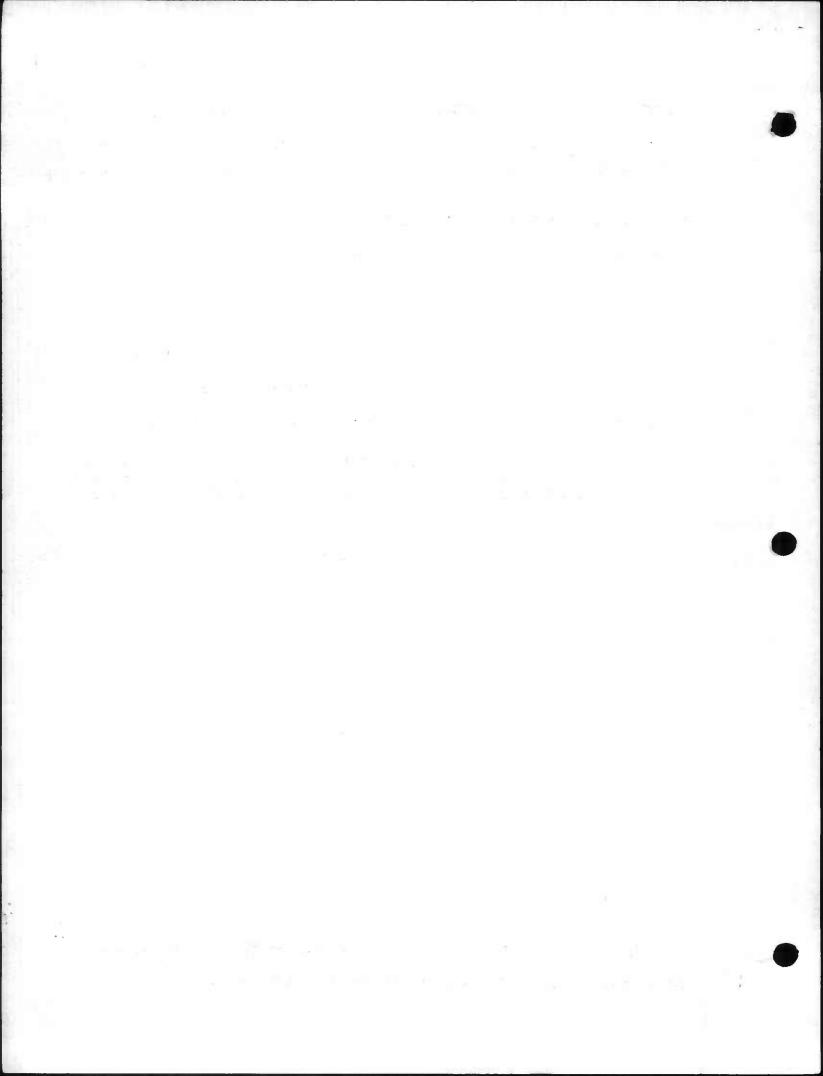
State of Maryland / Department of Health and Mental Hygiene 96 37160

| | | | | | Certifica | ate of Death | Re | g. No. | | 11100 |
|----------------------------|---|----------------|---|--|--|---|---|--------------------------------|--------------------------------|---|
| ľ | Physic | ian | 1. Decedant's Nama (First, Middla, Last | at a | 2 | | 2. Data of Death Month | Day | Yaar | 3. Tima of Death |
| я | /Medi | | 4a. Facility Nama (If not institution, giva | Thomas | Š | th City Tayer o | December | - | 1996 | 5:25 pm |
| И | Exami | ner | 10.5 01 0 | | 110 | D 1 | Location of Daath | 4c. County | of Death | |
| | Funeral Director | | 5. Social Sacurity Numbar 6. Sa 6. Sa 776 Usual Rasidance of Decadant | | last birthday) If Un Yrs. Month | dar 1 Yaar If Undar 24 Hr. ns Days Hours Mir | | Year) -29 | 9. Birthplai Country | ca (Stata or Foreign |
| | he Maryland 28a-f show | Director | 10e. Stata 10b. County | 10c. City | y, Town or Location | re | | | | d. Insida City Limits 1 No 1 No |
| | ath with t | | 11 West 20* | St. Apt | .180 0 | Zip Coda 21218 | | USA | Vhat Country | 1? |
| 0050 | 72 hours efter death with the Maryland natural; or flems 23s or 28s-f show diest Examiner must be notified at | d by Funerai | 11. Marital Status 1) Navar Marriad 2 Marriad 3 Widowed 4 Divorced | 12. Was Decedant Evar in U, Armad Forces? 1 ☐ Yas 2 2 No If Yas, Giva Yaar or Datas: | If Yas, s | cedant of Hispanic Origin? (ipecify Cuban, Maxicen, Pua | Specify Yas or No- rto Rican, atc.) | | e - Amarican ck, Whita, ato | |
| 21215-0020 | 9 4 | Completed | 15. Dacedant's Edu (Specify only highast grad | | 16a. Dacedant's U (Giva kind of life. DO NOT | work dona during most of we | orking 1 | 6b. Kind of Bu | usinass/Indu | stry |
| Maryland 2 | | Be | 17. Fathar's Nama (First, Middla, Last) | nanown | allinio | 18. Mothar's Na | ama (First, Middla, M | aiden Sumam | () (U) |) |
| Z | should be nd Mental marked o | 5 | MINDOM | 2:00 | V | UNED | own | | | |
| - | is 1 and 2 should be filed of Health and Mental Hyg fem 27 is marked othe other traumatic event, | | 19a. Informant's Name/Ralationship (T) Tennifer Lubac | zewski | 861 Par | ess (Street and Number of F | 1/timore | MD | 213 | 104 |
| Baltimore, | age ent o rt: If | | 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ F 4 □ Donation 5 □ Othar (Spacify) | | lace of Disposition (famatary, crematory of | vema of or other place) | Data 2 | Oc. Location - | O(1) | o Mi |
| Balt | permit. Par Departmen Important: any Injury once. | | 21. Signature of Funaral Service License | | 22. Nama | and Addrass of Facility | pert P. C | Nylic | FIH | PA |
| | _ | | 25a. Part1. Enter the disettle, or comple shock, or heart failure. List opport | mions that caused the death | Do not antar tha m | oda of dying, such as cardia | ST. OCI | timo | NE PI | Approximata |
|) | Physician /Medical Examiner | | | Cardingen | | | | | lr. | nterval Batween Onsat and Death |
| | CAMITIME | 4 | rasulting in daath) | Due to (or | as a consaquanca o | | | | | |
| Ī | scuted ind transit | Examiner | Sequantially list conditions, |). ———————————————————————————————————— | as a consaquance o | x(): | | | | |
| 68/60, | entificate be executed ding physician and se as the buriel-transit | edical Ex | if any, laading to Immadlata ceuse. Enter Undarlying Cause (Disaase or Injury that initiated events | Dua to (or | as a consaguance o | f): | | | | |
| × | certif ding se as | ₹ | rasulting in death) Last | | | ·/· | | | | |
| 20 | O W & | sicia | Part II. Other significant conditions con | tributing to death but not rasu | Iting in the underlying | causa civan In Part I | 23h Did toh | 8000 HBB 000 | atribute to th | he causs of death? |
| | res that the death igned by the etter be detached for u | by Physician | Sepsis | | in the diserrying | g oodsa givan iii r aiti. | | | | bly 4 19 tinknown |
| DIVISION OF VITAL Records, | ew requi | Completed b | | | | | 24a. Was an parform | autopsy ed? | avalla | autopsy findings abla prior to plation of causa ath? |
| = | The ate h | Com | | | | | 1 ☐ Yas | 2 12 No | 1 🗆 Y | ras 2□ No |
| 7116 | Physician: The this certificate ral director, pag | Be | 25. Wes cesa rafarred to madicel axaminar? | | | | ath (Check only ona, | | | |
| 5 | Physic this c | 7 | TETAS ZETNO | | ER/Outpatient 3 | | Homa 5 Rasidan | | | |
| LOIS | Attending Physician: The Isr death. ector: After this certificate he by the funeral director, page | ation | 27. Manner of Death 1 ☑Netural 5 ☐ Panding 2 ☐ Accidant invastigetion | 28a. Data of Injury (Month, Day Year) | 28b. Time of Injury M | 28c. Injury at Work? 1 Yas 2 No | 28d. Dascribe how | Injury occurr | ed | |
| | s after de sa Directo | Certification: | 3 ☐ Suicida 6 ☐ Could not be datarmined | 28a. Place of Injury - At hor building, atc. (Spacify | ma, farm, straat, fact) | ory, office | 28f. Location (Stre City or Town, | et and Numbe Stata) | er or Rural R | louta Number, |
| 1 | To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer | edical | 29a. Cartifiar (Check only one) 1 Cartifying Phys | iclan: To the best of my know ar: On tha basis of examinati and menner stated. | rledga, daath occurre on and/or Investigetion | ed et tha tima, date and place on, in my opinion, deeth occu | e, and due to tha cau urred at tha tima, det | sa(s) and ma e end piece, a | nner as state and dua to th | ed. e ceusa(s) |
| 1 | withir To th comp | Me | 29b. Signatura and titla of certifiar | 0 | | 9c. Licansa numbar | | l. Data signed | (Month, Da | y, Year) |
| } | | | | m - Ste, | | AT 243894 | 6 D | eembe | v 4,1 | 996 |
| | \ | | 30. Nama and address of person who co | Szostak, MD | | | | altim | Day M | 10 21219 |
| | Sta | te | 31. Data filad (Month, Day, Year) | 32. Registrar's Signati | ure | 71.0045(19) | 4, | SC. LEWI | -10. | 21318 |

SERVICE SERVICES

| | | | | State of Maryl | | artment of rtificate o | | • | giene y Reg. No. | 6 3 | 3/161 |
|---|--|--------------------|--|--|---|--|---|--|-------------------------|------------------------------|---|
| | Physici /Medic | | Decedent's Nama (First, Middle, Last JOAN A. | TAYL | OR | | | 2. Dete of De Month | Day 8 | Yeer 1990 | 3. Time of Death / 2:/0 A |
| | Examir Funeral Director | | 4e. Facility Name (If not institution, give Stella Maris 5. Social Security Number 213-38-6447 1D | Hospice | vrs. last birthdey) 5 Yrs. | If Under 1 Yas | | | | ltimo | ore Co. eca (State or Foreign n) |
| Maryland | of show fied at | tor | 10a. Stete 10b. County Maryland Baltimor | | city, Town or Lo | | | | | 10 | d. Insida City Limits |
| 5-0020 72 hours after death with the Maryland | "natural", or items 23s or 28s-f show solical Examiner must be notified at | ral Director | 10e. Street and Number 9441 Belair Roa | | | 10g. Citizen of V | State | S | | | |
| 020 urs after de | al', or item | by Funeral | 11. Marital Status 1 Nevar Married 2 Merried 3 Widowed 4 Divorced | 12. Wes Decedent Ever in Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Datas: | | Was Decedent of If Yes, specify Co 1 ☐ Yas 2 🖾 N | of Hispanic Origin? (Suban, Mexican, Puar The Specify: | Specify Yas or No rto Rican, etc.) | | e - Amarica ck, White, et | tc. |
| Y - | al Hygiena. I other than "natur: went, the Medical I | Completed | 15. Decedent's Edu (Specify only highest gred Elementery/Secondery (0-12) | dent's Usuel Occ kind of work dor DO NOT use reti TIAKET | cupation ne during most of wo ired) | orking | 16b. Kind of B | | istry | | |
| ryland | d Mental Hy narked othe natic event | To Be C | 17. Fether's Neme (First, Middle, Last) Herbert J. McCullo | | 40) 14-77 | | Alice | me (First, Middle, Milburn | | | |
| re, Ma | Department of Haalth and Mental Hygiena. Important: If Itam 27 is merked other than any injury or other traumatic event, tha M. once. | | 19e. Informent's Name/Reletionship (Ty Mr. Timbres L. Taylor/H 20a. Mathod of Disposition | usband | 9441 E | Belair Roa | et end Number or R | | | | |
| Baltimore, | | | 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funaral Service Licens | Ma Brian A. Wil | ays Chape | netory or other p 2. Cemeter 2. Nama and Add | 0/225 | | Timonium, tuck Funer | | |
| m 8, | 2 5 8 | | 23e. Pert1. Enter the disease, or compl shock, or heart failure. List only or | | | | | Baltimore, ac or respiretory a | | | Approximete Interval Between |
| <i>/</i> // | ysician Medical aminer | - | Immediate Ceuse (Fine) disease or condition resulting in deeth) | LUNG Due to | CANC | quence of): | u/ Met | astago | 0 | | Smos, |
| . Box 68760, death certificate be executed | attending physician and I for use as the burial-transit | n/Medical Examiner | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last | · | o (or as e consec | | | | | 1 | |
| P.O. | by the | Physician/M | Part II. Other significant conditions con | tributing to death but not | nderlying cause | given in Pert I. | 1 | old tobacco use contribute to the cause of death? Yee 2 No 3 Probably 4 Unknown | | | |
| I Records, The law requires ti | as been sign 2 should be | Completed by | | | | | | | an autopsy primed? | eval com of de | re eutopsy findings lieble prior to pletion of cause eath? |
| of Vital | n. After this certificata ha funaral director, page | To Be | 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending | Iospitel: 1 Inpatlant 2 28a. Deta of Injury (Month, Dey Year | 2 ER/Outpatier 28b. Time of | IL SEL DOA | Other: 4 Nursing I | eth (Check only o | one) | er (Specify) | |
| Division | offer death | Certification: | 2 Accident Investigation 3 Suicide 6 Could not be determined | M 1 ☐ Yes | | | ☐ Yes 2 ☐ No | 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta) | | | Routa Number, |
| To the Hospital | Within 24 hours end To the Funeral Dir completely filled in | edical | one) 2 Medical Exami | olcian: To the best of my iner: On the basis of exam and menner steted. | knowledge, deeth | occurred at the vestigation, in my | time, dete and place y opinion, deeth occ | a, end due to the urred et the time, | dete and piece, | and due to t | the cause(s) |
| Log | 100 | Σ | 29b. Signeture and title of certifier | Faille | eus | D | 0564 | 3 | 29d. Dete signe | 196 196 | ay, Year) |
| | Sta | A | 30. Name and address of person who co DR . KENDALL FAULKN 31. Date filed (Month, Day, Year) | | LANEY VA | | . TOWSON, | MD 212 | 204 | | |
| | Registr. | | DEC 1 1 1996 | | Rando 12 | | | | | | |

DHMH 16 Rev 6/95

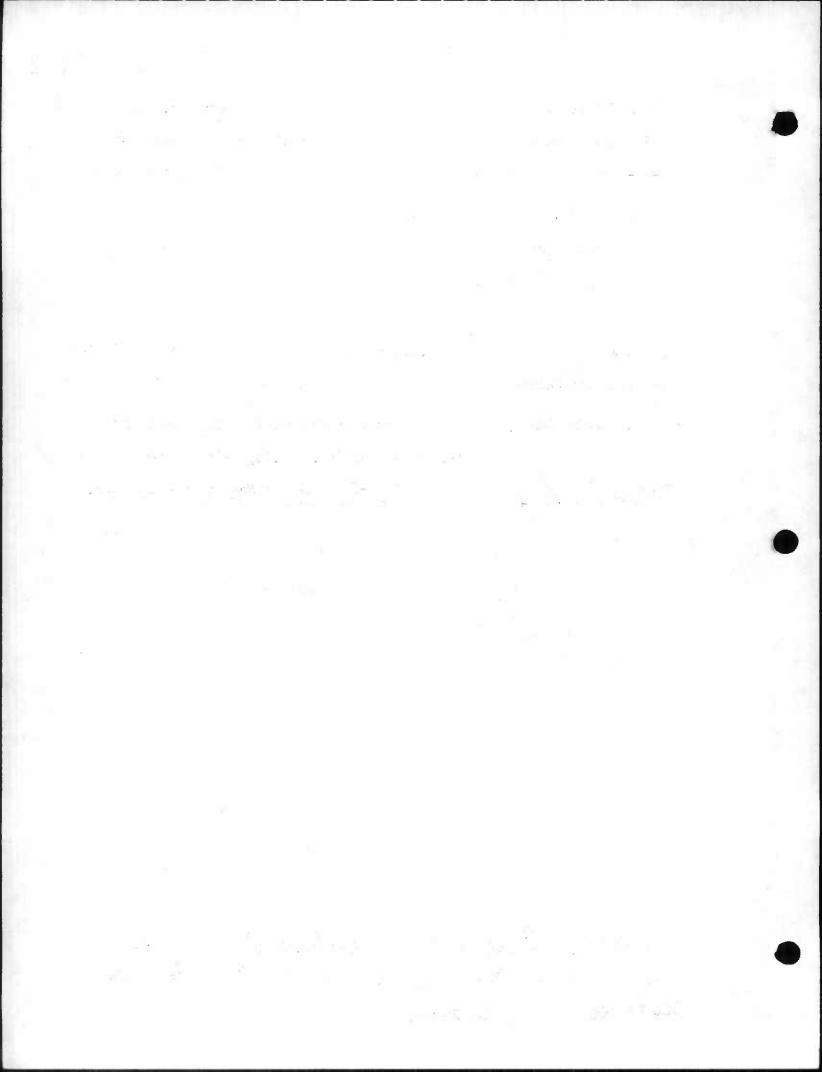


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month John Melvin Unkart 8, 1996 December 12:02 AM /Medical 4a. Facility Name (if not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Daeth **Examiner** 211 Bayside Drive Dundalk Baltimore if Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 6. Sex 1 ⋈ M 2 ☐ F 8. Date of Birth (Month, Dey, Year) 9. Birthplace (Stete or Foreign Country) April 18, 1916 Maryland 5. Social Sacurity Number 7. Age (in yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Funeral Days Months Yrs Director 229-14-3295 Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d, inside City Limits traumatic event, the Medical Examiner must be notified at Maryland Baltimore Dundalk 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 211 Bayside Drive 21222 United States items 23a Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Ricen, etc.) 14. Race - Amarican Indian, Pages 1 and 2 should be filled within 72 hours effer went of Health and Mentel Hygiene.
Int: If Item 27 Is marked other than "natural", or ite Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2 No specity: White ð 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Self Employed Service Station years 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Frederick Carl Unkart Anna Klass 2 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Edna M. Unkart Wife 211 Bayside Drive Baltimore, Maryland 21222 important: If Item 2. 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crametory or other piece) Date 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata St. Stanislaus Cem. Dec. 10, 1996 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wis Avenue Baltimore, Maryland 21222 Pant. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Examiner iding Physician: The law requires that the deeth certificate be executed the buriel-transit Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initieled events rasulting in death) Last Box 68760. Physician/Medical signed by the ettending p Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Records, P.O. 23b. Did tobacco uea contribute to the ceuee of death? 2 No 1 Yee 3 Probably 4 □ Unknown þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? page 2 should 24a. Was an autopsy performed? this certificate **Division of Vital** director, Be 25. Was cese referred to medice! 26. Place of Deeth (Check only one) examiner? Other: 4 Nursing Home Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 5 Residence 8 Other (Specify) 28a. Date of fnjury (Month, Dey Year) funeral 27. Mapher of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Couid not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 8 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medicai 29a. Certifian (Check only one) To the He within 2 29b. Signature and title of certifiar 29d. Date signed (Month, Day, Yeer) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 0/2 32. Registrar's Signature 31. Date filed (Month, Dey, Year) State DEC 1 1 1996 Registrar

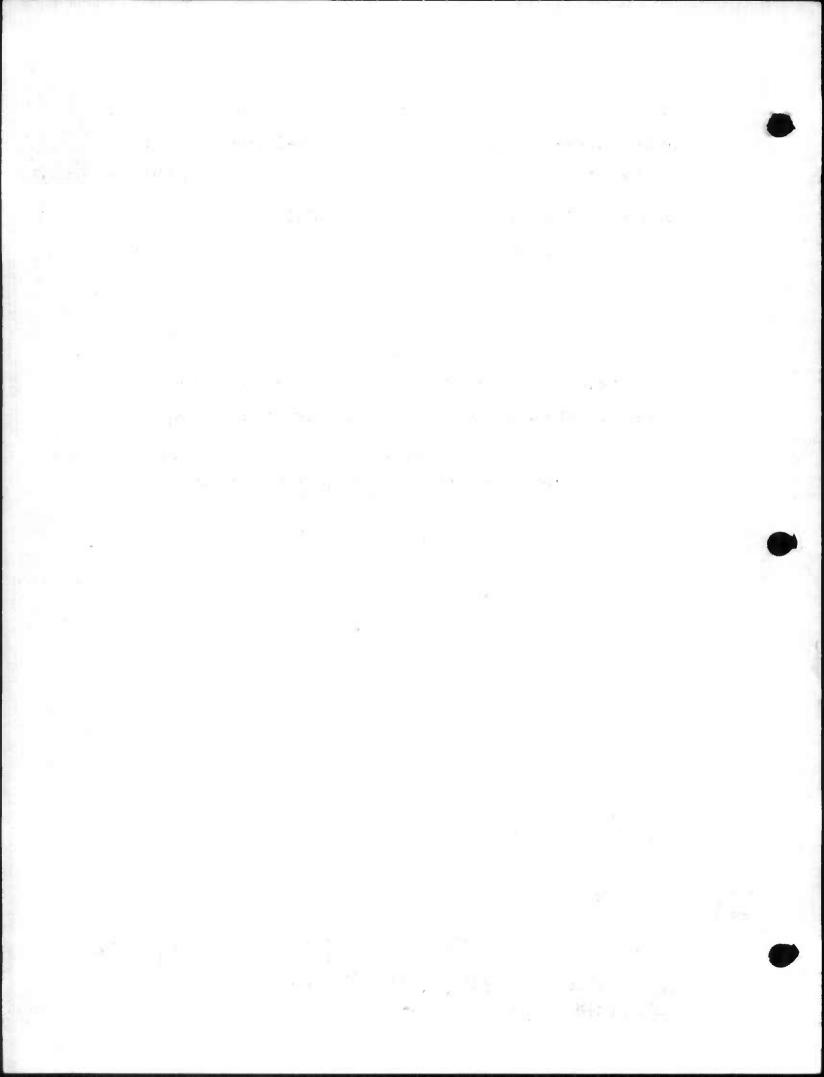
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | | Certificate of Death 1. Decedant's Nama (First, Middle, Last) | | Reg. No. | 37163 |
|-------------------|--|-------------------------------|---|---|--|--|
| | Physici /Medi | | Odessa Elizabeth Van Camp | Month Dec, | Dey 7 15 | 96 8155 PM |
| | Examir | ner | 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Local Society Hospice Baltimo | | 4c. County o | |
| | Funeral Director | | 5. Social Sacurity Number 099-20-0498 6. Sax 1 M 2 F 85 7. Aga (In yrs. last birthdey) Norths Days Hours Min. | 8. Data of Birth (Month, Day AUG 25 | h v, Year) | 9. Birthplaca (State or Foreign Country) South Caroline |
| | Maryland H show | tor | Usual Rasidence of Decedant 10e. Steta 10b. County 10c. City, Town or Location Maryland Baltimore Owings Mills | | | 10d. Inside City Limits 1 ☐ Yas ※ No |
| | th with the 23a or 28a | al Direc | 10e. Street and Number 18 Spectator Lane 10f. Zip Coda 21117 | | 10g. Citizen of WI USA | nat Country? |
| 020 | 2 should be filed within 72 hours effer deeth with the Maryland sand Mental Hygiene. Is marked other than "naturel", or itema 23a or 28a-f show reumatic event, the Mexical Exertiret must be notified at | Completed by Funeral Director | 11. Marital Status 1 □ Naver Married 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Was Decedant Evar in U,S. Armed Forces? 1 □ Yes 2 ☒ No If Yes, specify Cuben, Maxican, Puarto Forces of Yes, Specify: 13. Wes Decedant of Hispanic Origin? (Specify Yes, Specify Cuben, Maxican, Puarto Forces of Yes, Specify: 14. Was Decedant Evar in U,S. Armed Forces? 15. Was Decedant of Hispanic Origin? (Specify Yes, Specify Cuben, Maxican, Puarto Forces of Yes, Specify: 16. Was Decedant of Hispanic Origin? (Specify Yes, Specify Cuben, Maxican, Puarto Forces of Yes, Specify Cuben, M | cify Yes or No- Rican, atc.) | 14. Reca Black Specify: | - American Indian, , Whita, atc. Black |
| 21215-0020 | m 8 30 | ompieted | 15. Decedent's Education (Specify only highast grada complated) Elementary/Secondary (0-12) Collaga (1-4or 5+) Collaga (1-4or 5+) Collaga (1-4or 5+) | | | ness/Industry ept. of Services |
| Maryland | ould be filed Mental Hyginarked other setic event, to | To Be C | 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama | (First, Middla, Robins | |) |
| | in end 2 should leath and Men Heath and Men sem 27 is market other trsumstic. | | 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rura 18 Spectator Lane Owin | Route Number | 1s, MD 2 | itata, Zip Code) 1117 |
| Baltimore, | Peges nent of ant: If H | | 20a. Method of Disposition 1 Burlal 2 Krametion 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of cemetery, crematory or other place) Metro Crematory, Inc. 12/1 | Data LO/96 | | nore, MD |
| Balt | permit. Peg Department Important: I any injury o | | 21. Signature of Funaral Service than F. McDonald Chamad Communication Society of 299 Frederick Rd. 1 | | | |
| | Physician /Medical Examiner |)r | 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): | r respiratory er | rast, | Approximata Interval Between Onset and Death |
| 68760, | trificete be executed g physician and es the buriel-transit | edicai Examiner | Sequentially list conditions, if any, laading to immadiate cause. Entar Undartying Ceuse (Diseasa or Injury that Initiated events resulting In death) Last b. Melastatic Ca Dua to (or as a consequence of): Bladder Ca Dua to (or as a consequence of): | | | 5 mm |
| Вох 6 | | | d | | | |
| P.O. E | the d | Physician/M | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | ributs to the causs of death? 3 Probably 4 Minknown |
| of Vital Records, | requires been sign should be | Completed by | | 24e. Was perfo | an autopsy rmed? | 24b. Were autopsy findings available prior to completion of cause of death? |
| al Re | The ate h | | | 1 🗆 Y | as 27 No | 1 ☐ Yes 2 ☐ No |
| ion of Vil | iling Phys n. After this funeral di | ation: To Be | 25. Was case rafarred to medical axaminar? Yas 2 No | na 5 □ Resid | | |
| Division | ini or Altenoris arter deati al Director: ed in by the | Certification: | 3 ☐ Suicida 6 ☐ Could not be datermined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) | 28f. Location (5 City or Tow | Street and Number m, Stata) | r or Rural Routa Number, |
| 1 | | Medicai | 29a. Certifiar (Check only one) 1 Certifying Physician: To tha best of my knowledga, daath occurred at the time, data and place, a 2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred and mannar stated. | nd dua to tha ded at the time, | cause(s) and man data and place, ar | nar as stated. nd dua to the cause(s) |
| 1 | to the state of th | Me | 29b. Signeture and titla of certifier 29c. License number | | 29d. Date signed | (Month, Day, Year) |
| | l | | 30. Name and address of person who completed pluss of death (Itam 23a) (Type Print) | | 12/9/ | 76 |
| | | | 1616 Bolton St. Baltimore MD 21217 | | | |
| | Sta Registr | | 31. Date flad (Month, Day Year) Julia Aguidson - Month | | | |

QHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#1 PER. PHYS FILM#G742 12-17-96 J.A. 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death December 8 1996 SCILIA Ceclia Teresa THERESA NERNER 135PM 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Meadows Glen Glenarm Baltimore Co. # Undar 24 Hrs. B. Data of Birth (Month, Pay, Year) 9. Birthplaca (Stata or Fore County) Benedict, Md. 5. Social Sacurity Number If Under 1 Year 6. Sax 9. Birthplaca (Stata or Foreign 7. Aga (In yrs. last birthday) Months Days 1□ M 25 F 213-38-6367 84 Yrs. Usual Rasidanca of Dacadent 10a. Stata 10c. City, Town or Location 10d. Insida City Limits 1 Yes 20 No Maryland Baltimore Co. Glenarm 10e. Street and Number 10f, Zip Coda 10g. Citizan of What Country? 11630 Glen Arm Road 21057 United States 12. Was Decedent Ever in U,S Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, etc.) Race - Amaricen Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Yes 2 No if Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 X No Specify: Specify: White 3 ☑ Widowed 4 ☐ Divorced 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/industry Elementary/Secondary (0-12) College (1-4or 5+) Sales Department Store 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) George Buckler Florence Minor 19a. informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Beverly T. Raker (Daughter) 8278 E. Del Cadena Drive Scottsdale, Az. 85258 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Buriel 2 ☑ Cramation 3 ☐ Ramoval from State Hilltop Service Corp. 12/10/96 Towson, Md. 21204 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Euneral Service Licensee Jeffrey L. Gair 22. Nama and Addrass of Facility Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Md. 21204 an or completions that causad the death. Do not anter the mode of dying, such as cardiac or respiratory errest, as only one cause or sech line. Approximete intervel Batwaen Onset and Death immediata Causa (Final disaasa or condition rasulting in daath) Isease Yakkinsons Dua to (or as e consequança of): *lementia* Dua to (or as a consequance of): Dua to (or as a consaquence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Was an autopsy 2 13 No 1 ☐ Yas 22 No 1 ☐ Yes 26. Place of Death (Chack only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

Physician /Medical **Examiner**

the bunel-transit

the ettending physician

been signed by

certificate has

After this

or deeth.

4

Attending Physician:

þ 2

Completed

Be

2

Medical Certification:

29a. Certifier

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

. . .

Physician

/Medical

Examiner

Funeral

Director

or 28a-f show

Directo

by Funeral

Completed

Be

P

filed within 72 hours efter death with the Maryland

planit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryla Deportment of Health and Mental Hygiene. Important: if item 27 is marked other than "netural", or items 23a or 28a-4 show any Injury or other traumatic event, the Madocal Examiner must be notified at

Baltimore, Maryland 21215-0020

Examine Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or injury Physician/Medicai thet initiated avants rasulting in daath) Lest

Part ii. Other significant conditions contributing to death but not resulting in tha undarlying cause given in Part i.

25. Was case rafarrad to madical 1 Yes 2 No 27. Mannar of Death

5 Panding invastigation 1 Deturel 2 Accident 6 Could not be datamined 3 Suicida 4 Homicida

1 Inpatient 2 ER/Outpetient 3 DOA 28e. Data of Injury (Month, Day Year) 28b. Tima of

28a. Placa of injury - At home, farm, straat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 Yas 2 🗆 No

28d. Describe how injury occurred

28f. Location (Straat and Number or Rural Route Number, City or Town, Stata)

1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date end place, end due to the cause(s) and mannar as stated.

2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and mannar steted. (Check only one) 29b. Signature and titla of pertiliar

29c. Licansa number D47707 29d. Data signed (Month, Day, Year) December 9, 1996

30. Nama and address of person who completed causa of daath (Item 23e) (Type, Print)

6565 North Charles St Ste 203 Bathmore NID 21204 PABCA MP

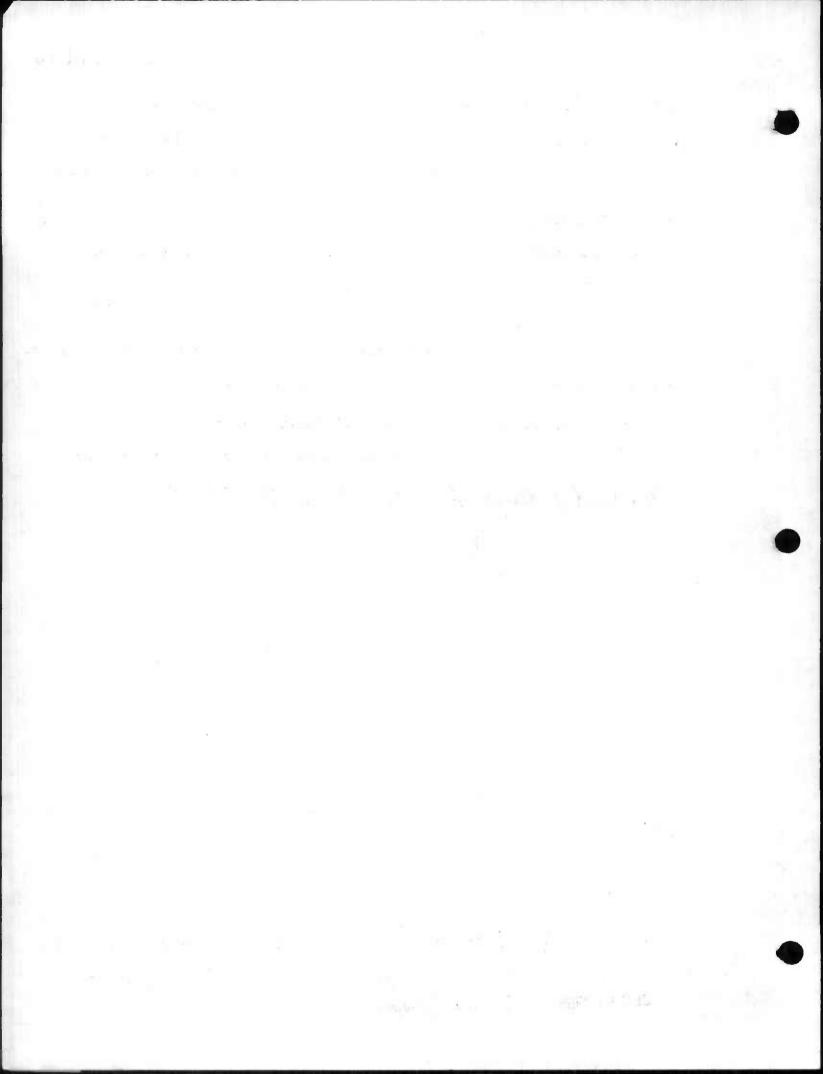
31. Data filed (Mpg) State Registrar

32. Registrar's Signatura who Davidson-

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene * Replacement-fre chief of Statt Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** WEBER NOVEMBER 25 AM 5 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth th Colen & Anne Arunde trundel moil. 5. Social Security Number 7. Age (In yrs. lest birthdey) If Under 1 Yeer if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) NOV 12, 6. Sex 9. Birthplece (Stete or Foreign Country) Maryland **Funeral** 1 M 2 F Deys 218-14-2610 74 Yrs. 1922 Director Usual Residence of Decedent with the Maryland 10b. County 10c. City. Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f shor Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Maryland Anne Arundel Pasadena 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 366 Riverside Drive 21122 United States death Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11 Marital Status 12. Was Decedent Ever in U,S. 14. Rece - American Indian, Bieck, White, etc. Armed Forces?
1 ☐ Yes 2 ♣ No if Yes, Give Year or Detes: Peges 1 and 2 should be filed within 72 hours efter 1 Never Married 2 Married 8 Maryland 21215-0020 1 Yes 2 No Specify: Completed by Specify: White 3 Widowed 4 Divorced the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Cotlege (1-4or 5+) Elementery/Secondery (0-12) Registered Nurse School Nurse/Balt. Co. other traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Depertment of Heelth end Mental Important: If item 27 is marked o any injury or other traumatic evenues. Preston Reynolds Minnie Steets 20 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zlp Code) Pasadena, Maryland 21122 Frank John Weber/Husband 366 Riverside Drive Baltimore, 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Hilltop Service Corp. 11/30/96 Towson, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee 22. Name end Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Maryland 21204 plications that caused he deeth. Do not enter the mode of dying, such as cardlec or respiretory errest, one cause on each use. 23a. Pert1. Enter the diseese, shock, or heert feilure. Approximete tntervel Between Onset end Deeth **Physician** METASTATIC BREAST CANCER fmmediate Cause (Final disease or condition resulting in death) /Medical MONTH Examiner Examiner CANCINOMATOSIS OF SMALL BOWLL nding physician and use es the bunel-transi Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Box 68760. 1 ScHemi. SMALL GOWEL The law requires that the death certificate be Physician/Medicai INTESTINAL OBSTRUCTION Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco uss contribute to the cause of death? signed by 1 Yss 2 No 3 Probably 4 Onknown UTELINE ۵ 24b. Were autopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes an eutopsy performed? certificate hes 2 1 No 1 Yes 28 No og Attending Physician: 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: Certification: To 1 Yes 2 No 1. Inpatient 2 ER/Outpetient 3 DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After t To the Hospital or Attending within 24 hours after death.
To the Furieral Director: After completely filled in by the fun. 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Ptece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stefe) 4 Homicide Medical 29a. Certifier 12 Striffying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as steted.

2 Medical Examinar: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signeture end litle of certifier 29d. Dete signed (Month, Day, Year) 29c. License number of deeth (item 23e) (Type, Print) HOSPITAL DRIVE LUEN BURNIE MARYLAND State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

| | | | | 001 | tificate of | Dealli | | Reg. No. | |
|--|--------------------------------------|--|--|--|---|---|---|---|--|
| hysici /Medic | | 1. Decedent's Nama (First, Middla, La ERTRUDE | E. M. | a | illian | ns | 2. Data of Month | | year 7 50 |
| xamir ineral rector | | 4a. Facility Nama (If not institution, gh 5. Social Sacurity Number 8.5 15 4 - 4835 Usual Rasidance of Dacedant | ENESIS E | DERC (s. last birthday) Yrs. | PARC ** If Under 1 Year Months Days | | s. 8. Data of I | BAI | of Death FIGURE 9. Birthologe (State or For Country) Mary LANC |
| Hied at | tor | Mayumo Balt | METE 10c. | City, Town or Lo | kuille | Towsor | 1 | | 10d. Insida City Li |
| ST Or 25 | ai Director | 10e. Street and Number 8703 Lo | ch Raver Blyd | /#c_ | 10f. Zip Coda | 21286 | | 10g. Citizen of V | What Country? |
| r, or neme | by Funeral | 11. Marital Status 1 Nevar Marriad 2 Married 3 Widowed 4 Divorced | 12. Was Decedant Evar in Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: | 1 | Vas Decedant of I Yas, specify Cub | Hispanic Origin? (pan, Maxican, Pua Specify: | Specify Yas or I rto Rican, atc.) | | a - American Indian, k, Whita, atc. |
| the Medical E | Completed | 15. Decedant's E (Specify only highast gra Elemantary/Secondary (0-12) | ducation da completed) Collaga (1-4or 5+) | (Giva | OO NOT use retire | during most of w | orking | 16b. Kind of Bu | |
| permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health end Mental Hygiene. Important: If them 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic avent, the Madesi Essentine, must be notified at once. To Be Completed by Funeral Director | Be | 17. Fether's Narya (First, Middla, Lest) 18.1 18.1 | | | | | ama (First, Mide | Illa, Maidan Sumam | a)) |
| | | 19a. Informant's Name/Relationship (4 | JRamoval from Stata | Placa of Dispo | sition (Nama of natory or other pla | 147 Ci, | Data 12 16 | IL Sugge | City or Town, Stata |
| | | - I let ook | one cause on each line | ath. Do not ent | | ng, such as cardio | | arrast, | Approximata |
| ician dical niner | aminer | Immediate Causa (Final disasse or condition rasulting in death) | a. Dua to | lene tu (or as a conseq | Cerryou uence of): | ing, such as cardle | ac or respiratory | | Intarval Between |
| dical and stranger | n/Medical Examiner | Immediate Causa (Final disaase or condition | a. Dua to | levo tir | Certain under the mode of dyle under of): | ing, such as cardle | ac or respiratory | | Intarval Between |
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| res been signed by the etterhaling physician and be be deteched for use as the burial-transit and a second by the burial-transit and be been been been been been been been | by Physician/Medical | Immediate Causa (Final disaase or condition rasulting In daath) Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Disaase or Injury that initiated events rasulting in death) Last | b. Dua to | Jera tra (or as a conseq (or as a conseq (or as a conseq | Cervinal uence of): uance of): | ry orter | 23b. Di | d tobacco use cor | Approximata Interval Betwee Onsat and Dea Dea Onsat and Dea |
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| al director, page 2 should be detached for use as the burial-transit and all director, page 2 should be detached for use as the burial-transit and all directors are a should be detached for use as the burial-transit and all directors are a should be detached for use as the burial-transit and all directors are a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be | To Be Completed by Physician/Medical | Immediate Causa (Final disease or condition rasulting in daeth) Sequentially list conditions, if any, laading to immediate cause. Entar Undarfying Causa (Disease or injury that initiated events rasulting in death) Last Part II. Other significant conditions of the conditions of th | Dua to b. Dua to c. Dua to d. Duato to b. Duato Duato d. | (or as a consequence of the cons | uence of): | van in Part I. 26. Placa of Dehar: 4 Churching | 23b. Di 23b. Di 24a. W pa ath (Check onl) Homa 5 □ Re 26d. Describ | d tobacco use cor Yes 2 No as an autopsy rformed? Yes 2 No y one) sidenca 6 Othe e how injury occurr | Initiarval Betwee Onsat and Dea onsat and De |
| al director, page 2 should be detached for use as the burial-transit and all director, page 2 should be detached for use as the burial-transit and all directors are a should be detached for use as the burial-transit and all directors are a should be detached for use as the burial-transit and all directors are a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit and a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial-transit but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be detached for use as the burial but a should be | Be Completed by Physician/Medical | Immediate Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underfying Causa (Disease or injury that initiated events rasulting in death) Last Part II. Other significant conditions of the conditions of th | Dua to | (or as a consequence of the cons | uence of): uence | van in Part I. 26. Placa of Dehar: 4 Nursing ry at rk? 1 Yas 2 No | 23b. Di 23b. Di 24a. W. pa 16 24a. W. pa 26d. Describ 28f. Location City or 1 | d tobacco use cor Yee 2 No as an autopsy rformed? Yes 2 No y one) sidenca 6 Othe how injury occurr (Street and Numb own, Stata) | Initiarval Betwee Onsat and Dea Onsat On |

DHMH 16 Rev 6/95

Registrar



ITEMS: 23 PART I, 27, PER MEO FILM q-743 1/15/97 t.t

State of Maryland / Department of Health and Mental Hygiene

96 37167

| | | , | | | Certific | ate or | Death | | Reg. No. | | | |
|--|----------------|--|-----------------------------------|--|------------------------------|---------------------|-------------------------|---|------------------------|-------------------------------------|---------------------------------|--|
| | | Decedent's Name (First, Middle, I | .est) | | | | | 2. Date of D | | Laborator and | 3. Time of Death | |
| Physi | | WAYNE | LARRY | | TaT | ATSON | J | Month DECEM | Day | Year 1996 | 11.01 | |
| /Med Exam | | 4a. Fecility Name (If not institution, g | | | | | | r Location of Dea | | | 11:01 | |
| Exall | mier | | | _ | | 1 | | | | , | | |
| | | 2827 WINCHEST 5. Social Security Number 6. | | | referred If Lin | der 1 Year | BALTIN If Under 24 H | | | n/a | | |
| Funera | | | Sex 7. Ag 1 → M 2 ☐ F | e (In yrs. last birtl | rs. Mont | | Hours Mi | n. (Month, D | ley, Year) | Cour | | |
| Directo | or | 214-80-6776 Usual Residence of Decedent | | 36 Y | | | | April | 27, 1960 | Mar | ryland | |
| pug *_ | | 10a. Stete 10b. County | | 10c. City, Town | or Location | | | | | - I. | Ind Incide City I Imite | |
| sho sho | 5 | N | | | | | | | | 1 | 10d. Inside City Limits | |
| Ba-f | ctc | MD n/a | | Balti | more | | | | | | 1 Yes 2 □ No | |
| hours efter deeth with the Menyland urel', or Items 23a or 28a-f show al Exarther must be notified at | Director | 10e. Street and Number | | | 10f. | Zip Code | | | 10g. Citizen of | What Cour | ntry? | |
| h w | - | 2627 Winchester | Street | | | 2121 | 16 | | US | Α | | |
| deed deed | Funerai | 11. Marital Status | 12. Wes Decedent I | Ever in U,S. | 13. Was De | | | (Specify Yes or Narto Rican, etc.) | | e - Americ | can Indian, | |
| the the | Ē | 1 Never Married 2 Married | Armed Forces? | lo | | | an, Mexican, Pue | rto Rican, etc.) | Bla | Black, White, etc. | | |
| 8 | by | | If Yes, Give Yeer or Dates: | | 1 ☐ Yes | 2 No | Specify: | | Specif | | | |
| hou | B | 15 Desired | | 100 | | | | Blac | | | | |
| d within 72 hours of giene. rr than "natural", or | ete | 15. Decedent's (Specify only highest g | ade completed) | 1 1 | Decedent's U Give kind of | work done | during most of w | rorking | 16b. Kind of B | usiness/In | dustry | |
| a within 72 hours efter deeth with the Merylan ilene. I than "natural", or liems 23a or 28a-f show The Wed cal Exp. Arer mark to notified at | 효 | Elementary/Secondery (0-12) | College (1-4or 5 | +) | life. DO NO | | d) | | | | | |
| Y UI A | Completed | High School | | | Line | Man | | Sas & Elect | | | | |
| 0 = 0 5 | Be | 17. Fether's Name (First, Middle, Last) | | | | | 18. Mother's N | ame (First, Middle | e, Maiden Sumer | ne) | | |
| | 10 | Larry Watson | | | | | į. | ulia S | lowe | | | |
| & PEE | - | 19a. Informant's Neme/Relationship | (Type, Print) fathe | Print) father 19b. Malling Address (Street and Numb. | | | | | | Stete. Zic | Code) | |
| end 2 saith e | | Tarry Watson | | | | | Avenue | | | | | |
| of Health Item 27 i | | Larry Watson 20a. Method of Disposition | | | | | Avenue | 1 | more Ma | - | | |
| 00- | | 1 Buriel 2 □ Cremation 3 | Removal from State | 20b. Piaca of Disposition (Name of cametery, crematory or other placa) | | | ca) | Date 20c. Location - City or Town, | | | own, State | |
| Pen Then ant: | | 4 □ Donetion 5 □ Other (Spec | ify) | Arbutus | Memo: | rial I | Park | Dec 12 : | Baltimor | timore County, M ral Homes, Inc. | | |
| permit. Peg Department Important: I any Injury o | 9 | 21. Signature of Funeral Service Lice | ansee | | 22. Name | end Addres | ss of Fecility N | utter Fi | meral H | | | |
| Depa Impo | 3 | 1 bilant 6 | h +11 | | 2301 | GWYNI | is raits | lis Parkway | | | | |
| _ | | Have C | rucc | About the Do | Balti | more, | Maryla | nd 2121 | | | | |
| | | 23a. Part 1. Enter the disease, or con shock, or heart failure. List only | y one ceuse on each lin | e. | ot enter the m | node of dyin | ig, such es cardi | ac or respiratory | arrest, | | Approximate Interval Between | |
| Physician | _ | 100 | | | | | | | | i | Onset end Death | |
| /Medica | | Immediate Cause (Final disease or condition | PNEUM | ONIA | | | | | | | | |
| Examine | | resulting in death) | θ | Due to (or as a co | nsequence (| of): | | | | | | |
| | je l | 1 | | ((| , in o quoi io o | .,. | | | | | | |
| uted | Examiner | The state of the s | b | | | | | | | | | |
| el-tra | X | Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury | | Due to (or as a co | nsequence o | or): | | | | | | |
| be iciar | | Cause (Disease or Injury | C | | | | | | | i | | |
| sete the | 음 | that initiated events resulting in death) Last | ľ | Due to (or as e co | nsequence o | of): | | | | | | |
| certificate be executed inding physician end use as the bunel-transit | n/Medical | | a | | | | | | | | | |
| th ce | 20 | | d | | | | | | | 1 | | |
| requires that the death een signed by the etter hould be deteched for | Physicia | Part II. Other significant conditions | contributing to death his | t not resulting in t | the underlyin | g cause give | en in Part i | 23h Did | tobacco use co | ntribute to | the cause of death? | |
| the sche | hys | | | and and an a | | giv | | | Yss 2□ No | 3 ☐ Prol | 11 | |
| signed to | | | | | | | | | 1100 ZU NO | U FIOI | bably 400 Unknow | |
| sign d be | d by | | | | | | | 040 14/00 | | 24h W/ | ere autopsy findings | |
| v require been si should | e | | | | | | | perf | s an autopsy ormed? | av: | aliable prior to | |
| aw as t | Completed | | | | | | | | | | mpletion of cause death? | |
| The ate h | 0 | | | | | | | 1,50 | Yes 2□No | 1 | Yes 2 No | |
| | | 25. Wes case referred to medical | | | - | | On Disco of D | noth (Charling) | | | 7.55 22110 | |
| Physician: r this certific rral director, | o Be | examiner? | Hospital: | | | Othe | or. | eath (Check only | | | | |
| 문문교 | 10 | 1√2 Yes 2 No 27. Menner of Deeth | 1 Inpatie | | | DOA | 4 LI Nursing | Home 5 Res | | | y) | |
| h. After funer | 0 | 1 Neturel 5 □ Pending | 28a. Date of Injur (Month, Day | | ury | 28c. injun World | | 28d. Describe | how Injury occur | red | | |
| Attending r deeth. ector: After by the fune | at | 2 Accident investigation | | | М | 10 | Yes 2□No | | | | | |
| er d | tif | 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) | | | | | | | (Street and Numb | er or Rura | Il Route Number, | |
| Hospital or 24 hours efte Funeral Dir stely filled in | Certification: | 4 Homicide building, etc. (Specify) | | | | | | Only of To | , 0.010) | | | |
| To the Hospital or Attending I within 24 hours effer deeth. To the Funeral Director: After completely filled in by the funeral | | 29a. Certifier 1☐ Cartifying P. | hysician: To the best o | my knowledge. | deeth occurre | ed at the tim | ne, dete end pled | e, and due to the | cause(s) and ma | anner as si | tated. | |
| P Fun | edicai | 29a. Certifier (Check only one) Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause (Check only one) Madicat Examiner: On the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, dete end plece, and due to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred at the time, determined to the cause of my knowledge, deeth occurred to the cause of my knowledge, deeth occurred to the cause of my knowledge, deeth occurred to the cause of my knowled | | | | | , dete and place, | cause(s) and manner as stated. , dete and place, and due to the cause(s) | | | | |
| To the within 2 To the comple | X e | 29b. Signature end title of certifier | | | 1 | 29c. License | e number | | 29d. Date signe | d (Month | Dav. Year) | |
| F ₹ 5 | | | 11 11. | | | | | | | (| -91 | |
| | | Theodor | M. There | m | | OC | ME | | DECEME | BER 9 | 1996 | |
| | | 30 Name and address of pareon who | completed cause | 14b (Hom 02a) (T | ma Drint) | | | | | | | |

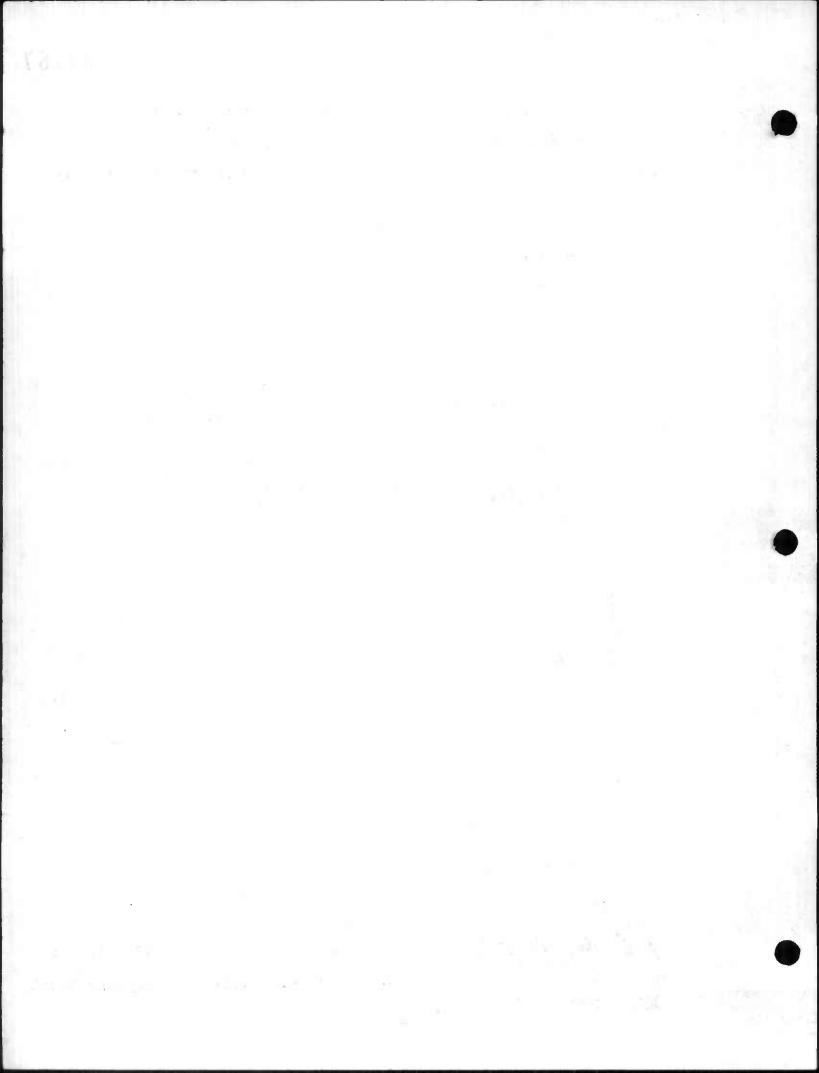
111 Penn Street, Baltimore, Maryland 21201

State Registrar

THE GOORE MIKINS

32. Registrar's Signeture

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene Q C

37168

| | | | | | Certific | ate of | Death | | Reg. No. | , , | 31100 |
|---|----------------|---|--|------------------------------|--|------------------------------|--|---|------------------------------------|------------------------------|---|
| Physic | | 1. Decedant's Name (First, Middle, EV) | J/A | WH | ITE | | | 2. Dete of D Month DECEMB | eeth D | 1996 | 3. Tima of Death 4:00 AM |
| /Medi Exami | | 4e. Fecility Name (If not institution, g | | | | | 4b. City, Town, o | r Location of Dea | th 4c. County | | |
| Funeral Director | | 5. Sociel Security Numbar 6. 231-18-4159 Usual Residence of Decedent | Sex 7. Ag 1□M 2☑F | 76 | t birthday) If Ur Yrs. Mont | nder 1 Year ths Days | | . (Month, D | rth ey, Year) y 23, 1920 | | ace (Steta or Foreign try) rginia |
| yland mow | | 10a. State 10b. County | | 10c. City, T | Town or Location | | | | | 10 | Od. Inside City Limits |
| Mar | iç | Maryland Balti | more | | Randalls | stown | | | | | 1 ☐ Yes 2√ No |
| th the | Director | 10e. Street and Number | | | 10f. | Zip Code | | | 10g. Citizan of | What Count | ry? |
| th wi | ai | 3802 Brenbrook D | rive | | | 2113 | 33 | | U.S.A. | | |
| r dea | Funeral | 11. Marital Status | 12. Was Decedent | Ever In U,S. | 13. Was De | ecedent of I | Hispanic Origin? (| Specify Yes or Norto Rican, atc.) | 0- 14. Rad | ca - Amarica ck, White, e | |
| ore, Maryland Z1Z15-UUZU s 1 and 2 should be filed within 72 hours after death with the Manyland if Health and Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exercites from the incitied at | by | 1 ☐ Navar Marriad 2 ☐ Marrled 3 ☑ Widowed 4 ☐ Divorced | Armed Forces? 1 ☐ Yes 2 ☑ If Yas, Give Year or Dates: | No | | | Specify: | | Specify | | |
| 72 h | Completed | 15. Decedent's (Specify only highest g | Education rade completed) | 1 | 6a. Decedent's U | Jsual Occup f work done | pation during most of w | orklna | 18b. Kind of B | usiness/inde | ustry |
| within within than the Man | du | Elementary/Secondary (0-12) | College (1-4or 5 | i+) | 'life. DO NO | T use retire | od) | | | | |
| filed v Hygie officer t | ပိ | 12 Years 17. Fathar's Name (First, Middle, Las | ne) | | Operator | r | 40 Martinada M | (Elen Malada) | | _ | e Company |
| Maryland ∠1∠ d2 should be flied within h and Mental Hygiene. 7 is merked other than traumatic event, the Ma | Be | | | | | | | 's Name (First, Middla, Meiden Sumeme) 11ian Ruth Webb | | | |
| should be in marked of umatic eve | 2 | John Walter Bank 19a. Informant's Name/Relationship | | | 10h Malling Add | roop (Ctros | t end Number or F | | | 01-1-72- | 0-4-1 |
| IMG 1d 2 s 1d an 17 is trau | | Mrs. Mary Marcha | | | | | ook Road | | 11stown, | | 21133 |
| Health Health tem 27 | | 20a. Method of Disposition | | 20b. Piac | e of Disposition (| Neme of | | Data | 20c. Location - | | |
| Destinione, in permit. Pages 1 and Department of Health Important: if hem 27 any injury or other transce. | | 1 ☑ Buriai 2 ☐ Crametion 3 4 ☐ Donation 5 ☐ Other (Spec | | | etery, crametory | | 100 | 1 2 /0 /00 | | | |
| permit. Page Department of important: If any injury or once. | | 21. Signature of Funeral Service Co. | | Lake | | | al Park | 12/9/96 | Sykesv | 'ille, | MD |
| Departimon important | | 1 Salt | ml | | | | ers Fune | ral Dire | ctors, I | inc. | |
| _ | - | 23a Partt Enter the disease or co | nolicetions that caused | the death I | 8728 | Liber | rty Road | Randal | 1stown. | MD 2 | 21133 |
| Dhusisian | | 23a Part Enter the disease, or con shock, or heart failura. List onl | y ona cause on each li | 10. | DO HOL SHIEN INS I | mode of dyl | ng, such as cardi | or raspiratory a | irrast, | 1 | Approximata interval Between Onset and Death |
| Physician /Medical | | Immediate Cause (Final | 1.1 | -210 | | | // | | | | |
| Examiner | | disaasa or condition rasulting in death) | θ. /// | | | | HEMO | NIHAG | E | | 2DAYS |
| | ě | | . CD | | a consequence | of): | | | | į | |
| petn: | Examiner | Sequentially list conditions | D | / ~~ | a consequence | of). | | | | | |
| an an an inial-tr | | Sequentielly list conditions, if eny, leeding to immediata causa. Entar Underlying Ceusa (Disease or injury that initiated events | | 200 10 (01 00 | a consequence | 01). | | | | | |
| infificate be associted ing physician and as the burial-transit | Medical | Ceusa (Disease or injury thet initiated events resulting in death) Last | C | Due to (or as | a consequanca | of): | | | | | |
| certifica anding pl use as t | | 1000ming in Godiny East | d | | | | | | | | |
| for at t | Physician/ | Part II. Other eignificant conditions | contributing to death be | ut not resultin | ng in the undarlyin | ng cause gh | ven in Pert i. | 23b. Dfd | tobacco uee co | ntribute to | the cause of death? |
| ires that the designed by the | by Phy | | | | | | | . 10 | Yes 2□No | 3 Probe | abiy 4 Dunknown |
| Physician: The law requires the law requires this certificate has been signed injector, page 2 should be | eted b | | | | | | | 24a. Was | an eutopsy ormed? | avai | ra autopsy tindings llable prior to apletion of cause |
| The law ate has be page 2 s | Completed | | | | | | | 10 | Yes 200 No | of de | Yes 2 No |
| dicien: The | 0 | 25. Was case reterred to medical | | | | | 26 Place of D | eath (Check only | | | 165 2E NO |
| Physician: this certific ral director, | To B | examiner? | Hospital: | nt 2∏EB | /Outpatient 3□ | DOA Oth | oor | Home 5 ☐ Res | | er (Specify | 1 |
| | | 27. Menney of Deeth | 28a. Date of Injur | у 28 | b. Time of | 28c. Inju | | 1 | how injury occur | | |
| or Attending I after death. Director: After I in by the funer | atio | 1 Naturai 5 ☐ Pending 2 ☐ Accident investigation | (Month, Day | rear) | Injury M | | Yas 2□No | | | | |
| or Attendafter death Director: | Certification: | 3 ☐ Suicide 6 ☐ Could not determined | 28a. Place of Inju- | ry - At homa | , farm, straet, fec | tory, office | | | Street end Numb wn, Stata) | er or Rural | Routa Number, |
| tal or A al Direction billing | Ö | | bullowing, orc | . (Opeciny) | | | | Ony or 10 | mi, olatay | | |
| To the Hospital or within 24 hours after To the Funeral Dir completely filled in | edicai | 29a. Certifiar (Check only one) | hysician: To the best of miner: On the basis of and mennar ste | examination | dge, death occurr and/or investigat | red at the titition, in my o | me, date and place opinion, daath occ | e, and due to the curred at tha tima, | cause(s) and me data and place, | nner es ste and due to | rted. the causa(s) |
| within 2 To the comple | ž | 29b. Signature and title of certifier | | | | 29c. Licens | | | 29d. Deta signe | d (Month, D | lay, Year) |
| | | HAM N | MD | | | B6 4 | +43912 | 8 | DELEME | ER 7 | 1996 |
| 20 | | 30. Neme end address of person who | completed causa of de | eath (Item 23 | a) (Type, Print) | | 5461 | OLD CUL | RI RO A | 0. | • |
| 4 | | 30. Name end address of person who THOMAS GEORGE | Nonother | 51 805 | PITAL CET | NIEN | RAND | AUSTON | so a | 1/133 | |
| Sta | ite | 31. Dete flied (Month, Dey, Year) DEC 1 1 1996 | no Designa | and a first man was a second | | | | | | | - |
| Registr | ar | DEC 11 1936 | guia D | avidson- | Mandelle | | | | | | |

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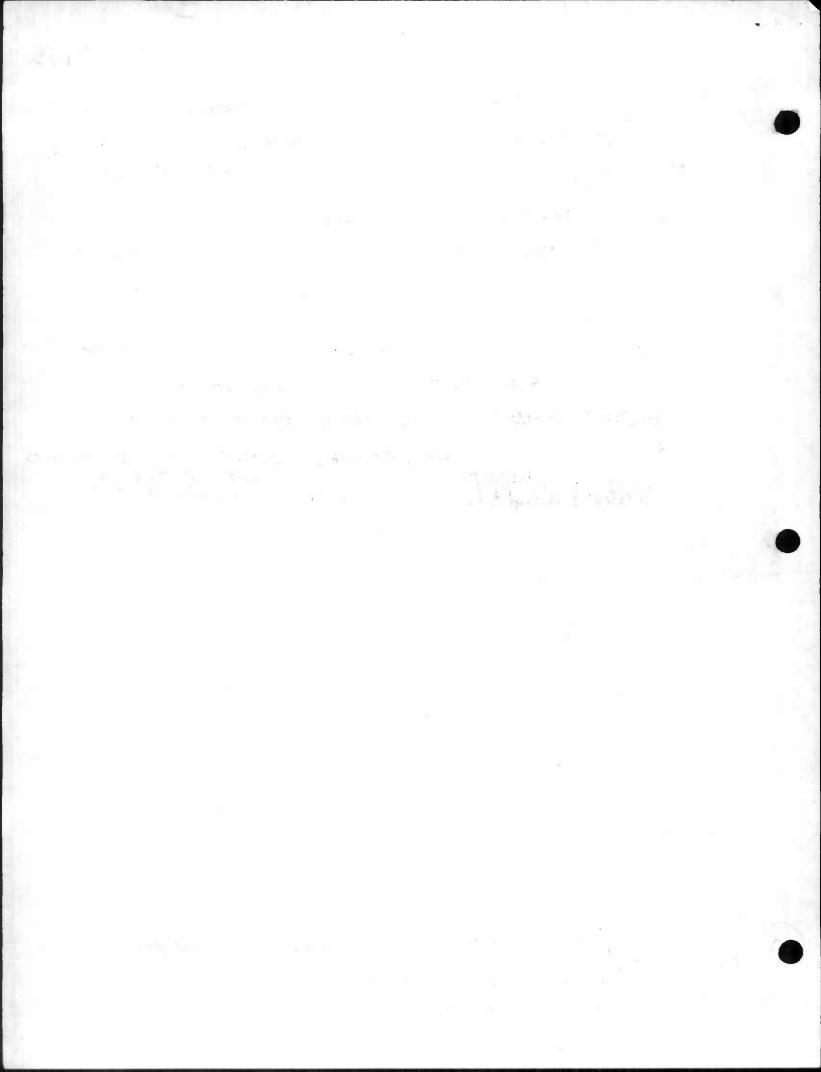
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Profession

State of Maryland / Department of Health and Mental Hygiene Q 6

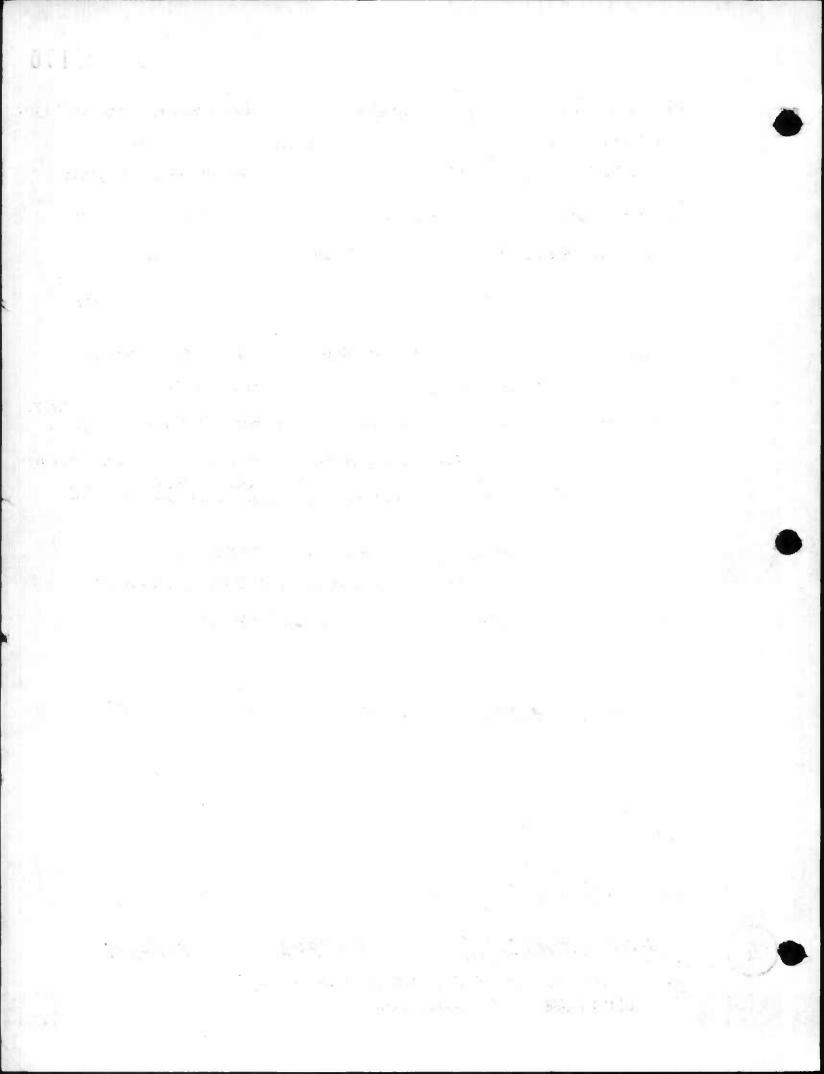
96 3716

| | | | | | Certificate | of Death | 1 - 4 | Reg. No. | 01103 | |
|---|---------------------------|---|---|---|--|--|---|---|--|--|
| Physic | ian | 1. Decedent's Neme (First, Middle, L. | | 71.00 | | | 2. Dete of De Month | | 3. Time of Deeth | |
| Physician /Medical Examiner | | | Ethel | М. | Wright | | Decemb | | | |
| Exami | ner | 4e. Fecility Neme (If not institution, gi | • | | | | r Location of Deet | | | |
| | | 13225 Fork | | | V Williams 4 N | Baldy | win | Mary | land | |
| 。Funeral Director | | | Sex 7. Age 1□M 2XIF | 92 | Yrs. If Under 1 Y | eer If Under 24 H ays Hours Mi | n. NOV . 1 | 9.8 7, 1904 Vi | irthplace (State or Fore Country) rginia | |
| land m | | 10e. Stete 10b. County | | 10c. City, Tow | n or Location | | | | 10d. Inside City Lim | |
| the Man | ector | Md. Ba. | ltimore | | Ba 10f. Zip Co | ldwin | | 10- 02 | 1 □ Yes 2 🔯 | |
| s 23a or | Funeral Director | | 13225 Fork | | | 21013 | | United S | States | |
| be filed within 72 hours effer death with the Maryland tal Hygiena. de Other than "natural", or items 23s or 28s-f show evant, fre Medical Examiner must be notified at | by | 11. Maritel Stetus 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced | 12. Wes Decedent E Armed Forcas? 1 Yes 2 N If Yes, Give Yeer or Detes: | 1410-21-4-4 | 13. Wes Decedent If Yes, specify 1 ☐ Yes 2 ☒ | of Hispenic Orlgin? Cuben, Mexican, Pue No Specify: | (Specify Yes or No erto Rican, etc.) | 14. Reca - Am Bleck, Wh Specify: | | |
| 72 h | Completed | 15. Decedent's E (Specify only highest gr | ducation ade completed) | 16e. | Decedent's Usuel O | ccupetion | orkina | 16b. Kind of Busines | s/Industry | |
| han. | ig. | Elementary/Secondary (0-12) | College (1-4or 5- | +) | | one during most of watered) | | | | |
| her ti | | 9 | 41 | | Homemake | | Own Home | | | |
| | To Be | 17. Fether's Name (First, Middle, Last | George T. | ara Carpe | | | | | | |
| 2 9 9 8 | | 19e. Informent's Neme/Reletionship Linda Coard (D | (Type, Print) aughter) | | Ru <i>ral Route Numb</i> dwin, Mar | er, City or Town, State, yland 210 | | | | |
| Page nent o nnt: If i | | 20e. Method of Disposition 1 🔀 Burial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Speci | | cemeter | Disposition (Name of y, cremetory or other NOOD Cemet | plece) | /11/96 | 20c. Location - City of Baltimore | | |
| permit. Pages Department of Important: If it any Injury or o | | 21. Signature of Funeral Service Lice | nsee MiltonJkin | ightJr | | ddress of Fecility | | J. Ruck, ore, Md. 2 | k, Inc. | |
| | | 23e. Part1. Enter the disease or com shock, or heert fellure. List only | plications that caused | the deeth. Do r | | | | | Approximete | |
| hysician /Medical xaminer | ner | Immediate Ceuse (Finel disease or condition resulting in deeth) | a. Dehy | | | | _ | | | |
| physician end s the burial-trensit | Examiner | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events | b. Care | Due to (or es e d | onsequence of): | lon | | | | |
| 0.0 | Medical | Ceuse (Diseese or injury that initiated events resulting in death) Lest | c. D | due to (or es e c | onsequenca of): | | | | | |
| led by the attenct | Physician | Pert II. Other significent conditions of | contributing to death but | t not resulting In | the underlying cause | given in Pert I. | 23b. Dld | tobacco usa contribui | te to the cause of dea | |
| igned by be detac | by Phy | | | | | | 1 🗆 | Yes 2₽No 3□1 | Probably 4 Unkr | |
| s been s 2 should | Completed | | | | | | 24a. Was perfo | an eutopsy 24b. | Were eutopsy finding evelleble prior to completion of cause of deeth? | |
| The law ate has b | | | | | | | 10 | Yes 2 No | 1 ☐ Yes 2 ☐ No | |
| | | 25. Wes case referred to medical examiner? | 11 | | | | eath (Check only o | one) | | |
| pa | Be | 25. Wes case referred to medical examiner? 1 Yes 2 No No No No No No No | | | | | | dence 6 Other (Spa | ecify) | |
| this certificate al director, pa | L _o | | | | | | | | | |
| h. After this certificate funeral director, pag | L _o | 27. Menner of Death 1 ⊟ Natural 5 □ Pending 2 □ Accident Investigation | (Month, Day | Year) Ir | М | 1 ☐ Yes 2 ☐ No | | | | |
| ifiar death. Vicector: After this certificate in by the funeral director, pa | Certification: To | 27. Menner of Death 1 ⊟Natural 5 □ Pending | (Month, Day | Year) Ir y - At home, far | | 1 ☐ Yes 2 ☐ No | 281. Location (City or Tox | Street end Number or F vn, Stete) | Rural Route Number, | |
| ifiar death. Director: After this certificate in by the funeral director, par | edical Certification: To | 27. Menner of Death 1 | (Month, Day n 28e. Piece of Injur | Year) Ir y - At home, far (Specify) my knowledge, examination and | M m, street, fectory, off | 1 ☐ Yes 2 ☐ No ice | City or Tov | vn, Stete) | s stated | |
| iffar death. Nector: After this certificate in by the funeral director, pa | L _o | 27. Menner of Death 1 | (Month, Day 28e. Piece of Injurbuilding, etc. yysician: To the best of Injurar: On the basis of e | Year) Ir y - At home, far (Specify) my knowledge, examination and | m, street, fectory, off | 1 ☐ Yes 2 ☐ No ice | City or Tox | vn, Stete) | e to the cause(s) | |
| h. After this certificate funeral director, pag | edical Certification: To | 27. Menner of Death 1 | (Month, Day 28e. Piece of Injurbuilding, etc. yysician: To the best of Injurar: On the basis of e | Year) Ir y - At home, far (Specify) my knowledge, examination and | M m, street, fectory, off deeth occurred et the large time for investigation, in n | 1 Yes 2 No ice e time, dete end place ny opinion, death occurrence ense number | City or Tos | vn, Stete) ceuse(s) end menner e dete end placa, and du 29d. Date signed (Mon | e to the cause(s) | |
| ifiar death. Director: After this certificate in by the funeral director, par | Medical Certification: To | 27. Menner of Death 1 | (Month, Day need to be a second manner state of the second manner state of | Year) Ir y - At home, far (Specify) my knowledge, examinetion and | M m, street, fectory, off deeth occurred et the Wor Investigation, in n | 1 Yes 2 No ice e time, dete end place by opinion, death occ | City or Tos | wn, Stefe) ceuse(s) end menner e dete end placa, and du | e to the cause(s) | |
| within 24 hours after death. To the Funeral Director: After this certificate completely filled in by the funeral director, pa | Medical Certification: To | 27. Menner of Death 1 | (Month, Day 28e. Piece of Injur building, etc. aysiclan: To the best of ninar: On the basis of e end menner state M 19 completed cause of dec | Year) Ir y - At home, fai (Specify) my knowledge, examination and | M m, street, fectory, off deeth occurred et the Wor Investigation, in n | 1 Yes 2 No ice e time, dete end plac ny opinion, death occ ense number | City or Tos | vn, Stete) ceuse(s) end menner e dete end placa, and du 29d. Date signed (Mon | e to the cause(s) | |



State of Maryland / Department of Health and Mental Hygiene Q 5

| Physician | | | | | Cert | | | | Reg. No. | | |
|---|--|---|--|---|---|--|--|---|--|--|---|
| | | 1. Decedent's Neme (First, Middle, | Last) | . / | | | | 2. Deta of D | | Yaer | 3. Time of Deeth |
| /Medical | _ | Alexande | FR | Your | sab | AR | | DECEN | 1 | 1996 | 8:00 P.N |
| Examiner | _ | 4a. Fecility Neme (If not institution, | | | J | | 4b. City, Town, | or Location of Das | ath 4c. County | of Deeth | |
| | | 3608 St. Marg | aret Street | | | | Baltimo | | | /A | |
| uneral rector | | 218 42 8274 | 7. Ag 1 X M 2 □ F | e (In yrs. last b | | if Undar 1 Yaar Months Deys | If Under 24 H | in. (Month, E | lirth Dey, Year) B, 1945 | | leca (State or Foreigr try) yland |
| 3 | | Usuel Residence of Decedent 10e. Stete 10b. County | | 10c. City, To | wo or Loop | ation | | | | | |
| S S S | . | Maryland N/A | | | imore | | | | | 10 | od. Inside City Limits 1 □ Yes 2 □ No |
| | 2 | 10e. Street end Number | | Daic | THOTE | | | | | | |
| leded by Funeral Director | | 3608 St. Marga | ret Street | | | 10f. Zip Code 212: | 25 | | 10g. Citizen of 1 | | try? |
| TAL STATE | era | 11. Marital Status | 12. Was Decedant | Evar In U,S. | 13. Wa | | | (Specify Yes or N | | e - America | en Indian. |
| by Fur | 2 | 1 ☐ Never Married 2 ※ Married 3 ☐ Widowed 4 ☐ Divorced | Armed Forcas? d 1 ☐ Yas 2 ☑ If Yes, Give Yaar or Dates: | | | es, specify Cub | | (Specify Yes or Narto Rican, etc.) | Specify Specify | ck, Whita, a | |
| Completed | 9 | 15. Decedent's | Education | 16 | e. Deceder | nt's Usuel Occur | petion | | 16b. Kind of B | usiness/Ind | lustry |
| a la | d | (Specify only highest Elementery/Secondary (0-12) | College (1-4or | 5+) | life. DC | NOT use retire | , | vorking | | | |
| other traumatic event, training | 5 | 8th | | F | ork I | ift Dri | ver | | Chem - | Meta | ls |
| New Be | | 17. Father's Neme (First, Middle, La | ast) | | | | 18. Mother's N | leme (First, Middl | e, Meiden Suman | ne) | |
| 2 | 2 | | William | Youngba | r | | | Helen J | acobs | | |
| 5 | | 19e. Interment's Neme/Reletionship | | 19 | b. Meiling | Address (Street | and Number or | Rurel Route Num | ber, City or Town, | State, Zip | Code) 21225 |
| | | Grace Youngbar | / wife | | | | garet St | reet | Baltimor | ce, Ma | aryland |
| 5 | - 13 | 20e. Method of Disposition 1 XBurlel 2 □ Cremetion 3 | □ Pamovel from State | 20b. Pleca cemet | of Dispositi ery, crema: | ion (Neme of tory or other ple | ce) | Dete | 20c. Location - | City or Tox | wn, Stete |
| d'in | | 4 □ Donetion 5 □ Othar (Spe | | Glen | Haver | n Memori | ial Pk. | 12/9/96 | Glen Bu | rnie, | Maryland |
| any injury or other tr once. | | 21. Signatura of Funeral Service Lk | censee | | 22. N | Name end Addre | | | Funeral | | |
| 2 g | | Kukard | 60 X | 00-1 | 400 |)1 Ritch | ie High | | timore, | | |
| | 1 | 23e. Part1. Enter the disease, or co | omplications that caused | the daath. Do | | | | | | 110. 2 | Approximeta |
| ian | | shock, or heart tailure. List on | ily one cause on each ill | 10. | | | | | | | |
| | | | | | | | | | | 1 | Interval Between Onset end Death |
| ical | | Immediate Ceuse (Finel | API | ITE I | nu | PART | DIAL. | NAA | 27/12/ | 4 | Onset end Death |
| | | Immediate Cause (Final disease or condition resulting In death) | 0. | | | | IAL I | NFAR | Trais | | Onset end Death |
| er | | disease or condition | 0. | Due to (or es e | conseque | anca of): | | | | PARK | Onset end Death |
| er | | disease or condition resulting In deeth) | 58 S | Due to (or es e | conseque | enca of): | | | TTAN Disb | 956 | Onset end Death |
| Examiner | - | disease or condition resulting In deeth) | b. 887 | Due to (or es e | conseque conseque | enca of): PONA-1 ince of): | 24 A | PTERS | Diss | 158 | Onset end Death |
| Examiner | - | disease or condition resulting In deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events | b. SB. | Due to (or es elle PRY) Due to (or es a | conseque conseque | enca of): PRONA! ince of): LUNC | 24 A | | Diss | 750 | Onset end Death |
| Examiner | - | disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury | b. SB. | Due to (or es e | conseque conseque | enca of): PRONA! ince of): LUNC | 24 A | PTERS | Diss | 958 | Onset end Death |
| Medical Examiner | montes Page 110 | disease or condition resulting In deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events | b. SB. | Due to (or es elle PRY) Due to (or es a | conseque conseque | enca of): PRONA! ince of): LUNC | 24 A | PTERS | Diss | 7958 | Onset end Death |
| Medical Examiner | montes Page 110 | disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting In deeth) Lest | b. SB. | Due to (or es e | conseque | onca of): PROVIDIO Ince of): LUNC Ince of): | ey A | RIENS | Disb | | Onset end Death |
| Medical Examiner | montes Page 110 | disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significent conditions | b. SB d. C# | Due to (or es e | a conseque | enca of): PLONG! proce of): LUNC ince of): ertying cause given | ey A | 23b. Dic | Disb | ntribute to | Onset end Death |
| Physician/Medical Examiner | | disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significent conditions | b. SB. | Due to (or es e | a conseque | enca of): PLONG! proce of): LUNC ince of): ertying cause given | ey A | 23b. Dic | Disb | ntribute to | Onset end Death |
| by Physician/Medical Examiner | of the state of th | disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significent conditions | b. SB d. C# | Due to (or es e | a conseque | enca of): PLONG! proce of): LUNC ince of): ertying cause given | ey A | 23b. Dic 24a. Wa | Disb | ntribute to | the cause of death? ably 4 Unknown re eutopsy findings liable prior to |
| by Physician/Medical Examiner | of the state of th | disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significent conditions | b. SB d. C# | Due to (or es e | a conseque | enca of): PLONG! proce of): LUNC ince of): ertying cause given | ey A | 23b. Dic 124a. Wa | tobacco use con | ntribute to 3 Prob | the cause of death? ably 4 Unknown re eutopsy findings liable prior to opletion of cause eath? |
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State of Maryland / Department of Health and Mental Hygiene 0.5

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| Physic | ian | 1. Decedent's Neme (First, Middle, La | | ^ | 10.00 | \ | | 2. Dete of Do Month | Dev | Year | 3. Time of Deeth |
| /Medi | | JOHN Brad | ford | H | JDER! | SON | | Nov 2 | 24, 19 | 96 | 10:00 pm |
| Exami | ner | 4e. Facility Name (If not institution, give | and the second second | | | | 4b. City, Town, or | Location of Deer | th 4c. Cou | nty of Death | |
| | М | 7 Sheridan Ro | | | M A | Inder 1 Yee | Arnold | | | Arun | |
| Funeral Director | | 110-03-3477 | Sex 7. Age | 102 | DIFFI (CADY) | nths Deys | | 1. (Month, D | rth e <i>y, Year)</i> 8,189 | | place (State or Foreigntry) Jersey |
| Pu ≱ _ | | Usuel Residence of Decedent 10e. Stete 10b. County | | 10c. City. To | wn or Location | 1 | | | | 1 | 10d. inside City Limits |
| the Merylar 28s-f show | ctor | 1.00 | rundel | Arno | | | | | | | 1 □ Yes 2 ⊠ No |
| death with the Meryland ms 23a or 28a-f show Limust be notified at | Funeral Director | 10e. Street and Number 7 Sheridan Ro | a d | | 10 | f. Zip Code 2101 | 2 | | 10g. Citizen USA | of Whet Cour | ntry? |
| or its | by | 11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. Wes Decedent I Armed Forces? 1 Yes 2 14 If Yes, Give Yeer or Detes: | | | | Hispenic Orlgin? (ben, Mexican, Pue Specify: | Specify Yes or Norto Rican, etc.) | | Rece - Americ Bleck, White, acify: | |
| 72 hours natural', | P | 15. Decedent's Ed (Specify only highest gra | ducation | 16 | a. Decedent's | Usuel Occu | pation during most of w | working 16b. Kind of Business/Industry | | | dustry |
| | Completed | Elementery/Secondary (0-12) | | +) | life. DO No | OT use retire | ed) | New York City | | | |
| ed withi ygiene. | 00 | | 4 | Pu | rchas | ing] | Inspect | or | Water | Supp | 1 y |
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| Marria | 2 | | | | | | Ida K | ing | | | |
| d 2 should be file th and Mental Hy 7 is marked oth traumatic event | | Elementery/Secondary (0-12) College (1-4or 5+) 4 Purchasing Inspect 17. Fether's Name (First, Middle, Last) Abram Anderson 18. Mother's N Ida K 19b. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or A) | | | | | | | | wn, State, Zip | Code) |
| - 트립워노 | | Purchasing Inspect 17. Fether's Name (First, Middle, Last) Abram Anderson Ida K 19e. Informant's Neme/Reletionship (Type, Print) Joan Weingartner/daughter 7 Sheridan Road, | | | | | | | | 21012 | |
| T Her off | | 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ | Damoval from State | 20b. Plece came | of Disposition tery, cremetory | (Name of or other plo | ece) | De Cete 7 | 20c. Locatio | on - City or To | own, State |
| Pag mt-m | | 4 □ Donetion 5 □ Other (Specif | | Soutl | hampto | n Ce | metery | 1996 | Southa | imptor | n, New Y |
| permit. Pages 1 a Department of Her Important: If Item any injury or othe once. | | 21. Signature of Finneral Service Ligar | 13. | | Bar | rance | ess of Fecility o and S Ritchie | | | | 21146 |
| Physician /Medical Examiner | Je. | Immediate Cause (Finel disease or condition resulting In deeth) | θ | Due to (or as | LOna a consequence | a of): | anter | m D | isea | 20 | Onset end Deeth |
| cate be executed physician and s the buriel-transit | Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or in jury that initiated events | b | Due to (or as | a consequence | a of): | | | | | |
| E 0.6 | Medical | Cause (Disease or Injury that initiated events resulting in death) Lest | | Due to (or es | e consequence | a of): | | | | | |
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| requires that the death cereor signed by the ettendir hould be detached for use | Physician/M | Pert ff. Other significant conditions of PENJA | ontributing to death bu | at not resulting | In the underly | ing ceuse g | iven in Pert I. | | Yes 20 N | | o the cause of death bably 4 Unknow |
| be d | by | CIPIOD / | 70.0 | 1-11- | 1) | | | | | | |
| aw requ | Completed | | | | | | | | ormed? | N av | fere autopsy findings yellable prior to empletion of cause death? |
| dcian: The l certificate he rector, page | | | | | | | |)× | Yes 2□No |) 1[| □Yes 20No |
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| Physician: this certific | 2 | 1 ☐ Yes 20 No | Hospitel: 1 ☐ Inpatie | | | _ DUA | ther: 4 Nursing | | idenca 8 🗆 | | 5/) |
| ng P | 0 | 27. Menner of Deeth SNetural 5 □ Pending | 28e. Dete of Injur (Month, Dey | Year) 28b | . Time of injury | 28c. Inju | iry at ork? | 28d. Describe | how injury oc | curred | |
| To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page | Certification: | 2 Accident investigation 3 Sulcide 8 Could not b 4 Homicide determined | | ry - At home, (Specify) | ferm, street, fe | |]Yes 2□No | 28f. Location City or To | (Street and Nu own, Stete) | mber or Rura | al Route Number, |
| To the Hospital within 24 hours To the Funeral completely filled | edicai C | 29e. Cartifier (Check only one) Certifying Ph | ysician: To the best on the basis of end menner ste | examinetion e | ge, deeth occu and/or investig | rred et the t etion, in my | ime, date end pled opinion, deeth occ | e, end due to the curred at the time | ceuse(s) and dete end pled | manner as s | teted. o the cause(s) |
| To the Young | M | 29b. Signeture end title of cartifier | ۸ | | | 29c. Licen | se number | | 29d. Dete sig | ned (Month, | Dey, Year) |
| - > - 0 | | > Wand | rh. | | | 1): | 2471,5 | | 11 | 125/0 | 96 |
| , | | 30. Neme and address of person who | completed cause of de | eth (Item 23e |) (Type Print) | | - / 4 | | | 1 - 3 | |
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| Renistr | | | A., | | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene

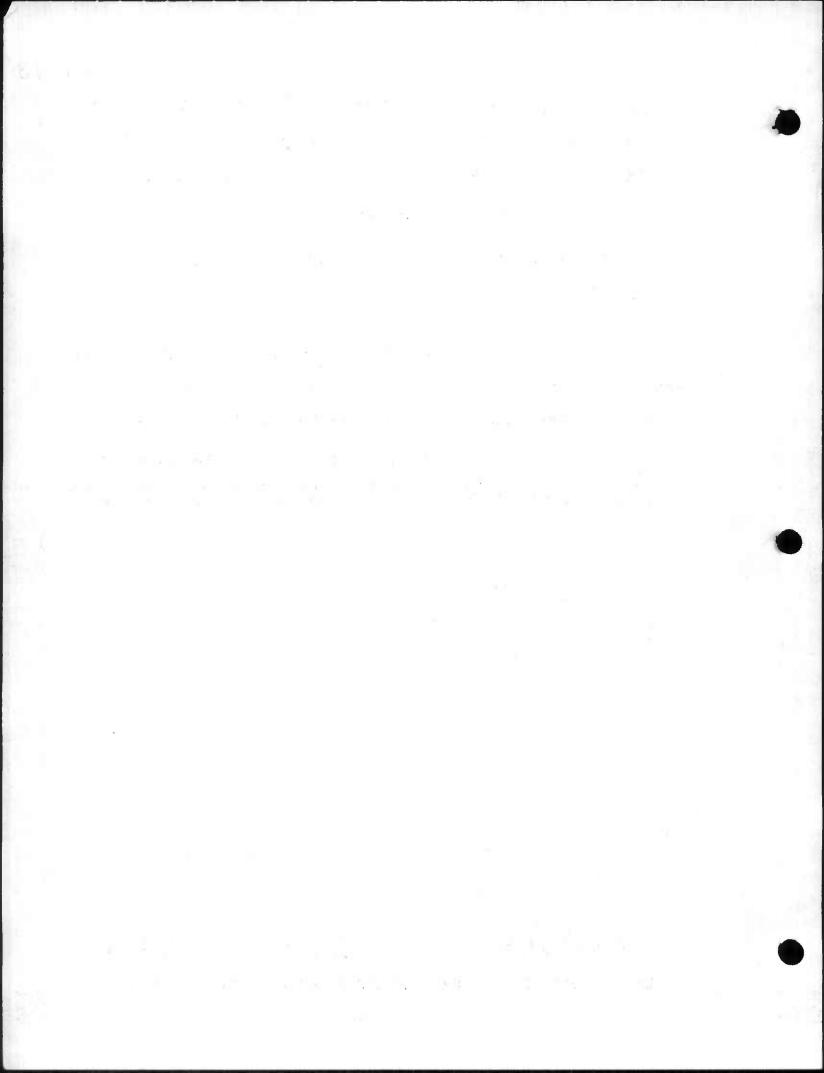
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month **Physician** Edward Burke Arnold November 20,1996 2217 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Anne Arundel Annapolis | H Undar 1 Year | H Undar 24 Hrs. | S. Data of Birth (Month, Day, Year) | O c t 7 , 1932 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** 1⊠M 2□ F 297-26-0821 Yrs. Director Ohio Usual Rasidance of Decedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limita 7 is marked other than "natural", or items 23s or 28s-f ahow traumstic event, the Medical Examinal must be notified at Annapolis 1 ☐ Yas 2 ₺ No Director Anne Arundel 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 2111 Bay Fron t Terrace 21401 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ⊠ Yaa 2 □ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yaa or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yaa 2 No Specify: P 3 ☐ Widowed 4 ☐ Divorced permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important if flem 27 la marked other than "natural", any injury or other traumetic access. White Completed 16a. Decedant'a Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Food Store Chain Elementary/Secondary (0-12) Coilege (1-4or 5+) Supervisor - Safeway Foods 18. Mothar's Nama (First, Middla, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) Be Edward Arnold Florence Burke 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 2111 Bay Front Terrace, Annapolis, MD 21401 Berneice B. Arnold/wife 20b. Piace of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Nov 25 1 Burlai 2 Cramation 3 Ramovai from Stata Maryland Veterans Cem. 1996 4 Donation 5 Other (Specify) Crownsville, MD Signature of Funeral Service Ligense 22. Nama and Address of Facility Barranco and Sons Funeral Home 495 Ritchie Hwy., Severna Park, MD 21146 culture that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, in cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) Cardiac Arrest Sminules Examiner Dua to (or as a consequence of): Ischemic Cardiamyopathy 6 years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Dua to (or as a consequence of): Coronary eari Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of å Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown Aortic Valuular disearc 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? Prostretic Aortic Value certificate has Pacemoker 1 ☐ Yas 2 No 1 Yas 2000 Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Was casa refarred to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: P 1 Yas 2 PNo 1 inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 T Homleida 11 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian 29b. Signature 29c. Licansa number 29d. Data signed (Month, Day, Year) D32654 November 21, 1996 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Highway, Arnold, mp 21012 John C. Serlemtroi 1509 Ritchie 31. Dain filed (Month, Day, Year) 32. Registrar's Signatura Tuha Davidson-Randall NOV 27 1996 Registrar

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| | | Decedent's Neme (First, Middle, I | Last) | | | | 2. Date of De | eath | 3. Time of | | |
|--|---|--|--|--|--|--|--|--|---|--|--|
| Physiciai Medica/ | _ | MARTIN | RICHARD | | ASHMAN | | NOV | | 96 2:25 | | |
| Examine | | 4e. Fecility Nema (If not institution, g MEMORIAL | | | | 4b. City, Town, or EASTON | Location of Deet | th 4c. County TALB | | | |
| uneral | | | . Sex 7. Age | (In yrs. lest birthda) | y) If Under 1 Year | If Under 24 Hrs | | | Birthplace (State or Country) | | |
| irector | | 215-34-7937 Usuel Rasidence of Decedent | 1XM 2□F 57 | 7 Yrs. | Months Deys | Hours Min. | SEPT. | 16,193 | 9 MARYLA | | |
| Mon. | | 10e. Stata 10b. County | 1 | 10c. City, Town or I | Location | | | | 10d. insida Cit | | |
| 28a-f ahow | Director | MD | TALBOT | (| CORDOVA | | | | 1 ☐ Yes | | |
| beng Deng | 2 | 10e. Street end Number | | | 10f. Zip Code | | | 10g. Citizen of V | 14. Race - American Indian, Bieck, White, etc. Specify: WHITE D. Kind of Businass/Industry AW ENFORCEMENT dan Sumeme) | | |
| munt b | Funeral | 11570 WOODWI | NDS COURT 12. Was Decedent Ev. | er in U.S. 13 | 216 Wes Decedent of | | pecify Ves or N | USA | e - American Indian | | |
| Pan. | Ď | 1 □ Never Merried 2 Married 3 □ Widowed 4 □ Divorced | Armed Forces? | | if Yes, specify Cut 1 ☐ Yes 2 ☐ No | oen, Mexican, Puer | o Rican, etc.) | Bied | ck, White, etc. | | |
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| d other evant, II | | 12 17. Fethar's Name (First, Middle, Les | st) | MD. | STATE T | 1 | ne (First, Middle | | | | |
| Health end Mer Hem 27 is marke other traumatic | 0 8 | 17. Fethar's Name (First, Middle, Lest) MARTIN P. ASHMAN 18. Mother's Name MYRTLE | | | | | | AROLD | | | |
| | | 19a. informent'e Neme/Ralationship | | | | | | | | | |
| | - | JEAN A. ASHMA 20e. Method of Disposition | | 20b. Piece of Disp | | INDS CO | Dete | | | | |
| | | 1 Surial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec | | cemetery, cri | ematory or other ple | | | | | | |
| | 1 | 21. Signature of Funeral Service Lice | | | CEMETER 22. Name end Addr | | 1-29-9 | 6 OXFOI | RD, MD | | |
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| *uneral Director: After this certificate has been signed by the attending physicien end set filled in by the funeral director, page 2 should be datached for use as the buriel-transit in the funeral director. To Be Completed by Physician Medical Examiner | Certification: 10 be completed by Physician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or Injury the Initiated events rasulting in deeth) Lest Pert II. Other significant conditions 25. Wes cesa rafarred to medical axeminar? 1 Yes 2 No 27. Manper of Death 1 Naturel 5 Pending investigating investi | b. Ferfovo Colum c. Du d. Du d. Contributing to death but of the contributing to death but of the contribution of the cont | Ja to (or es a consecte de la consec | equence of): equence of): equence of): underlying ceuse gi ent 3 DOA Ot of 28c. Inju Wo M 1 Citraet, factory, office | ven in Pert I. 26. Piece of Deiher: 4□ Nursing Hyrk? IYes 2□ No | 23b. Did 1 | tobacco use cor Yes 2 No sen eutopsyomed? Yes 2 No one) dence 6 Othe how injury occurr Street and Number wn, Stete) | Diritorial Bath Onset end D Week 6 M J W 24b. Were autopsy fire every average prior to completion of ce of death? 1 Yes 2 N er (Specify) red | | |
| *uneral Director: After this certificate has been signed by the attending physicien end set filled in by the funeral director, page 2 should be datached for use as the buriel-transit in the funeral director. To Be Completed by Physician Medical Examiner | redical Certification: 10 be completed by Physician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thet initiated events rasulting in deeth) Lest Pert II. Other significant conditions 25. Wes cesa rafarred to medical axeminar? 1 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending investigating investig | b. Ferfovo c. Du c. Du d. Du d. Contributing to death but re 28e. Deta of Injury (Month, Dey Young) be 28a. Piace of Injury building, etc. (c. (c. (c. (c. (c. (c. (c. (c. (c. (| Ja to (or es a consecte de la consec | equence of): equence of): equence of): underlying ceuse gi ent 3 DOA Ot of 28c. Inju Wo M 1 Citraet, factory, office | 26. Plece of Dei her: 4 □ Nursing H ry at rk? IYes 2 □ No me, date end piece opinion, deeth occu | 23b. Did 1 | tobacco use cor Yes 2 No en eutopsy med? Yes 2 No one) dence 6 Othe how injury occurr Street and Number wn, Stete) cause(s) end med date end piece, s | Diritorial Bath Onset end D Week 6 M J W 24b. Were autopsy fire every average prior to completion of ce of death? 1 Yes 2 N er (Specify) red | | |
| The Funeral Director: After this certificate has been signed by the attending physicien end pletely filled in by the funeral director, page 2 should be datached for use as the buriel-transit edical in the funeral director, page 2 should be datached for use as the buriel-transit edical Certification: To Be Completed by Physician Medical Examiner | redical Certification: 10 be completed by Physician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events rasulting in deeth) Lest Pert II. Other significant conditions 25. Wes cesa rafarred to medical axeminar? 1 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending investigating investig | b. Ferfovo Colum c. Du d. Du d. Contributing to death but of the contributing to death but of the contribution of the cont | Ja to (or es a consecte de la consec | equence of): equence of): equence of): underlying ceuse gi ent 3 DOA Ot of 28c. Inju Wo M 1 itraet, factory, office | 26. Plece of Dei her: 4 □ Nursing H ry at rk? IYes 2 □ No me, date end piece opinion, deeth occu | 23b. Did 1 | tobacco use cor Yes 2 No en eutopsy med? Yes 2 No one) dence 6 Othe how injury occurr Street and Number wn, Stete) cause(s) end med date end piece, s | Der (Specify) er or Rurel Route Numb Interval Batw Onset end D Week 6 M JW 24b. Were autopsy fire eveilable prior to completion of ce of death? 1 Yes 2 N er (Specify) er and due to the ceuse(s) | | |

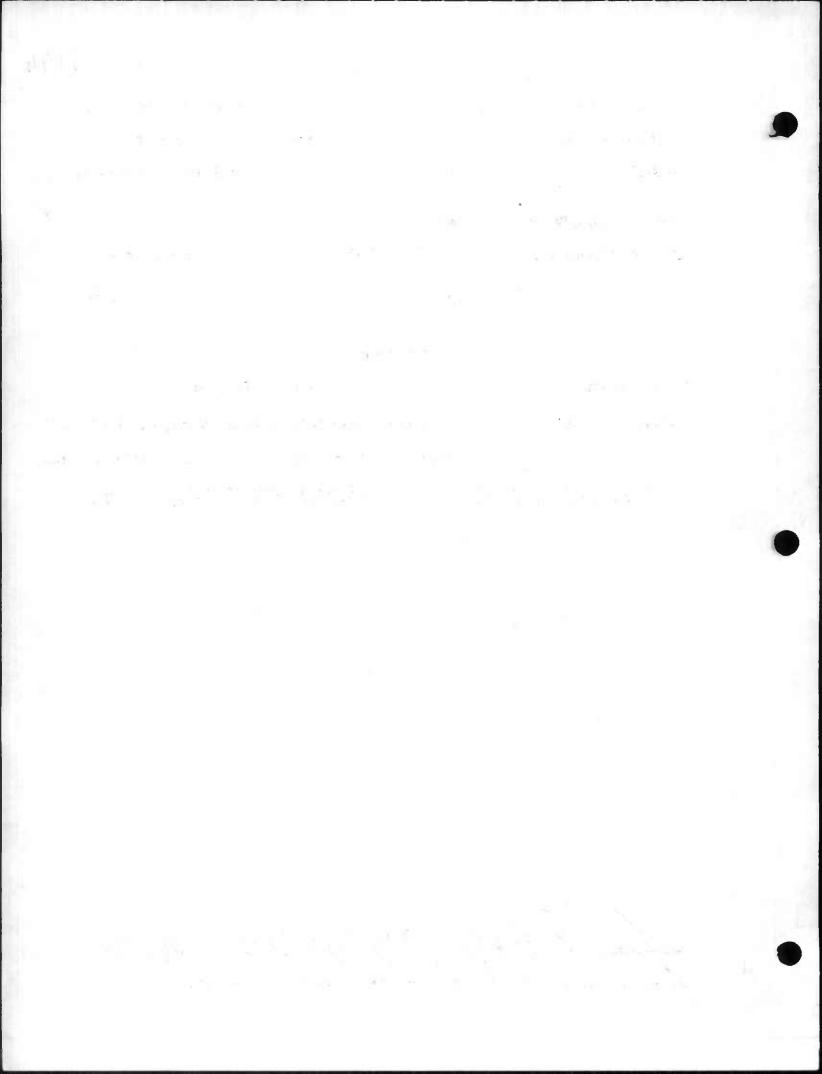


State of Maryland / Department of Health and Mental Hygiene

37174 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Tima of Deeth Month **Physician** Joseph 24, 1996 Fernand Arquin November 11:30 PM /Medical 4e. Fecility Nama (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 12007 Lanham Severn Road Bowie Prince George's ff Undar 1 Yaar | If Under 24 Hrs. | 8. Data of Birth Months | Deys | Hours | Min. | (Month, Day, 5. Social Sacurity Number 7. Age (In yrs. lest birthday) Birthplaca (Stete or Foreign Country) **Funeral** 10 M 20 F 024-14-6225 Vrs 72 March 18, Director 1924 Massachusetts Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits rs 23a or 28a-f show 1 Yes 2 No Directo Maryl and Prince George's Bowie 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 12007 Lanham Severn Road 20720 United States death Funeral Herns ? 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: WW∏ Was Dacedant of Hispenic Origin? (Specify Yas or No. If Yes, specify Cuben, Mexican, Puarto Ricen, etc.) Rece - Amarican Indien, Bieck, White, etc. 11. Maritel Status Pages 1 and 2 should be filled within 72 hours after do and of Health and Mental Hyglene.
Int: If flem 27 is marked other than "natural", or frem yor other traumatic event, the Medical Empired.
Inty or other traumatic event, the Medical Empirem. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) bus driver **METRO** 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Be Arthur Arguin Adelia Croteau 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) intment of Health e intant: If Item 27 la njury or other tra Kristina S. Arguin 12007 Lanham Servern Road, Bowie, Maryland 20720 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Data 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory 11-26-96 Beltsville, Maryland permit.
Departr
Imports
any Inft 21. Signature of Euperal Service Licenses 22. Name end Address of Fecility Rapp Funeral Services, P.A.
933 Gist Avenue, Silver Spring, Maryland 20910
23e. Part1. Enter the diseesa, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,
Approximate Approximete Intervei Between Onset and Death **Physician** /Medical Immediete Ceuse (Finai Carcinoma of the Prostate 6 years diseese or condition resulting in death) **Examiner** Due to (or es e consequence of): Examiner bunal-transit The lew requires that the death certificate be executed pue Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760. physician Physiclan/Medical the Dua to (or as a consequence of): use as Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown hypertension þ 24b. Were eutopsy findings available prior to completion of causa of death? page 2 should Completed 24a. Wes en eutopsy performed? peeu certificate has 1 ☐ Yes 2 X No 1 Yas 2 No lal or Attanding Physician: The safter deeth.

I Director: After this certificate ed in by the funeral director, pa Be 25. Wes cesa referred to medicai 26. Piace of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 9 1 Yes 2 No Other: 4 Nursing Homa 5 🕅 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) filled in by 4 Homicide To the Hospital o within 24 hours af To the Funeral Di Medical 29a Cartifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner es steted. Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signatur d title of certified 29c. License number 29d. Dete signed (Manth, Dey, Year) (Item 23e) (Type, Print) Leonard P. Appel, 3231 M.D Superior Lane, Bowie, Maryland 20715 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State NOV 26 Registrar

DHMH 16 Bay 6/95



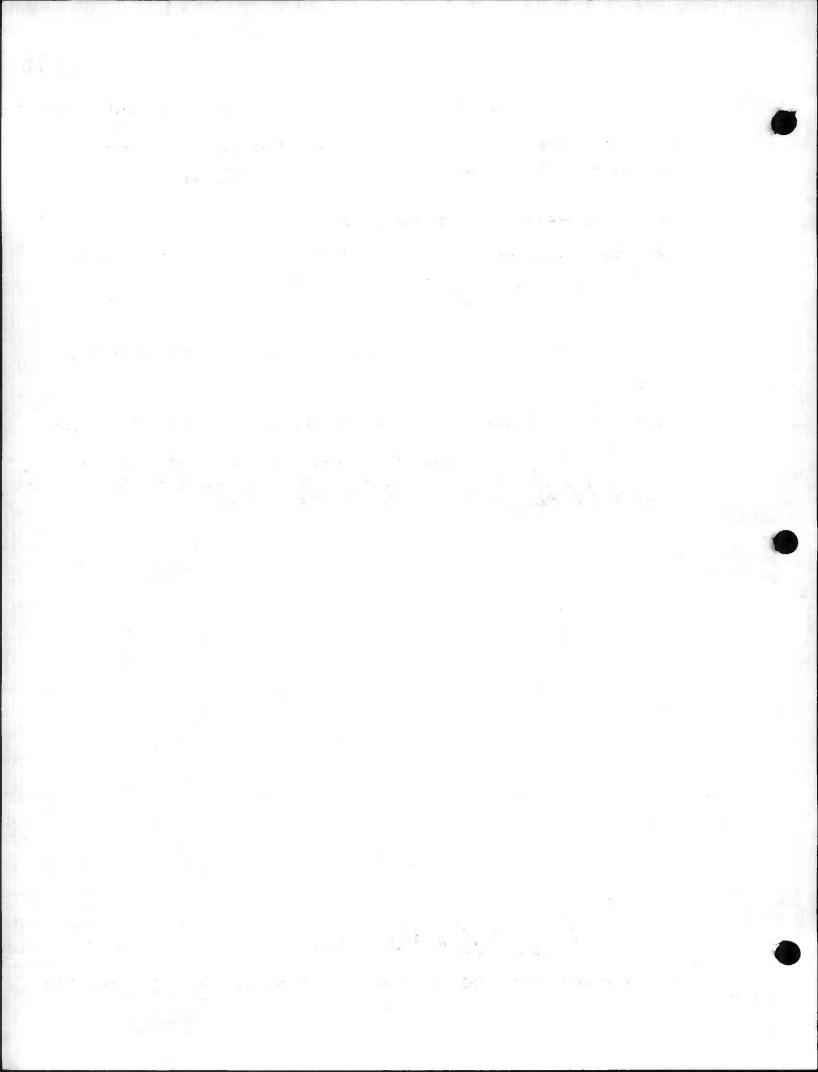
State of Maryland / Department of Health and Mental Hygiene

96 37175

| | | | | | | Ce | rtificate d | of Death | | | Reg. No. | 20 | 011 | 10 |
|---|----------------|--|---|-------------------|-------------------------------------|------------------------|-------------------------------------|-------------------------|------------------|----------------------------|----------------------------|---------------------------|---|--------------------|
| LIBE. | | | me (First, Middle, L | .ast) | | | | | | 2. Dete of D | | | 3. Time of I | Deeth |
| • | ician | 1.2 | Joh | n L. Am | nes, Jr. | | | | | Month Noveml | ber 24 | Yeer 1996 | 11:10 | р |
| | dical miner | 4e. Fecility Neme | (If not institution, g | ive street end no | um <i>ber</i>) | | - | 4b. City. To | wn. or Lo | cation of Dee | | County of Dee | | 1. |
| LAGI | mici | | se Nursi | | | | | | | | | | | |
| - | | 5. Sociel Security | | Sex nome | 7. Age (In yrs. | lest hirthday | If Under 1 Ye | Silve: | r Spi 24 Hrs. | ing Pote of B | | ntgome | | - |
| Funer Direct | _ | 089-10-2 | | 1 M 2 □ F | | Yrs. | Months De | | | 8. Date of Bi (Month, D | | 9. Bir | thplece (State or ountry) | Foreign |
| Direct | OF- | Usuel Residence | | | 101 | | | | | July 2 | 2, 18 | 95 Ma | ine | |
| and | | 10a. State | 10b. County | | 10c. Cit | y, Town or L | ocetion | | | | | | 10d. inside City | v I Imita |
| Aary | 5 | Marria d | Marka | | | | | | | | | | 1 Yes | |
| he h | 5 | Maryland | Montgom | ery | S: | llver | Spring | | | | | | | |
| F 9 | Director | 10e. Street end Nu | | | | | 10f. Zip Cod | | | | 10g. Citize | on of What Co | ountry? | |
| 23a | <u>a</u> | 2015 F | East West | Highwa | y | | 209 | 10 | | | Un | ited S | tates | |
| 72 hours effer death with the Maryland natural', or items 23a or 28s-f show a call Exponent must be notified at | Funeral | 11. Meritel Status | | | cedent Ever in U, | S. 13. | Wes Decedent | of Hispenic Orl | gin? (Spe | city Yes or N | 0- 14 | Raca - Ame Bieck, Whit | | |
| or it | 正 | | ried 2□ Married | 1 X Yes | 2 No WW | II I | 1□ Yes 2XI | | | mouri, otc., | | | e, etc. | |
| ral'. | by | 3 ☐ Widowed | 4 Divorced | Yeer or E | Detes: Korea | an | 10 103 2201 | чо эрвану. | | | S | pecify: WI | nite | |
| Tata Late | Completed | /500 | 15. Decedent's I | Educetion | | 16e. Dece | dent's Usuel Oc | cupetion | | | 16b. Kind | of Business | /Industry | |
| Med | D e | Elementary/Sec | ondary (0-12) | | (1-4or 5+) | life. | kind of work do DO NOT use re | ne auring mos tired) | t or workii | ng | | | | |
| end Mental Hygiene. la marked other than "I aumatic event, tre Mes | 0 | | 511da1 y (5 12) | 4 | | Off | icer | | | | United | States | Army | |
| ent, | BeC | 17. Fether's Neme | (First, Middle, Les | it) | | | | 18. Mothe | er's Neme | (First, Middle | | **** | | |
| ked cev | ToB | John L. | Ames | | | | | | | | | | | |
| if Health and Mental Hygiene. Itam 27 Ia marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Extensine must be notified at | F | | lame/Reletionship | (Type Print) | | 10h Maii: | no Address 101- | ant and Att | ar or D | I Posto Atra- | har CA | Town Cr : | Zip Code) 208 | 250 |
| 7 la | | | | | | | | | | | | | | |
| Health am 27 i | | | C. Owens/ | Guardia | OOL D | to an of Diam. | tat /4 t t | | | _ | | | Marylan | ıd |
| 0 - 1 | | 20e. Method of Dis | sposition Cremetion 3 l | Removel from | State 20b. P | emetery, cre | osition (Neme of metory or other | placa) Novem | her 27 | Date 1996 | 20c. Loca | ation - City or | Town, State | |
| Department of Important: If its any injury or o | | 4 Donation | 5 ☐ Other (Spec | ify) | Mon | tgome | ry Crema | atorium | . In | 2. | Beth | esda. | Maryland | 1 |
| Department Important: I any injury o | 8 | 21, Signature of F | uneral Service Lice | mag/ | | | | | | | /= .1 | 1 | | |
| 8 E S | Bug | Dan. | 1180 | 4 | M0084 | 7 7° | 57 Wisc | consin | Funei | al Home | e/Bethe | sda-Che | vy Chase, | In |
| - | | 23s Party Enter | thattenann or one | A SOL | | Be | thesda, | Maryla | and | 20814- | -3501 | | | |
| | | shark, or her | the disease, or cor art failure. List only | one cause on | eech line. | 1. DO NOT 911 | ter the mode or t | ayıng, such es | cerdiaco | r respiretory e | errest, | | Intervel Betw | een |
| iysicla Medica | _ | Immediate Cause | (Final | | | | | | | | | | Onset end De | 3 0 ([1 |
| (amine | _ | Immediate Cause disease or condition resulting in death) | on | Gas | trointes | tinal | Hemorrh | nage | | | | | 48 Hour | S |
| | | resulting in death) | | | Due to (or | es a conse | quence of): | | | | | | | |
| # | Examiner | | _ | | | | | | | | | | | |
| trans | la m | Sequentially list co | onditions, | D | Due to (or | es e consec | quence of): | | | | | | | |
| an e | | if eny, leeding to Ir cause. Enter Under Ceuse (Diseese or | nmediete erlying | | | | | | | | | | | |
| iding physiclan end ise as the bunal-transit | edical | that initiated event | S | C | Due to (or | as e consec | uence of): | | | | | | | |
| g ph | 8 | resulting in deeth) | Lest | | | | 1001100 017. | | | | | | | |
| | 3 | | | d | | | | | | | | | | |
| for u | Ca | | | | | | | | | | | | | * |
| ed by the e | Physician | Part II. Other signif | ricant conditions | contributing to d | leeth but not resu | Iting In the u | nderlying cause | given in Pert I. | | 23b. Did | tobacco us | e contribute | to the cause of | death? |
| d by Jetac | | Dehydrat | ion | | | | | | | 1 🗆 | Yee 2 | No 3 P | robably 4) U | nknow |
| 5 8 | by | Deligarat | 1011 | | | | | | | | | | | |
| peen s | | Alahoima | r's Dise | 250 | | | | | | 24e. Wes | en eutopsy ormed? | 24b. | Were autopsy fin evellable prior to | dings |
| as be | Completed | ATTHETHE | r p Drse | ase | | | | | | pan | | | completion of car of death? | JSO |
| 5 5 | I I | | | | | | | | | 100 | Van alt | | | |
| certificate rector, pa | | OF Mine sees side | wad to medical | | | | | | | | Yes 2🕅 | NO | 1□Yes 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 10 |
| s certific director, | Be | 25. Was case refer exeminer? | | Hospital: | | | | | of Deeth | (Check only | one) | | | |
| this dir | 2 | 1 ☐ Yes 2 🔯 | | 10 | Inpatient 2 | | II 3LI DOA | | | e 5□Resi | | | cify) | |
| After | on: | 27. Menner of Deet 1 X Naturel | h 5 ☐ Pending | 28e. Dete (Mon | of Injury oth, Dey Year) | 28b. Time of Injury | | ijury et Vork? | 2 | 8d. Describe | how injury o | occurred | | |
| the fu | at | 2 Accident | Investigation | | | | | ☐ Yes 2☐ | No | | | | | |
| Director: | t i | 3 ☐ Suicide 4 ☐ Homicide | 6 Could not be determined | 286. Piece | of Injury - At hoing, etc. (Specify | me, farm, str | eet, fectory, offic | 20 | 2 | 8f. Location (| Street end I wn, Stete) | Number or Au | irel Route Numbe | er, |
| To the Funeral Direct completely filled in by | Certification: | | | Dulla | mg, ord. (opecity | , | | | | Only of 10 | mi, Uldie) | | | |
| Funeral stely filled | | | | | | | | | | stated. | | | | |
| - Fu | edical | (Check only one) | 2 Medical Exa | miner: On the ba | asis of examineti | on end/or in | estigetion, in m | y opinion, deet | h occurre | d et the time, | dete end pl | ace, and due | to the ceuse(s) | |
| To the | 2 | 29b. Signeture end | title of certifier | | 1/1 | 7 - | 29c. Lice | ense number | | | 29d. Date 9 | signed (Monti | h. Dev Year) | |
| ⊢ ŏ | | | 1 | / | 1///// | MI | | | | | 100.000 | .gg. (wort) | ., coj, rodij | |
| 1 | | | 1 Ta | you 7 | 10,00 | 1 11 | | 253 | | | Novem | ber 25 | , 1996 | |
| 1 | | 30. Neme end eddr | ess of person who | completed caus | se of deeth (Item | 23a) (Type, | Print) | | | | | | | |
| | | Marjorie | A. Voith | , M.D., | 5530 W: | iscons | in Aven | ue #830 | , Ch | evy Ch | ase. | Marvla | nd 208 | 15 |
| S | tate | 31. Dete filed (Mon. | th, Dey, Year) | | legistrar's Signet | | | | | | | | | |
| Regis | trar | NOV | 2 9 1996 | July | · Davidson | -Nauges | 60 | | | | | | | |
| | | 1107 | and an individual | 11 | | | | | | | | | | |

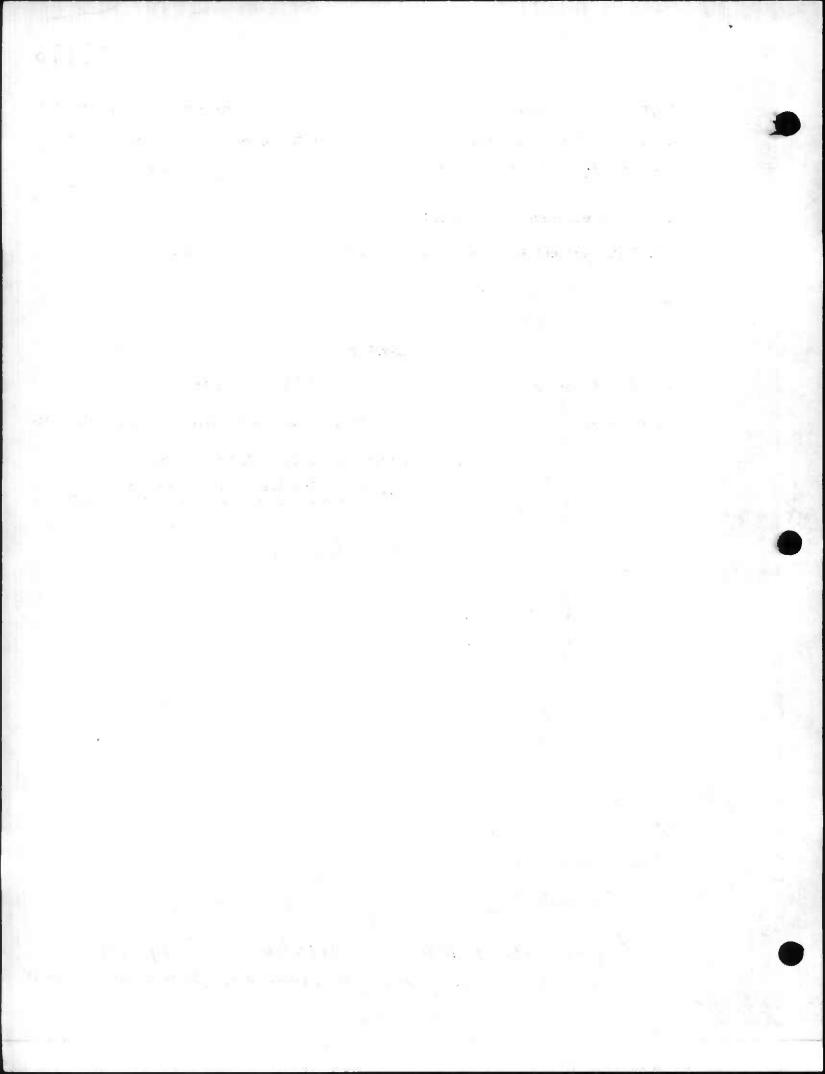
DHMH 16 Rev 6/95

NOV 2 9 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37176

| | | 1 December Name (First Middle) | | | Certific | ate of | Death | 1000000 | Reg. No. | | 31110 |
|--|------------------|---|---|--------------------------------|--------------------------------------|-------------------------------|---|--|------------------------------------|-------------------------|---|
| Physic | ian | Decedent's Name (First, Middle, L. | ist) | | | | | 2. Dete of De Month | Day | Year | 3. Time of Death |
| /Med | | Thyrza I. Ath | | | | | | | er 25, | 1996 | 8:15 AM |
| Exami | ner | 4a. Facility Neme (If not institution, gi | | | | | | r Location of Deat | h 4c. County | of Deeth | |
| 50 | | Mariner Health | of Kensing | gton | | | Kensing | gton | M | ontg | omery |
| Funeral | | | Sex 7. Age | e (In yrs. lest b | oirthday) If Un Yrs. Mont | der 1 Year hs Days | If Under 24 Hr Hours Mir | | rth ey, Yeer) | 9. Birth | piace (State or Foreign |
| Director | | 479-20-6693 Usuai Residence of Decedent | | 101 | 110. | | | July 4 | 1895 | | Lowa |
| and | | 10a. State 10b. County | | 10c. City, To | wn or Location | | | | | | 10d. Inside City Limits |
| Aaryl sho | 5 | MD Montgon | nerv | Kensi | noton | | | | | | 1 □ Yes 2 No |
| the 1 | ect | 10e. Street end Number | | | - | Zi- O-d | | | | | |
| filed within 72 hours effer death with the Maryland Hygiene. Whysiene. Whysier than "natural", or items 23s or 28s-f show ant, the Medical Examiner must be inclined at | Funeral Director | 10920 Connection | cut Ave., A | Apt. 52 | | Zip Code 20895 | | | 10g. Citizen of N USA | What Cou | ntry? |
| dea dea | ner | 11. Marital Status | 12. Was Decadent 8 | Ever in U,S. | 13. Was De | cedent of I | lispanic Origin? (| Specify Yes or No | - 14. Rad | | can indien, |
| offer Ar It | 3 | 1 Never Married 2 Married | Armed Forces? 1 ☐ Yes 2 🕅 | ło | | | | nto Hican, etc.) | Blac | ck, White, | etc. |
| d 2 should be filed within 72 hours of the end Mental Hygiene. 7 Is marked other than "natural", or traumatic event, the Medical Evans. | þ | 3 ₺ Widowed 4 □ Divorced | if Yes, Give Yeer or Detes: | | 1 L Yes | 2 LAINO | Specify: | | Specify | Wh: | ite |
| 2 ho | Completed | 15. Decedent's E | ducation | 16 | a. Decedent's U | sual Occup | pation | | 16b. Kind of B | usiness/In | ndustry |
| n n | ple | (Specify only highest gr | | | (Give kind of life. DO NO | work done Tuse retire | ed) most of working | | | | |
| iene iene | EO | Elementary/Secondary (0-12) | College (1-4or 5 | +) | Homemak | er | Own Home | | | | |
| be filed Ital Hyg of other event, | | 17. Father's Name (First, Middle, Las | ") | | | | 18. Mother's Ne | eme (First, Middle | , Meiden Surnam | 10) | |
| 2 should be filed within no and Mental Hygiene. Is marked other than 'raumatic event, the We | o Be | David H. Mehaffey Talith | | | | | | Thompso | | , | |
| d 2 should th end Mer 7 is marke traumatic | 70 | 17. Father's Name (First, Middle, Last) | | | | | | Durant Carreta Africant | 0%T | O4-4- T | 0-4-1 |
| hen rau | | 17. Father's Name (First, Middle, Last) David H. Mehaffey 18. Mother's N Talitha | | | | | | | | | |
| 1 end 1 Health em 27 i | | | | | | | | | | | |
| permit. Peges 1 end Department of Health Important: if Item 27 any injury or other to | | 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ | Removal from State | cemet | of Disposition (i | or other pla | ca) | Date | 20c. Location - | City or To | own, State |
| vermit. Peges 1 er Department of Hea mportant: If Item 2 Iny Injury or other MCe. | | 4 □ Donation 5 □ Other (Speci | | Metro | politan | Crem | natory | 11/26/96 | Alexan | dria, | , VA |
| mit. | | 21. Signature of Funeral Service Lice | Deed . | | 22. Name | end Addre | ss of Fecility | _ | | | |
| 20 E 2 8 | | Xtom 1 | 12 0 | | | | | Funera | | | D 00001 |
| | | (23 Part) Fotor the disease or on | JUYNO | the death De | | | | /d. W., | | . , M | |
| | | 23a Part 1. Enter the disease, or conshock, or heer failure. List only | one cause on each lin | the deeth. Do | not enter the n | node of dyll | ng, such as cardie | ec or respiretory e | errest, | 1 | Approximate Interval Between |
| Physician | | | | | | | | | | - 1 | Onset end Deeth |
| /Medical Examiner | | Immediate Cause (Finel disease or condition resulting in death) | a. Bilic | VY | Tract | oh | Struct | in | | | Gmoulds |
| | | resulting in death) | | Due to (or as a | consequence | of): | | | | | |
| p # | ine | | b | | | | | | | | |
| ifficate be executed g physician and es the buriel-transit | Examiner | Sequentially list conditions, | D | Due to (or as a | consequence | of): | | | | | |
| ificate be exe g physician a es the bunel- | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | | | | | | | | 1 | |
| ite b | edicai | thet initiated events resulting in death) Last | c | Due to (or as a | consequence | of): | | | | | |
| g ph es t | | resuming in death) Last | | | , | , | | | | 1 | |
| attendin | 2 | | d | | | | | | | | |
| atte d for | cia | Death Other death and an distance | | . he | | | | 1 | | | |
| thet the de led by the s | Physician/N | Pert II. Other significant conditions | ontributing to death bu | it not resulting | in the underlyin | g cause gr | en in Pert I. | | | | o the cause of death? |
| thet ad by dete | | Previou | 15 57 | roke | | | | 1 - | Yes 2 No | 3 Pro | bably 4 Unknow |
| The law requires that the death cer ite has been signed by the attendir page 2 should be deteched for use | þ | | | | | | | | | | |
| v require been si | Completed | | | | | | | 24a. Was | en autopsy omied? | av | ere autopsy findings vailable prior to |
| e law r hes by | ple | | | | | | | | | of | mpletion of cause deeth? |
| The la | ПО | | | | | | | 10 | Yes 20 No | 1[| ☐ Yes 2☐ No |
| iclan: The certificate rector, pag | Be C | 25. Was case referred to medical | | | | | 26 Place of Dr | eath (Check only | | | |
| Physician: this certific | To B | examiner? | Hospital: 1 ☐ Inpatier | nt 2 ER/O | | DOA Oth | A | | | | |
| or Attending Physician: The law requires the efter death. Director: After this certificate has been signed in by the funeral director, page 2 should be a | <u>:</u> | 27. Menyfer of Death | | | Time of | DOA Diu | | Home 5 ☐ Resi | how injury occur | | ry) |
| or Attending lefter death. Director: After in by the fune | Certification: | 1 ☑ Naturel 5 ☐ Pending | 28a. Dete of Injur (Month, Day | Year) | Injury M | 28c. Injur Wor | k? Yes 2□No | 200. 5000.00 | now injury occur | 00 | |
| thendi death. stor: A / the fe | ca | 2 Accident Investigation 3 Sulcide 6 Could not be | | At bases 4 | | | 163 2 10 | Opf Landing | Carrotanadat | | 10 |
| or A efter Direct | ŧ | 4 ☐ Homicide determined | 28e. Place of Inju building, etc | ry - At nome, t . (Specify) | arm, street, fac | tory, offica | | City or To | street end Numb wn, State) | er or Hur | al Route Number, |
| is in | | | | | | | | | | | |
| To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral | edicai | 29a. Certifier (Check only one) 1 Certifying Pt 2 Medical Example 1 | nysician: To the best of niner: On the basis of and manner stat | examination e | e, death occurr nd/or investigati | ed et the tir lon, in my o | ne, dete and place plnion, death occ | e, and due to the surred at the time, | cause(s) and ma date and placa, | nner as s and due to | stated. o the cause(s) |
| of the office of | Me | 29b. Signeture end title of certifier | | | | 29c. Licens | e number | | 29d. Dete signe | d (Month, | Dey, Year) |
| F × F 0 | | 1 | 1 | | | 7 | | | | | |
| , | | | Ruchen | my | 1 | リ | 11946 | , | 11/2 | 519 | 6 |
| 4 | | 30. Neme and address of person who | | | - | | 0.5 | | | | |
| | | Sanford | N. Rich | man | MD | 103 | 11 Fernw | ord Road | Jus 701-11 | Der | sde, MDZOII |
| Sta | | 31. Date filed (Month, Dey, Year) | 32. Registra | r's Signeture | / | | | | | | |
| Registr | ar | NOV 2 7 10 | 10c A.S. | . A | ~ Rande & | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death Month **Physician** Virginia Arterberry 10:20 P.M. September 7,1996 /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery | If Under 1 Year | If Under 24 Hrs. | 8. Deta of Birth | 9. Birthplece (State or Foreign Country) | 9. Birthpl 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1□ M 2X F 75 Yrs. Director 578-20-1311 Usual Rasidence of Decedent permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Meryland Important of Health end Mentel Hygiene. Important if item 27 is marked other than "naturel", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner must be noticed. 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits Washington, Was 2□ No Director 10e, Street end Number 10f. Zip Code 10g. Citizen of What Country? 1118 Allison St. NW 20011 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Yaar or Dates: 14. Race - Amarican Indian, Black, Whita, atc. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes ŽOŽNo Specify: þ Specify: Black 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation. 16h Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) Elementery/Secondery (0-12) 12 College (1-4or 5+) Librarian U.S. Dept. of Transporat 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Unknown unknown 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rosemary Madden/Guardian 5012 Rhode Island Ave. Hyattsville, MD 20781 20e. Method of Disposition
1 □ Buriel 2 ☑Cramation 3 □ Removel from State 20b. Piece of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitian Crematory Sept. 13, 1996 Alexandria, VA 22. Name and Address of Fecility Takoma Funeral Home, Inc. 21. Signature of Funeral Service License 254 Carroll St. NW Washington, DC 20012 lon 23a. Partt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause offeech line. Approximeta Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Hyperparathyroidism The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es/e consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by the 1 ☐ Yea 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Malnourishment þ 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? 1□ Yes 2☑No certificate 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director; p Be 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homicide edical 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner as stated. 2 Madical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 8th, G. Gupta, mo

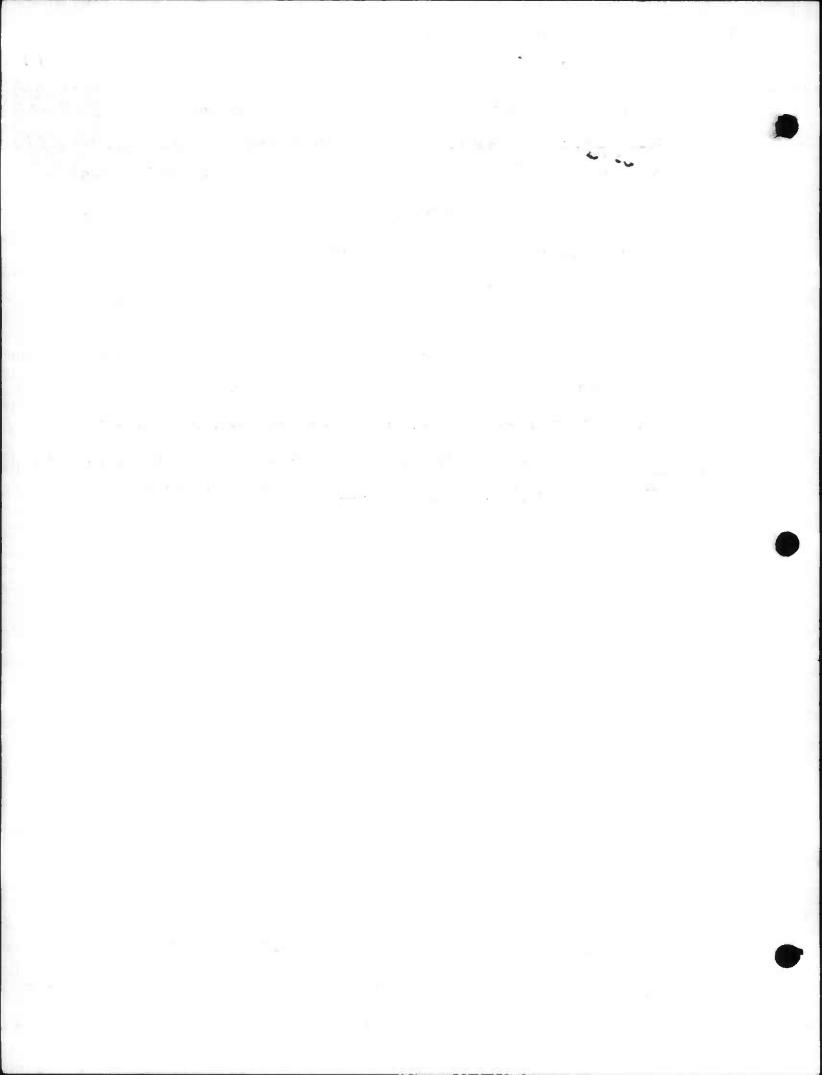
Rockville,

\$ 409,

lance

State Registrar G Gupta Mb 121
31. Dete filed (Month, Day, Year) Congressional
32. Registrer's Signetura NOV 25 Julia Davidson Randall

30. Neme end eddress of person who completed cause of deeth (item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

| | | | | | | Cer | tificate | of D | eath | | | Reg. No. | 20 | 01110 | |
|--------------------------------|--|----------------|--|---|--------------------------------|---------------------|---|--------------------|----------------------|--------------------------|--------------------------------------|----------------------------|------------------------|--|--|
| | | | 1. Decedent's Name (First, Middle, La | st) | | | | | | 2. | Dete of De | eth | Vees | 3. Time of Death | |
| | Physic /Medi | | Nelson Lee Austin | 1 | | | | | | No | Month ovembe | r 12, | Year 1996 | 11:16 PM | |
| è | Exami | | 4a. Facility Neme (If not Institution, giv | e street and number) | | | | 4b. | City, Tow | | ion of Deeth | | ty of Deeth | | |
| 1 | | | 141 Tillman Place | 2 | | | | F | reder | ick | | Fred | erick | | |
| | Funeral Director | | 5. Social Security Number 6. S 058-34-9215 | Gex IXIM 2□ F | e (In yrs. lest i | birthday) Yrs. | If Under 1 Y Months D | | If Under 24 Hours | Min. | Dete of Birt (Month, De)ec. 2 | h y, Year) , 1942 | 9. Birth Cou New | piace (State or Foreign intry) York | |
| Т | pu » | | Usual Residence of Decedent 10e. State 10b, County | | 10c. City, To | own or Lo | cation | | | | | | | 10d Incide City Limite | |
| | the Meryle 28a-f sho | Director | Maryland Frederic | :k | Freder | | 10f. Zlp Co | do | | | | 10g. Citizen o | 4 Milest Co. | 10d. Inside City Limits 1 ☐ Yes 2 ☐ No | |
| | s 23a or | | 141 Tillman Place | | | | 21703 | | | | | USA | | | |
| Baltimore, Maryland 21215-0020 | d within 72 hours after deeth with the Meryland jiene. r than "natural", or ferma 23a or 28a-f show tre Medical Examples (1948) be included at | by Funeral | 11. Meritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Armed Forces? 1 Yes 2 1 | | 11 | Vas Decedent Yes, apecity ☐ Yes 2 🔀 | Cuban, | Mexican, | n? (Specit Puerto Ric | y Yes or No- an, etc.) | | leck, White | American Indian, White, etc. White | |
| 0 | 2 hou | | 15. Decedent's Ed | | 16 | | ent's Usual O | | | 211231 | | 16b. Kind of | | | |
| 216 | thin 7 | Completed | (Specify only highest gra Elementary/Secondary (0-12) | College (1-4or 5 | 5+) | life. E | kind of work d OO NOT use n | one dui etired) | nng most d | of working | | | | | |
| 7 | 774 100 100 | 20 | 12 | | | Facil | ities | Eng | ineer | | | | | | |
| nd | tal Hygie d other avent, tr | Be (| 17. Fether's Name (First, Middle, Last, |) | | | | 1 | 8. Mother | s Name (F | First, Middle, | iddle, Maiden Sumeme) | | | |
| yla | 2 should be and Mental is marked or raumetic eve | L 2 | Roger LaGrange Au | stin | | | | | Clara | Lou | ise Ha | 11 | | | |
| Jar | 2 sh and Is m | | 19e. Informent's Name/Relationship (| Type, Print) | 11 | 9b. Mallin | g Address (Si | reet en | d Number | or Rural R | loute Numbe | er, City or Tow | m, Stete, Zi | ip Code) | |
| 6 | Health Health em 27 I | | Donna Austin | | | | | | ace, | | | Mary1 | | | |
| 100 | permit. Peges 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 Is marked other any injury or other traumatic event, page. | | 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ | Removel from State | 20b. Plece ceme | tery, cren | sition (Name on natory or other | place) | | 9 | Dete /16 | 20c. Location | n - City or T | own, State | |
| Ë | Eant: | | 4 □ Donation 5 □ Other (Specif | 1 | Park | lawn | Cemete | ry | | 1_19 | 996 | Rockvi | 11e, | Maryland | |
| 3a | Departiment Important In Processing In Processing In Processing In Processing In Italian | | 21. Signature of Futeral Service Licer | 1898 | | 22 | . Name and A | ddress | of Fecility | Stau | ffer F | uneral | Home | | |
| | 707 ¢ 0 | | STIM he | Doia | - | 16 | 21 Opo | ssu | mtown | Pik | e, Fre | derick | , MD | 21702 | |
| | | | 23a. Part1. Entire the disease, or com shock, or heart failure. List only | one ceuse on each | the death. D | o not ente | or the mode of | dying, | such as ca | ardiac or re | espiratory er | rest, | | Approximate Intervel Between Onset end Deeth | |
| | Physician /Medical | | Immediate Cause (Final | | | | | | | | | | 1 | 1. | |
| | Examiner | | disease or condition resulting in death) | a. COU | 000 | CA | WC | =1 | 5 | | | | | 2 /2 YRS | |
| | Marie I | ē | | | Due to (or as | a conseq | uence of): | | | | | | i | | |
| | icete be executed physician and s the burial-transit | Examiner | Sequentially list conditions, | b | Due to (or as | a conseq | uence of): | | | | | | 1 | | |
| Ó, | ntificete be executed ing physician end e es the burial-transit | | if eny, leading to immediate cause. Enter Underlying | | | | | | | | | | | | |
| 68760, | ete b hysic the b | edicai | Cause (Disease or Injury thet initiated events resulting In death) Last | C | Due to (or es | e consequ | uence of): | | | | | | | | |
| Box 6 | certifi ding | Σ | | d | | | | | | | | | | | |
| . B | ires that tha deeth signed by the atte d be deteched for | Physician/ | Part II. Other significant conditions of | ontributing to death be | ut not resulting | n the ur | derlying caus | e given | in Part I. | | 23b. Did 1 | obacco use d | ontribute | to the cause of death? | |
| P.O. | by th | hy | | | | | | | | | 10 | | / | bably 4 Unknown | |
| Ś | se the | by (| | | | | | | | | | | | | |
| Record | aw requisite the second | Completed | | | | | | | | | 24a. Was perfo | an eutopsy med? | 8 | Vere autopsy findings vallable prior to ompletion of cause f death? | |
| | m = 5 | E O | | | | | | | | | 101 | res 200 No | 1 | ☐ Yes 2☐ No | |
| ta | delen: The certificate rector, pag | Be | 25. Was case referred to medical | | | | | 2 | 26. Placa d | of Deeth (C | Check only o | ne) | | | |
| 2 | Physician: this certific rai director, | 101 | examiner? | Hospital: 1 ☐ Inpatie | nt 2 ER/ | Outpatien | 3□ DOA | Other: | 4□ Nurs | Ing Home | 5 Pesic | dence 6 🗆 O | ther (Spec | ify) | |
| Division of Vital | ing Ph Viter th unerai | | 27. Manner of Death 1 ☑ Natural 5 ☐ Pending | 28a. Date of Inju- (Month, Day | Year) 28b | . Time of Injury | | Injury a Work? | | | i. Describe t | now injury occ | urred | | |
| S | Attending or death. ector: After by the fune | cat | 2 Accident Investigation 3 Sulcide 6 Could not be | 9 | 411 | | | | s 2 N | | Lanation (| 04 | | (D. 4: 1) | |
| \leq | or Attending I after death. Director: After i in by the fune | Certification; | 4 Homicide determined | 28e. Placa of Injuding, etc | ury - At nome, c. (Specify) | term, stre | et, factory, of | IIC8 | | 281 | City or Tox | | nder or Hui | ral Route Number, | |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral | edicai C | | | | | | | | | manner as e, and due | stated. to the cause(s) | | | |
| | vithin o the | Me | 29b. Signature end title of certifler | | P 00-00 | | 29c. Li | cense n | number | | | 29d. Date sign | ned (Month | , Dey, Year) | |
| | ->-0 | | Sent | tool ! | un | | 0 | 18 | 912 | | | 11/1 | 419 | 6 | |
| | | | 30. Name end address of person who | completed cause of de | eeth (Item 23s | a) (Type I | | | * ' | | | (| | | |
| | | | STEPHEN STAA | 1 830 | 0 00 | RPC | PAT. | E | DR | CAZ | NDOL | IER ! | MO | 20785 | |
| 1 | Sta Registr | | 31. Date filed (Month, Day, Year) NOV 1 8 199 | 6 32. Registra | r's Signature | Rardal | 4 | | | | | | | | |
| | 3 | | 1404 2 0 .00 | - 4 | | | | | | | | | | | |

| - | Type of Fillit in black indelible lifk. Assure All Copies Are Legible. | A = | 9 1 | | - |
|---|--|-----|-----|----|---|
| | State of Maryland / Department of Health and Mental Hygiene 96 | 3 1 | | 15 | 1 |
| | | | | | |

| | | | | | | Cen | tificate of | Death | | F | Reg. No. | | | |
|-----------------|--|--------------------------------|--|-------------------------------|---|--|--|---|--|--|--|-------------------------|--|-----------|
| | D | | Decedent'e Neme (First, Middle, Last) | | | | | | 2. Dete of Death | | | 3. Tima of | Deeth | |
| Physic /Medi | | | Virginia | Elizabeth | Andrew | | | | Month 11 | 22 1 | 996 | 8:50 | PM | |
| | /Medi Examil | | 4a. Facility Neme (If not institution, | give street and number) | | | | 4b. City, To | wn, or Lo | cation of Deeth | 1 | y of Death | | |
| | | | MedPointe Conti | nuing Care | Facilit | ty | | Elkt | con | | Cec | il | | |
| | Funeral Director | | 5. Social Security Number 215–32–7853 | 3. Sex 7. Age 1 □ M 2020 F | 76 | vrs. | If Under 1 Yeer Months Days | | 24 Hrs. Min. | 8. Dete of Birth (Month, Day Aug. 30 | Year) 1920 | 9. Birth Cou Marv | place (Stete o | r Foreign |
| | p. | | Usuel Residence of Decedent | | | | | | | | | 1 | | |
| | Marylar a-f ahow | tor | 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Harford Joppa 1 □ Yes 2 ☒ No | | | | | | | | | | | |
| | h the | Director | 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? | | | | | | | ntry? | 15 | | | |
| | th wil | ai | 608 Magnolia R | oad | | | 2108 | 5 | | | U | SA | | |
| 21215-0020 | s 1 and 2 should be filed within 72 hours after death with the Maryland I Haalth and Mental Hygiena. I than 23 or 23 or 23 or 23 or 24 ahow frem 27 is marked other than "natural", or items 23 or 23 or 23 of ahow other traumatic event, the Medical Exercises must be notified at | Funeral | 11. Meritel Stetus | 12. Wes Decedent B | Ever In U,S. | 13. W | es Decedent of Yes, specify Cut | Hispenic Ori | igin? (Spe | cify Yes or No- | 14. Rece - American India: Bleck, White, etc. | | | |
| | | by | 1 ☐ Never Merried 2 ☐ Merrie 3 ☐ Widowed 4 🖾 Divorced | | lo | 1□ Yes 2□No Specify: | | | | noari, etc., | | Specify: White | | |
| 5-0 | 72 h | ted | 15. Decedent's (Specify only highest | | 16 | 16e. Decedent's Usuel Occupetion (Give kind of work done during most of work | | | t of worki | 10 | 16b. Kind of Business/Industr | | dustry | |
| 21 | within ena. then | npie | Elementery/Secondery (0-12) Coilege (1-4or 5+) life. DO NOT use retired) | | | | i or works | .9 | Harfor | | - | | | |
| | ygier ft. pr | To Be Completed | 12 0 Custodian | | | | | Board of Education | | | | | | |
| Maryland | d 2 should be filed within h and Mental Hygiona. 7 is marked other than ° traumatic event, the Mex | | 17. Fether's Neme (First, Middle, L | | | | | her's Neme (First, Middle, | | | | | | |
| Yes | Men Men arke | | Thomas F. Ho | | | | | | | V. Bell | | | | |
| Jai | 2 sh and th m | | 19e. Informent'e Neme/Reletionshi | | | | Address (Stree | | | | | n, Stete, Zi | o Code) | |
| | and laalth m 27 | | | (daughter) | | | lagnolia | Road, | , Jop | | | | | |
| Baltimore, | 60 - | | 20e. Method of Disposition 1 ☐ Buriai 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe | | cemet | ery, crem | ition (Name of etory or other place) is & Co | | . 1 | 1/25 W | 20c. Location lest Ch | | | |
| alt | permit. Pag Department Important: I eny Injury o | | 21. Signeture of Funerel Service Licensee 22. Name end Address of Facility | | | | | | | | | | | |
| 8 | 88 = 8 | | Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 | | | | | | | | | | | |
| | | | 23a. Pert1. Enter the disease, or co | omplications that caused | the deeth. Do | | | | | | | | Approximate |) |
| | Physician /Medicai Examiner | | 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between Onset and Deeth Immediate Cause (Finel disease or condition resulting in death) 9. Due to for as a consequence of: | | | | | | | | | | | |
| и | | | | | | | | | | | | | | |
| п | | | | | | | | | | | | | | |
| | | ner | | | | - uniondo | enou org. | | | | | | | |
| | that the death certificate be executed ed by the attending physician and datached for use as the bufal-transit | Examiner | Sequentielly list conditions, if eny, leading to Immediate b | | | | | | | | | | | |
| 760 | | | | | | | | | | | | | | |
| 68760, | | edical | that initiated events Due to (or es e consequence of): | | | | | | | | | | | |
| Box | attending p | NZ. | d | | | | | | | | | | | |
| | death e atte d for | icia | Pert II. Other stonificant condition | contributing to death bu | it not resulting | In the un | derlylna ceuse a | ken in Pert I | | 23h Did to | 23b. Did tobacco use contribute to the cause of death? | | | |
| 0 | es that the de igned by the a be datached | by Physician/ | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. | | | | | | 2 No 3 Probably 4 Unknown | | | | | |
| Q, | that ned t | | | | | | | | 2 No 3 Frobably 4 Officiown | | | | | |
| Records, | e law requir has been s pe 2 should | | | | | | | 24a. Wes | | | ere autopsy f | | | |
| 8 | | lete | | | | | | | | perfor | med? | C | vallable prior to impletion of co death? | |
| Re | | Certification: To Be Completed | | | | | | | | | . do. | | | |
| | lcian: The certificata rector, pag | | OF Mos sees referred to medical | | | | | | | 1 U Y | (4 | 1 | Yes 2 | 4 |
| of Vital | | | 25. Wes cese referred to medicel exeminer? | Hospitel: | | | -D 0 | her 1 | | th (Check only one) | | | | |
| ō | Physic ruthis cural direction | | 27. Magner of Death | 1 Inpatie | | . Time of | 3LI DUA | 3000 | | ne 5 Residence 8 Other (Specify) | | | | |
| Division | ath. r: Afta | | Neturel 5 Pending (Month, Day Year) Injury | | | | | 28c. Injury &t 28d. Descrit Work? M 1 Yas 2 No | | | | | | |
| S | | fica | 3 Sulcide 6 Could no | rv - At home. | | | | 8f. Location (S | Location (Street and Number or Rural Route Number, | | | | | |
| S | P # P | erti | 4 Homicide | building, atc | Plece of Injury - At home, ferm, street, fectory, office bullding, atc. (Specify) | | | | City or Town, Stete) | | | | | |
| | Hospital 24 hours Funeral stely filled | Medical Ce | 29a. Certifier 1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(s) end manner as stated. | | | | | | | | | - | | |
| | Fur etely | | (Check only 2 Medical En | aminer: On the basis of | a eminetion e | end/or Inve | estigetion, in my | opinion, daa | th occurre | d at the tima, o | dete and place | , and due t | o the ceuse(s |) |
| | To the Vithin 2 To the comple | | 29b. Signature and little of politifier | (101 | 1 | | 29c. Licen | se number | | 2 | 29d. Dete sign | ed (Month, | Day, Year) | |
| | - > P O | | 1. Lull mn2a | | | | | 01 | ٨ | November 23,1996 | | | | |
| | | | 30 Name and address of paracet | no domolesad as as as | ath /lton 00- | \ /T P | P CO | 7) | | | | -0V C | 1. / | . 70 |
| | | | 30. Name and eddress of person who domplated ceusa of daath (Item 23a) (Type, Print) IOI E. Wheel Rd. Bel Ric. MD. 31015 | | | | | | | | | | | |
| | Sta | te | 31. Dete filed (Month, Day, Year) | 32 Registra | r's Signeture | 711 | 1110 | W IV | 10 | | | 0 | | |
| | Registr | | 31. Dete filed (North Day 5ar) | 196 July 2 | r's Signeture | arball | | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene

| | ٠, | 6 | | Otate of Ivial ylan | | tificate of | | | Reg. No. | 30 |) / 100 | |
|-------------|---|------------------|---|---|-------------------|--|---|------------------------------------|---|---|-------------------|--|
| | Physic /Medi | cal | Violet Maria Beke | | | | | | 21 1996 67 | | | |
| | Examil Funeral Director | | 5. Social Sacurity Number 146-01-3612 6. Sax | last birthday) If Undar 1 Year Months Days | | 4b. City, Town, or I C C C Ft If Under 24 Hrs. Hours Min. | | Anne | one Arundel 9. Birthplace (State or Foreign Country) HUNGARY | | | |
| | ylend wor | Director | Usual Residence of Decedent 10a. State 10b. County | 10c. City | y, Town or Lo | cation | | | | 10d. lr | nside City Limits | |
| | Ba-f st | | MARYLAND ANNE ARUNDEL GLEN BURNIE | | | | | | | 1 | ☐ Yes 2 No | |
| imore, Mar | with th | | 10e. Street and Number 10f. Zip Coda 10g. Citlzen of What Country? | | | | | | | | | |
| | s 1 and 2 should be filed within 72 hours efter deeth with the Maryland if Heelth and Mentel Hygiene. If Heelth and Mentel Hygiene. To a marked other than "natural", or items 23s or 28s-f show other traumstic avent, the Medical Examine must be notified at | by Funeral | 8061 LONG BRANCH 7 11. Marital Status 1 Never Married 2 Married 3 XWidowed 4 Divorced | IER APT T4 12. Was Decedent Evar In U, Armed Forces? 1 Yes, Giva Year or Dates: | | 21 (Vas Decedent of H Yes, specify Cube | lispanic Origin? (S an, Maxican, Puart | pecify Yas or No o Rican, etc.) | U.S.A. r No-) 14. Race - Amarican Indian, Black, Whita, atc. Specify: WHITE | | | |
| | 72 ho natur | Completed | 15. Decedent's Educ (Specify only highest grade | (Give I | ent's Usual Occup | during most of wor | king | 16b. Kind of Business/Industry | | | | |
| | within ene. than | ршр | Elementary/Secondary (0-12) College (1-4or 5+) 1 2 N / A | | | OO NOT usa retire OMEMAKER | d) | | OWN HOME | | | |
| | e filed other vent, | BeC | 17. Father's Name (First, Middle, Last) 18. Mother's Name | | | | | ne (First, Middle | , Middle, Maidan Surname) | | | |
| | should by | ToE | (UNKNOWN) | Y | THERESA | | | (UNKNOWN) | | | | |
| | d 2 sh h and h and 7 is m | | 19a. Informant's Name/Relationship (Ty) ROBERT LOUIS BEKE | · | | | REEK RD., | | | | , | |
| | Heelth tem 27 other tr | | 20a. Method of Disposition | 20b. P | lace of Dispos | sition (Name of | | Date Date | | City or Town, S | | |
| | Pege net o int: If iry or | | 1 M Burlai 2 □ Cremetion 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify) Cemetery, crematory or other place) GLEN HAVEN MEMORIAL PARK 11/23/96 GLEN BURNIE, MARYLAND | | | | | | | | | |
| Balt | permit. Peges 1 end Department of Heelth Important: if item 27 any injury or other tr 90.08. | | 21. Signature of Funaral Service License | 5-11- | , | Nama and Addre | SI | CLEN | FUNERAL | | JD 21061 | |
| | | | 23a. Part1. Enter the disease, or complications in a laused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only one cause of yeach line. Approximate Interval Between | | | | | | | | | |
| | Physician /Medical Examiner | | Immediate Cause (Final disease or condition resulting in death) a | Ovarian | 0 | emoma | | | | Ons | flar | |
| | v requires that the deeth certificate be executed been signed by the ettending physician end should be detached for use as the burial-transit | Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Diseass or injury that initiated events resulting in death) Last | Dua to (or | r as a consaqu | | | | | | | |
| 80 | ettend 1 for us | clan | | | Maria de Maria | | | | | 1 | | |
| | The law requires that the deeth cer ate hes been signed by the ettendin page 2 should be detached for use | by Physiclan/N | Part II. Other eignificant conditions conf | | | denying cause gr | en in Part I. | | tobecco use col Yes 2□ No | 3 Probably | 1. | |
| | S 00 | Completed | are bro Varala dissort | | | | | | an autopsy ormed? | n autopsy med? 24b. Were autopsy finding available prior to completion of cause of death? | | |
| | | | | | | | | 10 | Yes 25No | 1 ☐ Yes | 2□ No | |
| of Vital | certificate irector, pag | o Be | 25. Was case referred to medical examiner? 1 Yes 2 You | ospital: | ED/O 4 | 2 DOA Oth | 26. Place of Dea | | | | | |
| Division of | g Physer this | n: To | Thimpatient 20 2000 patient 30 000 4 Desiring Home 30 Residence 6 Dottal (Specify) | | | | | | | | | |
| | To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director. | Certification: | 1 Natural 5 Pending Invastigation 3 Suicide 6 Could not be determined | M 1 Yes 2 No 28e. Placa of Injury - At home, farm, street, factory, office 28f. L | | | | | Location (Street and Number or Rural Route Number, | | | |
| | pital or ours afte eral Dire | | a Li Hornicide building, etc. (Specify) City or Yown, State) | | | | | | | | | |
| | n 24 h | edical | 29a. Certifier 15Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only eme) 15Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. | | | | | | | | | |
| | To th To th comp | Me | 29b. Signature and title of degifier | | | 29c. Licens | | | 29d. Date signed (Month, Day, Year) | | | |
| | | | JE YM | MP | | D 38 | 958 | | 11/21 | 96 | | |
| | | | 30. Name and address of person who cor | mpleted cause of death (Item | 23a) (Type, I | Print) | 1. 1 | 12 101 | 0.5.5 | | 211/2 | |

State Registrar

arte de presenta di Santa di Arta 3 - 16 1 2 5

State of Maryland / Department of Health and Mental Hygiene 0.6

| | | Decedent's Name (First, M | iddla I so | (f) | | 061 | rtificate of | Dean | | 2. Date of Dee | leg. No. | | 3. Time of Death |
|--|----------------|--|----------------------|--|---------------------------------------|-----------------------------|--|-----------------------------|-------------------------|--|----------------------------|-----------------------------|---|
| Physicia /Medica | | | E BOW | • | | | | | | Month NOV. 21 | Day | Year | 0352 |
| Examine | er | 4a. Facility Name (If not institu | | | • | | | | | ocation of Death | | ty of Deeth | |
| | | ANNE ARUNDEL | - | | | | K Hadaa 4 V | ANNA | | _ | | ARUND | |
| Funeral Director | | 5. Social Security Number 249-58-8804 | 6. Sa | ax DXM 2□F | 7. Age (In yrs. le | st birthday) Yrs. | If Undar 1 Year Months Days | | Min. | 8. Data of Birth (Month, Dey JULY 15 | Year) 1937 | 9. Birthp Court SOUT | place (State or Foreign htry) H CAROLINA |
| > | | Usual Residence of Decedent 10a. State 10b. Cou | | | 10a City | Town or to | 4: | | | | | 1 | |
| 28a-f show | _ | 10a. State 10b. Cou | пц | | 10c. City, | Town or Lo | cation | | | | | 1 | Od. Inside City Limits |
| P. Sall | Director | | ARU | NDEL | ANN | APOLI | - | _ | | | | | 1 ☐ Yas 2 No |
| o a | ត់ | 10e. Street end Number | | | | | 10f. Zip Code | | | 1 | log. Citizen of | Whet Cour | ntry? |
| Per must b | Funeral | 1711 ST. MAF | GARE | | | 10.1 | 21401 | | | | US | | |
| 100 | ň | 11. Marital Status 1 □ Never Married 2 🕅 | laglad | Armed Fo | edent Ever In U,S. | . 13. 1 | Was Decedent of I f Yes, specify Cub | an, Mexice | n, Puerto | Rican, atc.) | 14. Ha | ice - Amaric ack, Whita, | |
| dical Exam | by F | 3 ☐ Widowed 4 ☐ Divor | 7.00 | If Yes, Giv | 2 No re ates: 1964 - | 70 | I□Yes 2□XNo | Specify | : | | Spec | ity: B | LACK |
| the Madical Examiner must be notified at | 8 | 15. Dece | dent's Edi | ucetion | | | lent's Usual Occur | pation | | | 16b. Kind of I | Rusiness/inc | dustry |
| Med | piet | (Specify only his Elementary/Secondary (0-1 | phest gred | de com <i>pleted)</i> College (1 | | (Give | lent's Usual Occup kind of work done DO NOT use retire | during mo | st of work | ring | | | 2000, |
| | Completed | 12th | 2) | O | -401 5+) | TRI | JCK DRIVE | ER | | | NSA | | |
| | Be | 17. Father's Nema (First, Mide | lle, Lest) | | | | | 18. Moth | er's Nam | e (First, Middle, I | Meidan Suma | ma) | |
| | 9 | JA | MES | BOWERS | | | | | REI | BECCA GR | ANT | | |
| traumatic | | 19e. Informant's Name/Relati | onship (T | ype, Print) | | 19b. Mailir | g Address (Street | t and Numb | er or Rur | al Route Number | r, City or Town | n, Stete, Zip | Code) |
| | | NORINE BOWERS | (WI | FE) | | 1711 | ST. MARC | GARETS | S ROA | AD ANNAP | OLIS, | MD. 2 | 1401 |
| ry or other | | 20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cramati 4 ☐ Donation 5 ☐ Othe | | | cen | netery, cren | sition (Neme of netory or other pla VETERAN (| ce) CEMET | ERY | | 20c. Location CROWN | | |
| any Injury o | | 21. Signature of Funeral Sarv | | | | | . Name and Addre | | | ORTUARY, | P.A. | | |
| | - | 23a Part Enter the disease | / | liantions that a | august the death | 8: | 21 WEST S | ST. Al | NAP | DLIS, MD | . 2140 | 1 | |
| | | 23a. Part1. Entar tha disease shock, or heart failure. | Ist only o | ne cause on e | ech line. | Do not ent | er the moda of dyl | ng, such as | cerdiac | or respiratory arr | ast, | | Approximate Interval Between Onset and Death |
| cian dical diner | | Immediate Cause (Finel disease or condition resulting in death) | | | ard | ac | _ Q | n | 3t | | | | 8/2 |
| # 1 | iner | | - | 0 | Due to (or a | as a conseq | uence of): | FR | to | na | | 1 | 26 |
| | al Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | ſ | Hy | Due to (or a | as e conseq | uence of): | rd | 2 | Moxic | thy | | Hym |
| on as | Medical | thet initiated events resulting in death) Last | 1 | Hy | Due to (or a | s a conseq | uence of): | VI | 49 |). | | | Logos. |
| for us | Physician/N | Derivative algorithms and a second | | | | | | | | 001 5111 | | | |
| | by Phys | Part II. Other algnificant cond | CUS | Titributing to de | and nor rasult | | igenying ceuse giv | ven in Part | | 1 U Y | 1 | | the cause of death? |
| should b | Completed | | | | | | | | | 24a, Was a perform | n autopsy med? | ave | era autopsy findings allable prior to mpletion of cause |
| 30 2 | E C | | | | | | | | | 400 | and. | | deeth? |
| rector, pag | | 25. Was case referred to med | icel | | | | | 00.01 | | 1 🗆 Ye | | 11 | Yes 2□No |
| | 0 | examiner? | - | Hospital: | npatient 2 EF | R/Outpatien | DOA OIL | nor: | | h <i>(Check only on</i> ome 5 ☐ Reside | | that /Engelh | al. |
| funeral d | | 27. Manner of Deeth | ding | 28a. Date o | | 8b. Time of Injury | 28c. fnjur Wor | | | 28d. Describe ho | | | <i>/</i> |
| d in by the | Certification: | 3 ☐ Sulcide 6 ☐ Cou | ld not be ermined | | of Injury - At homing, etc. (Specify) | e, farm, stre | eet, fectory, office | | | 28f. Location (St City or Town | | ber or Rure | I Route Number, |
| To the Funeral Director: After thi completely filled in by the funeral Marilical Confillation: | Colical | 29a. Certifier 1 Certification Check only 2 Medication Medication Certification Medication Medication Certification Certification Certification Medication Certification C | ying Physiai Exami | sician: To the ner: On the ba and mann | sis of examinetion | edge, death n end/or inv | occurred at the tir astigation, in my o | me, dete ar opinion, des | nd place, eth occurr | and due to the co | euse(s) and mete and place | nenner as st | ated. the cause(a) |
| To the Funeral Completely filled | E | 29b. Signature and title of cert | A | 26. | 0_ | رک | 29s Licens | se number | 5 | 3 2 | 9d. Data sign | ed (Month, | Day, Year) |
| | 1 | 30. Name and address of pers | on who co | ormount cause | e of death (Item 2 | zaretuna i | Zelovi - | 1 - | - | 3.0 | 2 | | ^ |

State Registrar

DHMH 16 Rev 6/95

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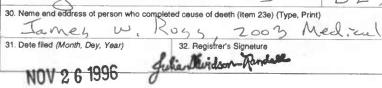
Inended #3

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible

| ian | Decedent's Neme (First, Midd | | | | | | | | Death | | 2. Dete of Dee Month | th Dey | Yeer | 3. Time of Deeth |
|--------------------------------------|--|----------------------------------|---|--|--|--|--|--|----------------------------------|-----------------------------------|---|---|--|--|
| cal | Frank Austin | | | | | | | | | | Nov. | 21 | 1996 | 3;20 pm |
| ner | 4e. Fecility Neme (If not Institution | | | | | | | | | | ocation of Deeth | | ty of Death | |
| | Anne Arundel M | 1e d 1 0 | | | yrs. lest bi | irth day) | It Under | | Annap | 011S | R Date of Birth | Anne | | |
| | 570-14-4380 Usuel Residence of Decedent | | kM 2□F | 81 | | Yrs. | Months | Deys | Hours | Min. | 8. Dete of Birtl (Month, Dey Aug 2621 | , Year) , 1915 | Wisc | piece (Stete or Foreigntry) Consin |
| tor | M.D. Anne | ~ | ndel | | c. City, Tow | | cation | | | | | | | I0d. inside City Limit |
| I Director | 10e. Street end Number 871 Holly Dri | | South | | | | 10f. Zip | Code 401 | | | | 10g. Citizen ot | | ntry? |
| Funeral | 11. Maritei Stetus 1 Never Merried 2 Mai | 1 | 12. Wes Dec | rces? | in U,S. | 13. V | | | lispenic O en, Mexice | rigin? (Sp n, Puerto | ecify Yes or No- Rican, etc.) | U.S.A. | ca - Americ eck, White, | |
| by | 3 □ Widowed 4 □ Divorce | | 1 ⊡xYes If Yes, Gi Yeer or D | /e ates: | | 1 | ☐ Yes 2 | No No | Specify | : | | Speci | y: Whi | te |
| Completed | 15. Deceder (Specify only higher Elementery/Secondery (0-12) | nt's Educ est grade | cation completed) | I-4or 5+) | 16e | Give I | ent's Usue kind of wor OO NOT us | l Occup k done d e retired | eti <i>on</i> during mo d) | st of work | Ing | 16b. Kind of 8 | Business/In | dustry |
| Con | | | 5+ | | | Engi | ineer | | | | | | | nment |
| To Be | 17. Fether's Neme (First, Middle, Leroy Blackwo | ,, | | | | | | | | | e (First, Middle, orquoise | | me) | - 1 |
| | 19e. informent's Neme/Relations | | | | | | | | | | el Route Numbe | | | |
| | MaryLee Black 20e. Method of Disposition | CWOOC | 1 | 20 | Ob. Plece of | | | | and C | ircle | | 20c. Location | | D 21043 |
| | 21. Sprintum of Funerel Service | License | 0 | | | | | | | | | | | |
| | Pert1. Enter the diseese, o ahock, or heart teilure. List | r com to | etions thet ce cause on e | eused the e | deeth. Do | 12 | 7 Du | ke c | of G1 | ouces | ster St. | Anna | | MD 2104 Approximete |
| | 23x Pert1. Enter the disease, o shock, or heart teilure. List turnodiate Cause (Final disease or condition resulting in death) | r com to | | , , | | not ente | 47 Du | ke c | of G1 | ouces | ster St. | Anna | | MD 2104 |
| lner | Immediate Cause (Final disease or condition | r com le t only on | | , , | to (or es e | not ente | 47 Du | ke c | of G1 | ouces | ster St. | Anna | | MD 2104 Approximete intervei Between |
| l Examiner | Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying | r com, to tonly one | | Due | to (or es e | not ente | 7 Du r the mode uence of): | ke c | of G1 | ouces | ster St. | Anna | | MD 2104 Approximete |
| edical | Immediate Cause (Final disease or condition resulting in death) | r com, c tonly one | | Due Due | to (or es e | not ente | Property of the mode of the mo | ke c | of G1 | ouces | ster St. | Anna | | MD 2104 Approximete |
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| Be Completed by Physician/Medical | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause. Enter Underlying Cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Lest 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Beeth 1 Neturel 5 Pendir Investired 2 Accident 2 Accident 3 Suicide 6 Could determine the second of th | b. c. d. d. ons cont | conceptibility of the | Due Due to Due | to (or es e to (or | not ente | James and the model of the mode | A Other Word | of G1 ng, such es | ouces cerdiac of cerdiac of Deeth | 23b. Did to 1 Y 24e. Wes a perform 1 Check only or me 5 Reside 28d. Describe he | Anna est, Desco use co es 2 No n autopsy med? Pance 6 Ott ow injury occu reet end Num. n, Stete) | polis pontribute to 3 Prol 24b. Weyeve oo of 15 her (Specifier or Rure) | Approximete intervel Between Onset end Deeth Deeth Onset end D |

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NOV 2 6 1996



State of Maryland / Department of Health and Mental Hygiene

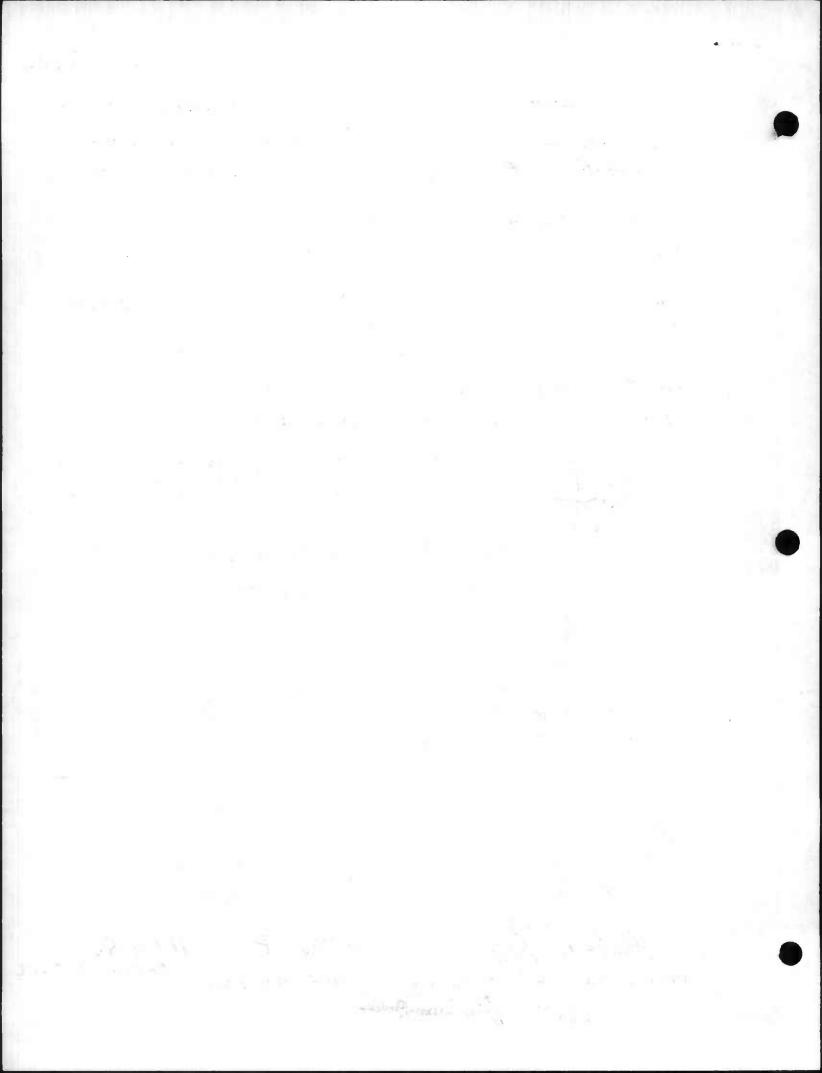
| | | | | | | 06 | ertificate d | n Death | , | P | leg. No. | | 0110 |
|--|--|--|--|--|--|---|--|---|---|---|---|--|--|
| hysician Medicai | 1. Decedent | s Name <i>(First, Midd</i> E GER | dle, Lest) RTRUDE | BLA | AIR | | | | | 2. Dete of Dee Month NOVEME | oth Dey | Yeer 1996 | 3. Time of Deeth 10 A.M. |
| wedicai xaminer | 4e. Fecility N | eme (If not institutio | on, give stree | et and number) | | | | 4b. City, To | own, or Lo | cation of Deeth | 4c. Count | | 10 11111 |
| | 1523 | FLORIDA | AVE. | | | | | SE | VERN | | ANNE | ARUNI | DEL. |
| neral ector | 5. Sociel Sec | urity Number | 6. Sex 1 ☐ M | | ge (In yrs. lest | birthday Yrs. | /) If Under 1 Ye Months De | ear If Under | Min. | 8. Dete of Birth (Month, Pey 9/14/19 | | 9. Birthol | lece (State or Foreign) INIA |
| | | nce of Decedent | | | | | | | | | | | |
| M P | 10e. State | 10b. County | | | 10c. City, T | own or L | _ocation | | | | | 10 | Od. Inside City Limi |
| Sc Sc | MARYLA | | ARUND | EL | | | SEVERN | | | | | | 1 ☐ Yes 2 ☐ N |
| 전 집 | 10e. Street e | nd Number FLORIDA A | A 37 E | | | | 10f. Zip Coo | | | 1 | 10g. Citizen of | | try? |
| Fa F | | | | | | | | 21144 | | | U.S | | |
| the Medical Examiner must be notified at | | atus r Merried 2☐ Merr wed 4☐ Divorced | rried 1 | Ves Decedent Armed Forces? ☐ Yes 2 If Yes, Give Year or Detes: | | 13. | . Wes Decedent If Yes, specify 0 1 ☐ Yes 2 | uben, Mexica | n, Puerto | ecify Yes or No- Rican, etc.) | | ck, White, e | etc. |
| oferal Exp | 1 | 15. Deceden | | | | So Door | edent's Usual Oc | ounction | | | | WA | 476 |
| t, the Medical | - | (Specify only higher | est grede cor | n <i>pleted)</i> | | (Give | e kind of work do DO NOT use re | ne during mos | st of worki | ing | 16b. Kind of B | usiness/ind | lustry |
| To Be Comp | Elementan | Secondery (0-12) | (| College (1-4or: | 5+) | | | ETARY | | | REFUS | E COM | PANY |
| evant, Be C | 17. Father's N | leme (First, Middle, | , Last) | | | | | | er's Name | (First, Middle, | Malden Sumer | ne) | |
| To B | WILLI | E C | COLMAN | | GREEN | | | GE | RTI | RAF | 3 | BUNCA | N |
| - L | 19e. Informe | nt's Name/Reletions | ship (Type, I | Print) | | 19b. Mail | ling Address (Str | | | | ret-15 | | |
| other traumatic | PENNY | M. WELLS | (DAI | JGHTER) | 1 | 523 | FLORIDA | AVE., | SEVE | ERN, MAF | RYLAND | 2114 | 4 |
| Office | 20e. Method | of Disposition | | | 20b. Plece | e of Disp | osition (Neme or | , | | | 20c. Locetion | | |
| any injury or other tr | | el 2 Cremetion | | vel from State | | | emetory or other | | NC 1 1 | 1/22/04 | DET TOUT | TTE 1 | MARYLAND |
| <u>c</u> | | of Faneral Service | | | CHESE | 2 LAN | 22. Neme end Ad | dress of Fecili | NC.II | L/ZZ/901 | SELLEDAT | LLE, | MARYLAND |
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| | resulting in d | eath) | 0. | A | Due to (or es | e conse | 78CUC, equenca of): | ١. | 0 | | | | 10000 |
| iel-transit Examiner | Convention | lina dial | b. — | HTHO | Due to (or as | LE | 120 TIC | 101 | serts | 0 | 1. | i | YETHICS |
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| for use a | thet initieted a resulting in de | se or injury events eath) Lest | d | | | | | given in Pert | I. | 23b. Did to | obacco uae co | ntribute to | the cause of death |
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DHMH 16 Rev 6/95

State

Registrar

NOV 2 6 1996



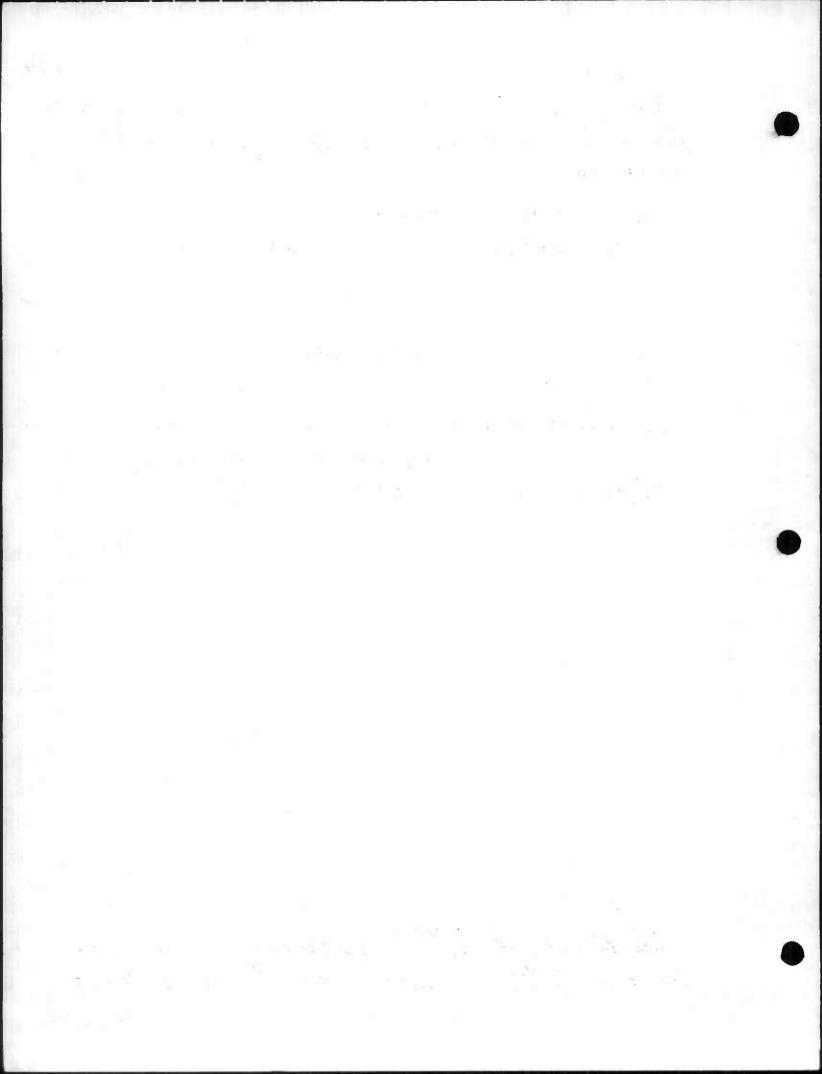
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth Mgnth Dev. Yeer

| | | | Certificate of | Death | Re | g. No. | 30 3/184 |
|--|----------------|--|---|--|--|--------------------------|--|
| Physic | ian | 1. Decedent's Neme (First, Middle, Last) | | | 2. Dete of Deetl Manth | - | 3. Time of Death |
| /Medi | cai | 4e. Facility Name (If not institution, give street and number) | | 4b. CibyaTown, or Lo | /VOU | 4c. County | 16 1030 |
| Exami | ner | Anne Anunder Gen | Hoso. | Aura | nalia | 4c. County | A |
| Funeral Director | | 5. Sociel Security Number 215-62-2200 Control of the security Number 215-62-2200 Control of the security Number 42 Control of the security Number 42 | est birthday) If Under 1 Year Yrs. Months Deys | If Under 24 Hrs. Hours Min. | 8. Dete of Birth (Month, Dey, | Year) | 9. Birthpiece (State or Foreign Country) Md |
| yland | | 10e. Stete 10b. County 10c. City | , Town or Location | | | | 10d. Inside City Limits |
| Marian Salas | ctor | Md. Queen Anne Ste | evensville | | | | Yes 2□No |
| death with the Maryland ms 23s or 28s-f show | rai Director | 1701 Batts Kneck rd. | 10f. Zip Code | 21666 | 10 | g. Citizen of W U.S.A | |
| n 72 hours after death with the Manylan "naturel", or liems 23s or 28s-f show adical Examiner must be notified a | by Funeral | 11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,s Armed Forces? 1 Never Merried 2 Married If Yes, Give Yeer or Dates: | if Yes, specify Cub | dispenic Orlgin? (Spe an, Mexican, Puerto I Specify: | cify Yes or No- Ricen, etc.) | Bieck | - American Indian, k, White, etc. Black |
| | Completed | 15. Decadent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) | 16e. Decedent's Usuel Occup (Give kind of work done life. DO NOT use retire Office Cle | during most of workii d) | ng 1 | 6b. Kind of Bus | siness/Industry |
| offiled withing the state of th | Be Co | 17. Father'a Name (First, Middle, Last) | OTTICE CIE | 18. Mother's Name | (First, Middle, M | | |
| d 2 should be filed within the and Mental Hygiene. 7 Is marked other than treumatic event, It a M | ToB | Zebulon Tolson | | Peggy | Ann E1 | izabe | th Hines |
| and I me | ľ | 19a. Informant's Neme/Reletionship (Type, Print) | 19b. Mailing Address (Street | | | | |
| of Heall of Heall filem 2 r other | | Burial 2 Cremetion 3 Removel from State | eca of Disposition (Neme of metery, cremetory or other plea | ca) | Dete 2 | Oc. Location - (| ille, Md. 2166 City or Town, Stete |
| permit. Peg Department Important: I any Injury o | | 4 □ Donetion 5 □ Other (Specify) Wes 21. Signature Funeral Service Licensee | sley Cemeter 22. Name end Addre | | 1/27/96 | Steve | ensville,Md. |
| Dema Impo | | 23a. Pert1. Enter the disease, or complications that caused the deeth. | Williamso | n_Fluhar over st. | Easto | n,md. | Service,P.A. 21601 |
| Physician /Medical Examiner | ıer | Immediate Ceuse (Finel disease or condition resulting in death) List only one cause on each line. | | ump Accid | | | Intervel Between Onset end Death Mi wutes |
| death certificate be executed e ettending physician and yd for use es the burial-transit | ai Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events | es e consequence of): | Accid | ewT | | |
| e iii | n/Medical | resulting in deeth) Lest Due to (or deeth) | es e consequenca of): | | | | |
| death ce s ettendi d for use | Iciai | Pert II. Other significant conditions contributing to death but not result | ting in the underlying according | an in David | I con Didash | | |
| v requires that the de been signed by the should be detached | by Physician | Total. Other significant conditional contributing to death but not resur | ang in the underlying cause giv | en in Pert I. | | acco use con | ribute to the cause of death? 3 Probably 4 \(\frac{1}{2} \) Visiknown |
| 200 | Completed | | | | 24e. Wes en perform | | 24b. Were eutopsy findings evailable prior to completion of cause of deeth? |
| 0 - 0 | Com | | | | 1 ☐ Yes | 2000 | 1 ☐ Yes 2 ☐ No |
| | Be | 25. Wes case referred to medical exerginer? | | 26. Plece of Deeth | (Check only one |) | |
| Phys this aldi | 2 | | R/Outpetient 3□ DOA Oth | 4 LI Nursing Hom | | T | |
| Attending I death. | Certification: | 1 Natural 5 Pending (Month, Dey Year) 2 Naccident investigation 3 Suicide 6 Could not be determined | 28b. Time of Injury 28c. Injury Word 1 □ | Yes 2 No | 8d. Describe how Vehice 8f. Location (Stre | le K | Ace Iden't |
| To the Hospital or Attending within 24 hours effer death. To the Funeral Director: After completely filled in by the fune | edicai Cert | 29e. Certifier (Check only 2 Medical Examiner: On the basis of examinetic | qe ledge, death occurred et the tim | ne, dete and plece, et | Aure | Stete) An u | endel MD |
| To the within: To the comple | Med | 29b. Signeture and title of certifier | outy 29c. License | number | 29 | d. Date signed | (Month, Day, Year) |
| | | 30. Name and address of person who completed cause of death (Item 2 | 23a) (Type, Print) | 96054 95 F | mer | in As | 21035 |
| Stat | | 31. Dete filed (Month, Dey, Year) 32. Registrer's Signetu | | | | 0,, | |

State Registrar

NOV 2 6 1996

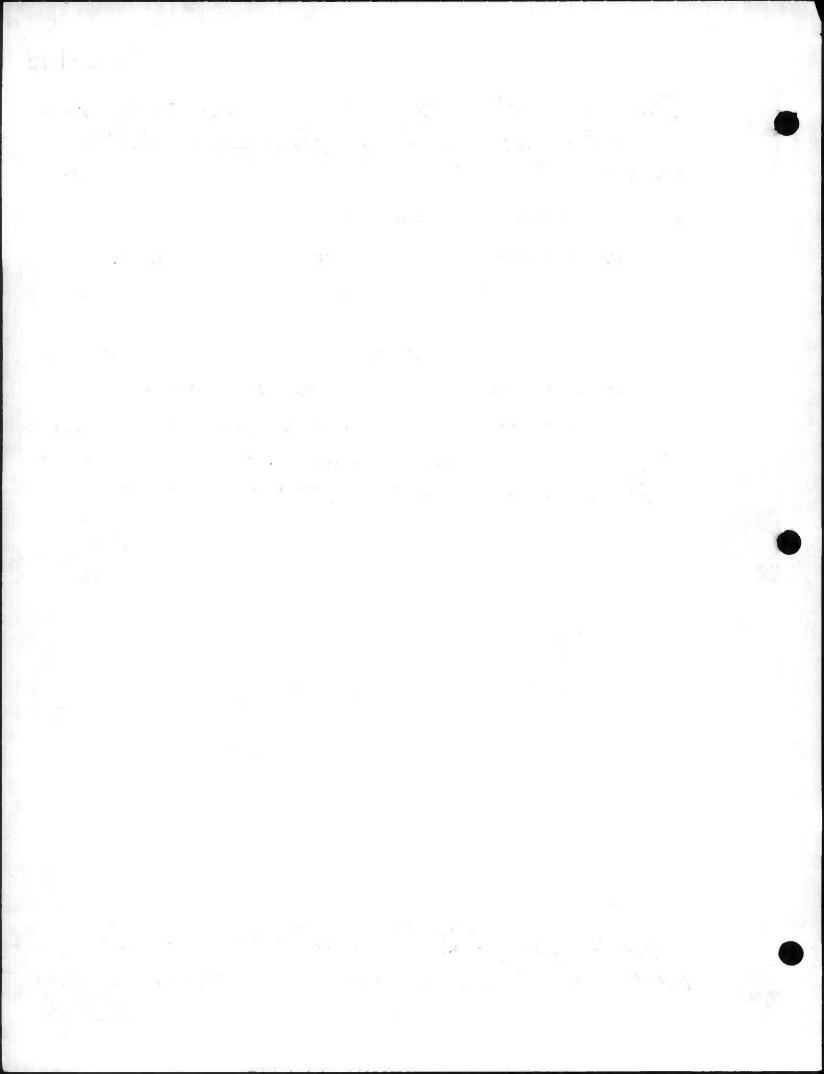
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

37185 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** urke OU /Medical acility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** If Under 24 Hrs. (8. 2400/15 GEN If Under 1 Year Sociel Security Number 6 Sex 7. Age (In yrs. last birthdey) Funeral Birthplace (State or Foreign Country) Deys 1□**X**M 2□ F Months 9 219-15-2572 Yrs. Md. Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f shov Director Oueen Anne 1 Yes 2 No Stevensville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1701 Batts Kneck Rd. U.S.A. Funeral 21666 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: items Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Merital Status the Medical Examiner filed within 72 hours efter 1 Never Married 2 Married 21215-0020 Specify: Black ò 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coltege (1-4or 5+) Student N/A (Student) 7 is marked other traumatic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) . Pages 1 and 2 should be fill iment of Health and Mental Hitant: If item 27 is marked oth 18. Mother's Name (First, Middle, Meiden Surname) Be William O. BUrke, Jr. Mary Elaine Adelco Hines 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peggy A.E. Hines/Grandmother 1701 Batts Kneck Rd. Department of Health as important: If item 27 is any injury or other trau STevensville, Md. 21666 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Buriat 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Wesley Cemetery 11/27/96 Stevensville, Md. 21. Sig uneral Service Licensee 22. Name and Address of Facility Williamson-Fluharty Funeral Service, P. A 319 E. Dover st. Easton, Md. 21601 23e. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onset end Death **Physician** tmmediete Cause (Finel disease or condition resulting in deeth) /Medical Minutes Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Diseese or injury that Initiated events resulting In death) Lest burial-tran Due to (or as e consequence of) P.O. Box 68760, physiclan Physician/Medical the Due to (or as a consequence of) USB BS ettending signed by the el Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Inknown of Vital Records. þ Completed 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? certificate has 1□ Yes 20 No 1 ☐ Yes 2 ☐ No or Attending Physicien: Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Inpatient 2 FMOutpatient 3 DOA 10 this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After t Division 5 Pending investigation 1 Natural Injury Hecident death. 0933 1 Yes 2 No 20/96 2 Accident hicke Place of Injury - At home, farm, street, factory, office building-etc. (Specify) within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 2 4 Homicide Fruidely oridas Ture 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner es steled.

Medical Examiner: On the basis of exemination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical pletely f (Check only one) eputy 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Name end address of person who co mpleted cause of death (Item 23a) (Type, Print) nus 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State whia Davidson NOV 1996 Registrar 6



State of Maryland / Department of Health and Mental Hygiene

| | | | | | Certificat | e of D | Death | | Reg. No. | | | |
|---|----------------|---|--|---------------------------|---|-----------------------------|--|---|--------------------------------|-----------------------------------|---|-------------------|
| Dharatat | | 1. Decedent's Neme (First, Middle, Last, |) | | | | | 2. Data of Dea | | Year | 3. Time of | Death |
| Physicia /Medic | | WILLIAM | FRA | NKLIN | BLES | SSIN | G | NOV. | | 1996 | 8:00 | PM |
| Examin | | 4e. Facility Nama (If not institution, giva | street and number) | | | | . City, Town, or L | ocation of Death | 4c. County | of Death | | |
| | | THE MEMORIAL H | | | STON | | EAST | ON | 7 | CALB(| TC | |
| Funeral Director | | 5. Social Security Number 215-36-2248 Usual Residence of Decedent | 7. Ag | e (In yrs. lest bii 89 | Yrs. If Under Months | 1 Yaar Days | If Undar 24 Hrs. Hours Min. | 8. Data of Birth Month, Day JAN . 9 | 1907 1 | 9. Birthp | lace (Stete or IN) AND | Foreign |
| death with the Maryland ms 23s or 28s-f show | | 10a. Steta 10b. County | | 10c. City, Tow | n or Location | | | | | 1 | 0d. Inside Cit | y Limits |
| flad | tor | MARYLAND TA | LBOT | E | ASTON | | | | | | 1 🗆 Yes | 2 N |
| r 28 | Director | 10a. Street and Number | | | 10f. Zip | Code | • | | 10g. Citizen of | What Coun | try? | |
| 23a c | | 8813 BLACK | DOG ALL | EY | | | 21601 | | | USA | | |
| Health and Mental Hygiene. fem 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at | by Funeral | 11. Merital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | 12. Wes Decedent Armed Forcas? 1 Yes 2 1 If Yes, Giva Yeer or Detes: | | 13. Wes Deced | | penic Origin? (Sp , Mexican, Puerto Specify: | pecify Yes or No- Rican, atc.) | 14. Rad Ble Specif | ca - Americ ck, White, y: V | | |
| stura | pe | 15. Decedant's Edu | | 16a. | Decedent's Usua | ei Occupat | lon | | 16b. Kind of B | usiness/inc | dustry | |
| Med 1 | Completed | (Specify only highest grade Elementery/Secondary (0-12) | completed) College (1-4or 5 | i4) | (Give kind of wo life. DO NOT us | rk done du se retired) | iring most of work | king | | | | |
| T D | E O | 7 | 0 | | FARI | MER | | | FA | ARMIN | 1G | |
| Mental Hygiene. arked other than etic event, the M | To Be | 17. Fether's Nema (First, Middle, Last) FRANK L. BLESS | ING | | | 1 | 16. Mother's Nem | ne (First, Middle, MA WALL | | na) | | |
| and single | | 19e. informant's Name/Reletionship (Ty | | | . Meiling Address | ` | | | | | , | |
| om 27 ther tr | | R. EDWARD BLESS | ING/SON | | 102 CAI | | ACRE I | LANE, E | | | | 1 |
| 0 | | 20a. Mathod of Disposition 1 Buriel 2 Cremation 3 R 4 Donetion 5 Other (Specify) | amoval from State | cemate | Disposition (Nerry, cremetory or of AWN MEN | thar piece, | | Date 11/27 | 20c. Location | | wn, Stete | |
| | | 21. Signeture of Funerel Service License E Allum 23a. Part1. Enter the disaase, or complishook, or heert feilure. List only or | Cesn III (| the deeth. Do | 200 S. | S, H | IELFÉNB RRISON | ST., E | ASTON | | | 1 veen |
| nysician Medical xaminer | | Immedieta Cause (Finel diseasa or condition resulting in deeth) | Esop Pres | hage Due to Tor as a | consequence of): | ledi | ashna | I Fis | tula | | | |
| ate has been signed by the attending physician and page 2 should be detached for use as the burlat-transit | Examiner | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury thei initiated events | Pres | byes Due to (or as a | ophag consequence of): | US | E Idi | opathi | c terl | omh | n | |
| ding physicie se as the bu | Medicai | Cause (Disease or Injury that initiated events resulting in death) Last |) | Dua to (or as a | consaquanca of): | | | | | | | |
| | | | | | | | | | | - 1 | | |
| d by the letached | by Physician | Part II. Other significant conditions con | tributing to death b | ut not rasulting is | n the underlying c | ause giver | n in Part I. | | obacco use co Yes 2 No | ntribute to 3 ☐ Prot | / | f death Unknow |
| 2 should | Completed | CASHD | Ehisto | ry Co | ngestin | e Fa | ulure | 24a. Was a perfor | an autopsy med? | COL | ere autopsy fi allable prior to appletion of ca death? |) |
| pag | S | | | | | | | 1 🗆 Y | es 2 No | 10 | Yes 201 | No |
| | Be | 25. Wes case referred to medical examiner? | | | | | 26. Place of Dea | th (Check only o | ne) | | | |
| 5 0 | ၉ | 1 192 SA 140 | lospitel: 1 Inpatle | | • | | 4 LI Nursing H | ome 5 Reeld | | | 1) | |
| fler | Ö | 27. Menner of Death 1 ☑ Neturel 5 ☐ Pending | 28a. Dete of Injui (Month, De) | Y Year) 26b. | | 8c. Injury a | | 26d. Dascribe h | now Injury occur | red | | |
| Director: Aft | Certification: | 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined | 28a. Place of Injubuilding, etc | ury - At homa, fa | m, street, fectory | | es 2 No | 28f. Location (S City or Tow | Street end Numi m, Stete) | ber or Rura | l Routa Numb | >⊕r, |
| in 24 hou he Funer pletely fill | edical | 29e. Certifiar 1 Certifying Physical Check only one) 1 Medical Examination | ilcian: To the best of er: On the besis of and mennar sta | examinetion en | , deeth occurred d/or invastigation, | et the time , In my opli | , dete end pleca, nion, deeth occur | and due to the c red at tha tima, c | ceuse(s) and medata and plece, | enner as st end due to | ated. the ceuse(s) | |
| within 24 hours of the Funersi I completely filled | Σ | 29b. Signeture and title of certifier | | , , | | . License | | | 29d. Dete signe | d (Month, | Day, Year) | |
| | | X lion | / For | efer 1 | MD | 1)3 | 6919 | | 11 | 24- | 96 | |
| | - | 30. Name and eddress of person who co | mpleted cause of de | eth (Item 23a) | (Type, Print) | | | | - | | | |

SUSAN T. FORLIFER, M.D., 505 DUTCHMAN'S LANE, EASTON, MD 21601
31. Dete filled (Month, Dey, Year)
32. Registrar's Signeture

Lika Davidson-Randall

State Registrar 31. Dete filed (Month, Dey, Year)

NOV 2 5 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 6

| | | | Cen | tificate of | | | Reg. No. | 3/18/ |
|-------------------------------------|--|----------------|--|---------------------------------------|---|--|--|---|
| | Physic | ian | Decedent's Neme (First, Middla, Last) | | | 2. Data of De Month | | 3. Time of Death |
| | /Medi | | EMMA Jane BOWERS | | | Novembe | | 96 7:30 A.M. |
| | Exami | ner | 4e. Facility Name (If not institution, give street and number) | | 4b. City, Town, or L | | 4c. County of | Death |
| ~~ | | | 15663 Kelbaugh Road | **** | Thurmon | | | derick |
| | Funeral Director | | 5. Social Sacurity Number 6. Sex 1 M 2 X F 7. Age (In yrs. last birthdey) Yrs. | If Under 1 Year Months Days | | 8. Date of Bir (Month, Da Oct. 3 | y, Year) 0, 1922 | 9. Birthplace (State or Foreign Country) Maryland |
| | Du A | | Usuel Rasidence of Dacedant 10a. Stata 10b. County 10c. City, Town or Loc | ation | | | | 10d. Inside City Limits |
| | oean win the Maryand ms 23s or 28s-1 show | 5 | Maryland Frederick Thurmon | | | | | 1 Yes 2 No |
| | 288 | Director | 10e. Street and Number | 10f. Zip Coda | - | | 10g. Citizan of Wh | et Countré |
| 1 | N O | | 15663 Kelbaugh Road | | 788 | | | |
| | 22 | era | | | | pecify Yes or No | United S | American Indian, |
| _ | illed within 7.2 hours after beath with the Marylar Hygiene. Hygie | by Funeral | t Naver Merried 2 Married 1 Yas 2 No | Yas, specify Cub ☐ Yas 2☐No | Hispanic Origin? (Span, Mexican, Puarto Specify: | Rican, atc.) | Black, Specify: | White |
| 8 | tural | | | ant's Heusi Occur | netice | | 16b. Kind of Busi | |
| Baltimore, Maryland 21215-0020 | Medic | Completed | life D | kind of work dona O NOT use retire | petion during most of work ad) | king | 100. Kind of Busi | nass/industry |
| 7 | die die | NO | Elamentary/Secondary (0-12) Collega (1-4or 5+) | omemaker | | | 01 | vn |
| pu. | permit. rages I and a snould be lied within Department of Heeth and Mental Hygiene. Important: If Item 27 is merked other than eny injury or other traumatic event, the Magnee. | Be | 17. Fether's Nema (First, Middle, Last) | | | | Meidan Surneme) | |
| Z a | Men | To | John L. Baker | | | E. "unk | | |
| Mai | h and list in the interest in | | | | and Number or Ru | | | |
| e . | Heelt The Z | | 20a. Mathod of Disposition 20b. Place of Dispos | | Road Thu | Data Data | 20c. Location - C | |
| ou ! | nent of h | | 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovel from State cematary, cram | atory or other ple | | 724 | | |
| | nlun nlun | | 4 Donation 5 Other (Specify) 21 Signature of Furieral Service Licensee | | | | | nt, Maryland |
| B B | Depa impo eny is | | Y Samuel In Jura 100 | 4 East M | ain Stree | t Thur | mont, MD | Homes, P.A. 21788 |
| | | | 23a. Part. Enter the disease of combinations that caused the death. Do not anta shock or heart failure. List only one cause on each line. | r the mode of dyi | ng, such es cardiac | or raspiratory a | rest, | Approximate Interval Between Onset and Death |
| | hysician /Medicai | | framediate Cause (Final disease or condition Atkanoscleus) | CIN | diounscula | n D15 | rafe | Venas |
| * | xaminer | | rasulting in death) Bua to (or as a consequ | | | / | | |
| 7 | g 45 | je | _ h | | | | | |
| 68760, | g physician and strict buriel-transit | Examiner | Sequantially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury thet initiated avants | ance of): | | | | |
| 68760, | hysici the bu | edicai | Cause (Disease or Injury thet Initiated avants rasulting in death) Last Dua to (or as a consequ | ence of): | | | | |
| | ding p | | d | | | | | |
| Вох | attending I for use e | Physician/M | Darli Ohari ala Marana | | | 1 | | |
| O P | y the | hys | Pert II. Other significant conditions contributing to death but not resulting in the unit | Jarlying causa giv | van in Part I. | | | ibuts to the cause of death? |
| G, 5 | signed by the a Id be detached f | by PI | | | | 10 | Yss 2□No 3 | Probably 4 Unknown |
| DIVISION of Vital Records, P.O. Box | been signature should be | Completed b | | | | | an autopsy med? | 24b. Ware autopsy findings available prior to completion of cause |
| I Re | - 6 | duic | | | | 10, | (as 20 No | of death? |
| ta | certificate irector, pa | BeC | 25. Was casa refarred to medical | | 26. Place of Dea | | A 11 11 11 11 11 11 11 11 11 11 11 11 11 | 1 Yes 2 No |
| 5 | s certific director, | ToB | examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpetient | 3 DOA Oth | han | | Jance 8 □Othar | (Specify) |
| 0 4 | er this leral d | | 27. Mannar of Death 28a. Data of Injury 28b. Tima of | 28c. Injur | | | now injury occurred | |
| Vision of Vita | eth. r: After ne funer | atlo | 1 Natural 5 Panding (Month, Dey Year) Injury 2 Accident Invastigation | | Yas 2 □ No | | | |
| SIVIS | ifter de Directo in by th | Certification: | 3 ☐ Suicida 6 ☐ Could not be datamined 28a. Place of Injury - At homa, farm, stree building, atc. (Specify) | at, factory, offica | | 28f. Location (| | or Rural Routa Number, |
| Jenjus | within 24 hours after deeth. To the Funeral Director: After the completely filled in by the funeral | | 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, death (Check only) 2 Medical Examiner: On the basis of examination and/or laws | occurred at the tir | ma, data and piece, | and due to the | causa(s) and manr | nar as stated. |
| T ed | the Fi | fedical | one) and mannar stated. | | | | | |
| 1 | To | Σ | 29b. Signetura end titla of certifiar | 29c. Licens | se number | | 29d. Dete signed (| Month, Day, Year) |
| | | | 10 mo | 03 | 7/10 | | 11-1. |) (0 |
| | | | 30. Nama and address of person who complated causa of death (Itam 23a) (Type, P | rint) ST. | Theren | nont, or | 10 21 | 788 |
| П | Sta Registr | | 31. Data filed (Month, Day, Year) NOV 1 8 1996 32. Registrace Signatura | ··· | | | | |

State of Maryland / Department of Health and Mental Hygiene

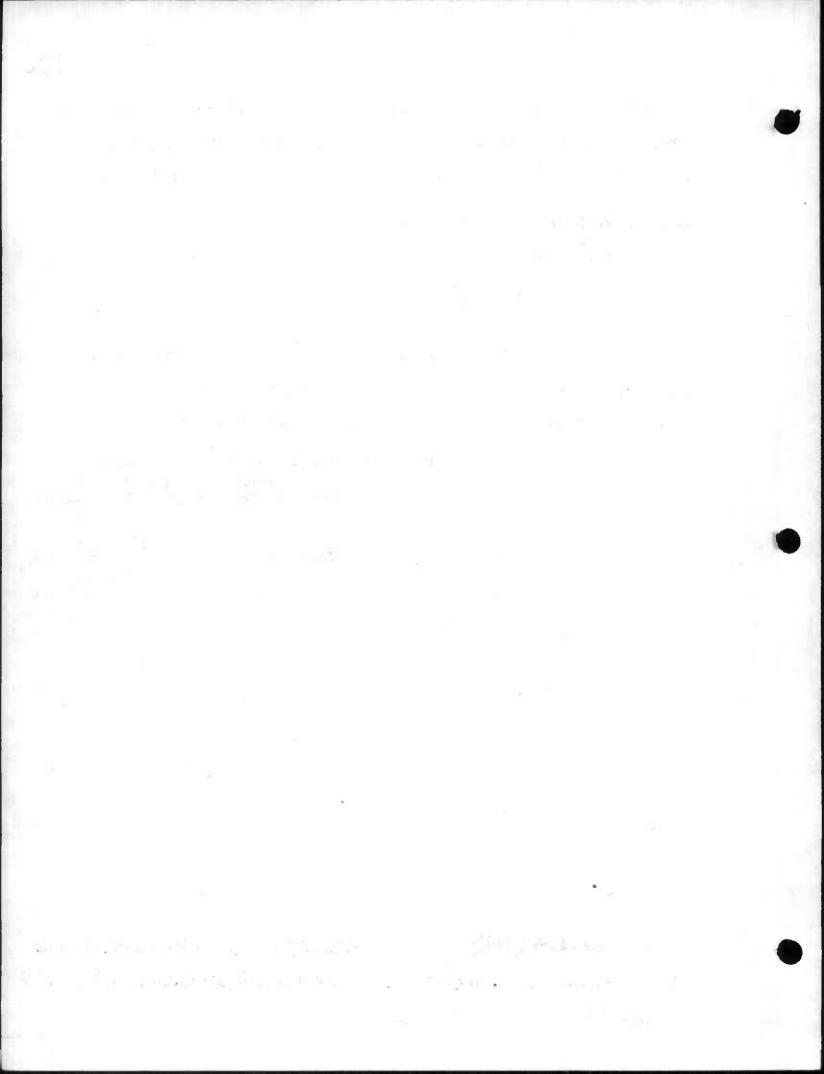
Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Day **Physician** NOVEMBER 19,1996 DANTEL. BARB 7:15 a /Medical 4a. Facility Neme (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** 8. Date of Birth (Month, Dey, Year) Months Days Director 56-08-0836 May 28, 1955 | Kansas Usuel Residence of Decedent the Menyland 10e. State 10b. County 10c. City. Town or Location 10d. Insida City Limits permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Meryla Department of Health end Mental Hygiene. Important: If Item 27 is merked other than "natural", or Itams 23a or 28s-f show any injury or other traumatic event, "a Medical Examiner must be notified a once. Director 1 Yes 2 No Maryland Frederick Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2151 Collingwood Lane 21702 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Rece - American Indien Black, White, etc. 1 Naver Merried 2 Married 17 Yas 2 No 1977-Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Yaar or Detes: 1980 þ 3 Widowad 4 Divorcad White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 6 Construction Engineer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Juanita Jean Bottom Gayle Eugene Barb 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2151 Collingwood Lane, Frederick Jo Anne Barb, Wife 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 11/22 1 M Burial 2 ☐ Cremation 3 ☐ Removel from State 4 Donation 5 ☐ Other (Specify) Resthaven Memorial Gardens 1996 | Frederick, Maryland 22. Name and Address of Fecility Stauffer Funeral Home 21. Signature of Funeral Service Licenses 1621 Opossumtown Pike, Frederick, Maryland 21702 any 23e. Pert1. Enter the disaesa, or combications that caused the deeth. Do not enter the mode of dying, such es cardiac or raspiretory arrast, shock, or heert feiture. List only one ceuse on each line. Approximete Intervel Between Onsat and Death **Physician** /Medical Immediete Ceusa (Final diseese or condition rasulting in deeth) ARDIOVASCULAR Examiner Due to (or as e consequanca of): MPHOMA The law requires that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest and Due to (or as e consequence of): P.O. Box 68760, Physician/Medical the Due to (or es a consequence of) signed by the e Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? Be Completed 24e. Wes en eutopsy performed? Deen 1 Yas 2 No certificate 2 No Lai or Attending Physician: The safer death.

Is after death.

In Director: After this certificate of in by the funeral director, pages of in by the funeral director, pages of the funeral director and director and director and director and director and direct 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturel 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homloide To the Hospital o within 24 hours af To the Funeral Di completely filled in 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

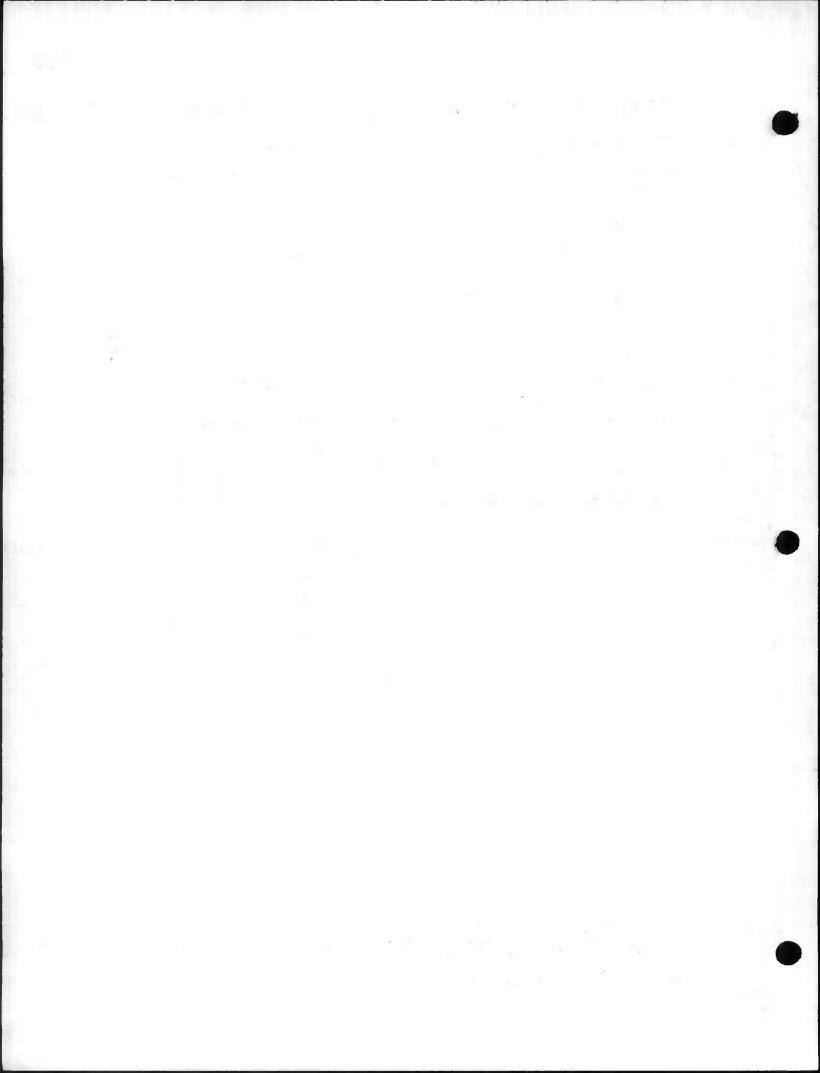
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, deta and place, end due to the ceuse(s) end manner steted. Medicai 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Yeer) November 19 1996 RES-000 of deeth (Item 23e) (Type, Print) KANDZARZI, MD TOWER 110 600 NORTH WOLFE, BAY, MD 21287 DAVIDE. 31. Dete filed (Month, Dey, Year) 32 Registrar's Signature State NOV 2 5 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | Certifica | ate of | Death | | Reg. No. | | 1105 |
|---|----------------|---|---|-----------------------|--|----------------------------------|--|---|------------------------------------|--|--|
| Dhari | • | 1. Decedant's Nama (First, Middla, Last |) D | | | | | 2. Date of D | aath | Vans | 3. Time of Death |
| Physic /Medi | | MARY Albai | BROWN | | | | | Novemi | BER 24 | 1996 | 9:45 AM |
| Exami | | 4a. Facility Name (If not institution, giva | street and number) | | | | 4b. City, Town, or | | | ty of Death | |
| l die | | GILCREST HOSPICE | | | | | TOWSO | | BA | LTIMOR | E |
| Funeral Director | | 5. Social Security Number 6. Se 217–18–8635 | 7. Age (In yrs | | Yrs. If Unc | lar 1 Year s Days | | . (Month, D | rth ay, <i>Year</i>) 1,1923 | 9. Birthpla Count MAR | aca (Stata or Foreign ry) YLAND |
| fand w | | 10e. Stata 10b. County | 10c. C | ity, Towr | or Location | | | | | 10 | d. Insida City Limits |
| the Mary 28a-f sh ctff ed a | Director | MARYLAND BALTIM | ORE | | 101 | | PPERCO | | | | 1 ☐ Yas 2 ☑ No |
| s 23a or | | 10e. Streel and Numbar 5403 5TH AVENUE | | | | Ip Coda | 21155 | | 10g. Citizen of | A | |
| ified within 72 hours after death with the Maryland Hygiene. thysiene. ther than "natural", or items 23a or 28a-f show inft, the Mexical Examiner must be notified at | by Funeral | 11. Marital Status 1 □ Navar Marriad 2 □ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent Evar in I Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates: | J,S. | | edant of becify Cub 2 🔣 No | Hispanic Origin? (an, Maxicen, Pua Specify: | Specify Yas or N rto Rican, atc.) | o- 14. Re Bla Specia | ice - Amarica ack, Whita, a ify: WHI | Ic. |
| 72 h | eted | 15. Decadant's Edu (Specify only highest grea | | 16a. | Dacedant's Us | uai Occu | pation during most of we | arkina | 16b. Kind of I | Businass/Indu | ustry |
| d Z1Z13-UOZO (iled within 72 hours af Hygiene. ther than "netural", or ent, the Mexical Exam | Completed | Elamantary/Sacondery (0-12) | Collage (1-4or 5+) | | lifa. DO NOT | usa retire | ddring most of wo | nning | | L SECU | |
| | BeC | 17. Fathar's Nama (First, Middla, Last) | | | | | 18. Mother's Na | me (First, Middle | a, Maidan Sume | ma) | |
| should be in Mental I | TOE | WILLIAM H. ALBAN | | | | | FLORE | NCE G. H | ARRIS | | |
| d 2 should It and Meni | - | 19a. Informant's Name/Relationship (T) | rpe, Print) | 19b. | Mailing Addra | ss (Stree | t end Number or F | Rural Route Numi | ber, City or Town | n, Stata, Zip (| Coda) |
| | | CATHY KNIGHT, DA | UGHTER | | LO3 WIN | TERB | ERRY LA, | WESTMIN | ISTER, M | D 2115 | 57 |
| mit. Pages 1 an partment of Heal portant: If them 2 y Injury or other | | 20a. Mathod of Disposition 1 ☑ Burlai 2 ☐ Cremelion 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Spacify) | Ramoval from Stata | camatar, | Disposition (A y, cramatory of PAULS C | othar pla | | Data 11/27 | 20c. Location | - City or Tow | |
| permit. Pages 1 Department of H Important: If its any Injury or ott | | 21. Signature of Foneral Service Licans | Carlo | 0 | 22. Name | end Addra | ass of Facility | ELINE F | UNERAL | HOME | |
| 10.00 | | 23a. Part1. Entar tha disaasa, or compi shock, or haart failura. List only or | ven | | - | | IN ST, H | | | | Approximata |
| Examiner | iner | disease or condition rasulting In deeth) | Due to (| | onsaquance o | | | | | 1 | 7.3 |
| cete be executed physician end s the burial-transit | Examiner | Sequentially list conditions, if eny, leading to immediata causa. Entar Underlying Ceusa (Disaasa or Injury that initiated avants | Dua to (| orasac | onsequanca o | f): | | | | | |
| ing ling | Medical | that initiated avants rasulting In deeth) Last | Due to (| or as a c | onsaquance of |): | | | | | |
| death cert e attending ed for use | Physician/ | | | | | | | | | | |
| the de | ysic | Part II. Other algnificant conditions con | ntributing to death but not ra- | sulting In | the undarlying | causa gi | van in Part I. | 23b. Dld | tobacco uae c | ontribute to | the causa of death? |
| s that | by Ph | | | | | | | 1 🗆 | Yes 2 No | 3 Probe | ably 4 Unknow |
| aw requir | Completed | | | | | | | | s an autopsy ormed? | aval | e autopsy findings labla prior to iplation of causa eeth? |
| The I | S | | | | | | | 1 🗆 | Yas 2 No | 10 | Yas 2□No |
| Physician: The this certificate ral director, pag | Be | 25. Was case rafarred to medical axaminar? | | | | | | eath (Check only | ona) | | |
| Physic this c | 2 | Tas Zuno | 1 | ER/Out | patient 3□ l | JUA | | Homa 5□Ras | Idanca 6 00 | har (Specify) | Hospica |
| After fune | atlon: | 27. Mennar of Death 1 ★Natural 5 ☐ Panding 2 ☐ Accident invastigation | 28a. Data of Injury (Month, Day Year) | 28b. T in | ima of ijury M | 28c. inju Wo 1 [| ryal rk? ∣Yas 2 ∐No | 28d. Dascribe | how injury occu | irred | |
| 2 2 2 2 | Certification: | 3 Sulcida 6 Could not be 4 Homicida determined | 28a. Piaca of Injury - At h building, etc. (Spaci | oma, far | m, sireel, facto | ory, office | | | (Straat and Num wn, State) | ber or Rural | Routa Number, |
| To the Hospital of within 24 hours at To the Funeral D completely filled in | edical | 29a. Cartifiar (Check only one) Certifying Physical Examination (Check only one) | nar: To the best of my known of the basis of examination and manner stated. | owladga, ation and | daath occurre /or Invastigation | d at the II on, in my o | me, data and plac opinion, daath occ | a, and due to tha urred at tha tima, | ceusa(s) and m data and placa | nannar as sta , and dua to t | ited. tha causa(s) |
| ro th rithin ro th | Me | 29b. Signature and Mile of partities | 11 | | | | sa number | | 29d. Data sign | | |
| | | + G/ Mich | my they | n | 1 | 02 | 5205 | | noven | ber o | 1996 |
| | | W. A. Riley | | | | Chr | . Go St. | Bolto | , md | 21204 | |
| Sta | | 31. Data filad (Month, Day, Yaar) | 32. Registrar's Sign | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

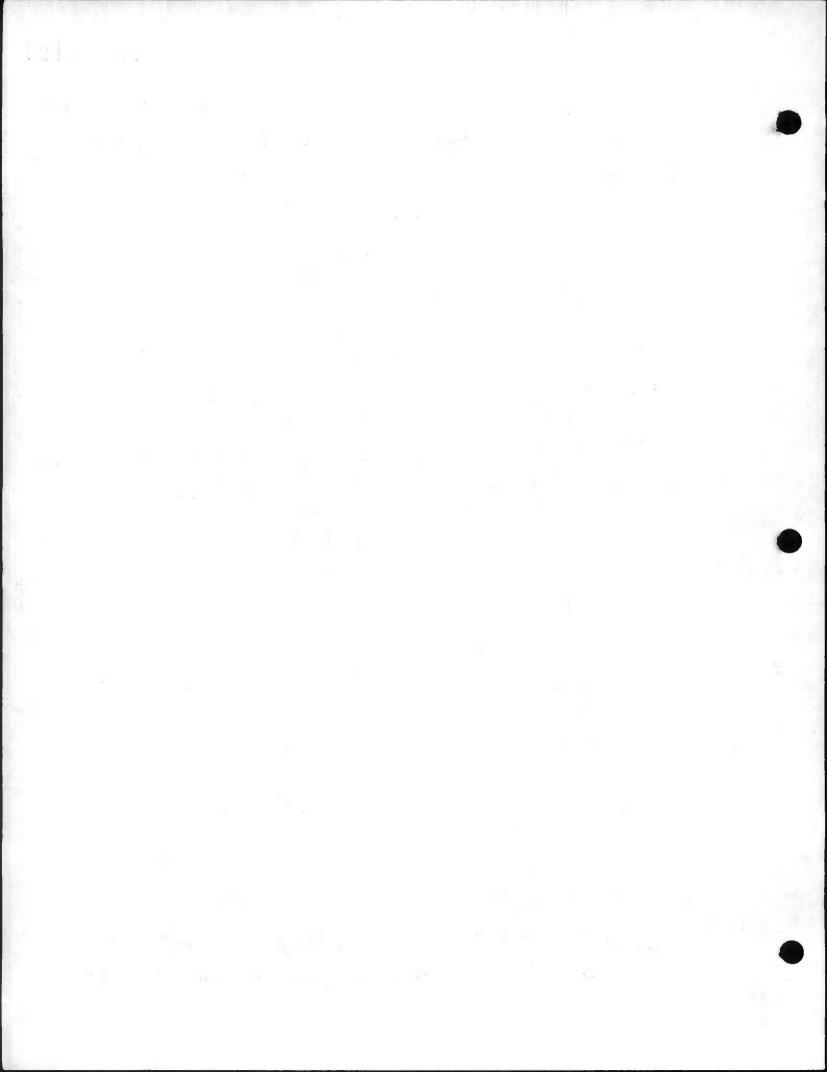
| | | | | | | Ce | rtificat | e of | Death | | F | leg. No. | | | |
|---------------------|---|----------------|---|-----------------------------|---|--------------------------------|---------------------------------------|----------------|------------------------------|-----------------------|---------------------------------------|----------------------------------|----------------------|---------------------------------|--------------|
| Г | | | 1. Decedant'a Nama (First, Middle | a, Last) | | | | | | | 2. Data of Dea | th | .50 | 3. Tima | of Death |
| | Physic /Medi | | Edward C. Brooks | Jr. | | | | | | | November | 24, 1996 | Yaar | 10: | 40 PM |
| | Exami | | 4a. Facility Nama (If not institution | | nber) | | | | 4b. City, To | | ocation of Death | 4c. County | of Death | 10. | 10 111 |
| | | | Montgomery Gener | ral Hospital | | | | | 01ney | | | Montgor | nerv | | |
| | Funeral Director | | 5. Social Security Number 461-03-8169 | | 7. Aga (In yrs | last birthday) Yrs. | If Under Months | 1 Yaar Days | If Undar | 24 Hrs. Min. | 8. Data of Birth (Month, Day | | 9. Birthp | piaca (State ntry) 151ana | a or Foraign |
| | Ti. | | Usual Rasidance of Decedant | | | | | | | | TOVCHECT | 20, 131 | Lou | 13 I di la | |
| | death with the Maryland ms 23a or 28a-f show c.mast be notified at | | 10a. Stata 10b. County | | 10c. City | y, Town or Lo | ocation | | | | | | 1 | Od. Insida | City Limits |
| | N 28 | to | Virginia Fairfax | (| Vier | ma | | | | | | | | 1 X Ya | s 2 No |
| | 2 2 2 | Directo | 10e. Street and Number | | | | 10f. Zip | Coda | | | 1 | Og. Citizan of | What Cour | ntry? | |
| | A Marie | | 1114 Desale Street, | SW | | | 221 | 80 | | | | United St | tates | | |
| | ter death with the Maryla Nerns 23a or 28a-f show ner must be notified at | Funeral | 11. Maritai Status | 12. Was Dece | dant Evar in U, | S. 13. | Was Dece | dant of | Hispanic Ori | gin? (Sp | ecify Yas or No- | 14. Rac | a - Amaric | | |
| Maryland 21215-0020 | ar, or Exam | by | 1 ☐ Nevar Married 2 ☐ Marr 3 ☐ Widowed 4 🖔 Divorced | If Yas, Give | 2 □ No | | it Yas, spe∈ 1 □ Yas | | ban, Maxicar Specify: | n, Puarto | Rican, atc.) | Specify | ^{v:} Whita, | | |
| 200 | n 72 ho natur edical | te | 15. Decedent | | | 16a. Dece | dant's Usu | ai Occu | pation | 4 06 | | 16b. Kind of B | | | - |
| 21 | Ne di | Completed | (Specify only highes Elementary/Secondary (0-12) | College (1- | 4or 5+) | lifa. | DO NOT u | sa retira | i during mos ad) | t or work | ing | | | | |
| 2 | Hygien Hygien Sher th | 5 | 12 | 4 | | Admini | strato | r | | | | U.S. Sena | ate | | |
| P | | Be | 17. Fathar'a Nama (First, Middle, | Last) | | | | | 18. Mothe | r's Nam | a (First, Middla, | Maiden Suman | 1a) | | |
| yla | Mental Mental arked c | 0 | Edward C. Brooks | | | | | | Grace | Pipe | es . | | | | |
| ar | 2 sho | | 19a. Informant'a Name/Raiations | hip (Type, Print) | | 19b. Maliir | ng Address | (Stree | t and Numbe | er or Run | al Routa Numbe | r. City or Town, | State, Zip | Code) | 12 |
| | and salth n 27 | | David M. Brooks | | | 1114 | DeSale | Stn | eet, Sw | , Vie | nna, Virg | inia 22: | 180 | | |
| ore | -2 E E | | 20a. Mathod of Disposition 1 Durial 2 Cramation | • - | | lace of Dispo | sition (Nar | ne of | | i | Data | 20c. Location - | | wn, Stata | |
| Ĕ | Pages nent of int: If the ary or o | | 4 □ Donation 5 □ Other (S) | | tata | sapeake | | | | 1 | 1-26-96 | Beltsvill | le. Ma | rvland | |
| Baltimore, | permit. Pa Departmer Important: any injury once. | | 21. Signatura of Funaral Sarvica | Licensaa | | 22 | . Nama an | d Addr | ass of Facilit | y | | 00100111 | , , | · y rana | |
| Ö | 88118 | | 1 Ca. 00 | 0-0 | | R | app Fu | nera | 1 Servi | ces, | P.A. Spri n g, | Mana Tamal | 2001 | 0 | |
| | 9,78 | | 23a. Part 1. Entar tha disaasa, or | compilcations that ca | used the death | h. Do not ant | ar tha mod | la of dv | Ing. such as | cardiac | or respiratory arr | ast. | 2031 | Approxim | ata |
| | Physician | | shock, or haart failura. List | only ona causa <i>on</i> as | ich lina. | | | , | | | | | | Interval B Onset and | etween |
| Ä | /Medical | | Immediata Causa (Final | Asc | INAT | 700 | PN | | 40 .1./. | Α. | | | j | 2 0 | A |
| Ĭ. | Examiner | | diseasa or condition rasulting in death) | a | | | | Cq | Aut com 1 | | | | | 20 | MYS |
| | 1,200 | ē | | | Due to (o | ras a consec | (uance of): | | | | | | i | | |
| | icate be executed physician and s the burial-transit | Examiner | Comments to the transmission | b. | Due to /o | | , , , , , , , , , , , , , , , , , , , | | | | | | - | | |
| ć | certificate be executed vding physician and use as the burial-transit | Exa | Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaasa or Injury | | Dua to (or | r as a consec | juance or): | | | | | | 1 | | |
| 68760, | sicia bur | | Cause (Disaasa or Injury that initiated events | с | Due to for | | | | | | | | | | |
| 89 | ding physics as the t | edicai | resulting In death) Last | | Dua to (or | as a conseq | uance or): | | | | | | 1 | | |
| × | anding use a | 3 | | d | | | | | | | | | | | |
| Bo | for the | ciai | | | th and a training | | | | | | 1 contact | | | | |
| P.O. | the the | Physician | Part II. Other significant conditio | | | utting in the u | ndariying c | ausa g | wan in Part i | | | obacco use co | | | |
| | | P | Multi-INFa | rut Dem | entra | | | | | | 1 1 | es 2 No | 3 ☐ Prol | bebly 4 | Unknown |
| Records, | 2 6 | d by | 0 | , , | | | | | | | 24a. Was a | n autoney | 24h W | era autops | v findings |
| Ö | - D 0 | ete | Cornay A | treey Di | عفصر | | | | | | perfor | | av | ailabla prio mpletion of | rto |
| 3e | S S C | Completed | RENAL INS | . CC | | | | | | | | 1 | of | daath? | |
| 9 | T age | | | 4 Mcien | cy | | - | | | | 1 U Y | as 2 No | 10 | Yas 2 | □No |
| Vital | Physician: The I this certificate he rai director, page | Be | 25. Was casa rafarred to medical axaminer? | Hospital: | | | | 10 | | of Deat | h (Check only or | ne) | | | |
| ō | this ai did | T0 | 1 Yas 2 No | 1 (SPIn | | ER/Outpatien | |)A | | | ma 5 Rasid | | | y) | |
| E C | After Uner | Certification: | 27. Manner of Death 1 ☑ Natural 5 ☐ Panding | | , Day Year) | 28b. Tima of Injury | | Bc. Inju | | | 28d. Daacribe h | ow injury occur | ber | | |
| S | Attending ir death. actor: Afte by the fune | cat | 2 Accident invastig 3 Suicida 6 Could n | ot be | | | М | | Yas 2 | | | | | | |
| Division | or At after of Direction by | ŧ | 4 ☐ Homicide datarmi | ned 288. Piace (| of Injury - At ho g, atc. <i>(Specif</i> y | oma, farm, str /) | eat, factory | , office | | | 28f. Location (S City or Town | | er or Rura | il Routa Nu | mber, |
| | oral Delli | | | | | | | | | | | | | | |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral | edical | Check only 21 Medical E | Physician: To the base | sis of axaminat | wledga, daath ion and/or Im | occurred vastigation, | at tha ti | ima, data an opinion, daa | d place, th occurr | and dua to tha c ed at tha tima, d | ause(s) and ma ata and place, | innar as st | tated. tha causa | ı(s) |
| | the sple | Med | oney | and mann | ar stated. | | | | | | | | | | |
| | P Y P O | | 29b, Signature and title of outlifler | 1 | | | | | se number | | | 9d. Date signe | | | |
| | (7) | | Jun John | 1- | | | 1 | 10 | +26 | | | Novem | 34 | 25,1 | 796 |
| | 10 | | 30. Name and address of person v | | | | Print) | 11 | | | , | | , , | | |
| | | | 18/01 | Paine F | Philip | DRIFE | , 0 | LN | 2 | MA | ny born s | 1 208 | 52 | | |
| | Sta | _ | 31. Data filed (Month, Day, Year) | | gistrar's Signal | tura 📆 | 1.00 | | . / | | / | | | | |
| | Registr | ar | NOV 26 | 1996 | ma wand | son-yang | مالان | | | | | | | | |

L. In

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State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | Ce | rtificat | e of | Death | | Reg. No. | | |
|---|------|---|--------------------|--------------------------------------|---|---------------------------------|---------------------|--|---------------------------------------|----------------------------------|-----------------------------|--|
| | | 1. Decedent's Neme (First, Middle, | Last) | | | | | | 2. Dete of De | eeth | V | 3. Time of Dea |
| Physician /Medicai | _ | | Jesse | Danie | 1 B1o | om | | | Novemb | er 26. | 1996 | 9:25 P |
| Examiner | _ | 4e. Facility Neme (If not institution, g | rive street end n | rum <i>ber)</i> | | | 1 | 4b. City, Town, or | | | nty of Deeth | |
| | | Hebrew Home of (| Greater | Washin | aton | | | Rockvill | 6 | Mor | tgome | rv |
| Funeral | 7 | | Sex | | s. lest birthdey | | | if Under 24 Hrs | 8. Date of Bi | rth | | piece (Stele or For ntry) |
| Director | | 063-01-9571 Usual Residence of Dacedent | 10 X M 2□ F | 84 | Yrs. | Months | Days | Hours Min. | Oct. 1 | , 1912 | New | York |
| how | _1 | 10a. State 10b. County | | 10c. | City, Town or L | ocation | | | | | | 10d. Inside City Li |
| and Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show aumetic event, the Medical Examiner must be nothing at To Be Completed by Funeral Director | 2 | Maryland Montgo | mery | R | ockvill | e 10f. Zig | Code | | | 10g. Citizen o | What Cou | 1 ☐ Yes 2 X |
| 0 2 0 | | 6121 Montrose F | hens | | | | 852 | | | | d Sta | |
| # 22 # 22 | 0 | 11. Maritei Stetus | | cedent Ever in | IIS 13 | | | Hispenic Origin? (S | inecify Ves or N | | ace - Ameri | |
| tal hygiene. di other than "natural", or itema 23a or 28a-1 show event, the Medical Examiner must be notified at Be Completed by Funeral Director | 2 | 1 Never Married 2 M Married 3 Widowed 4 Divorcad | Armed I | Forces? | | if Yes, spe 1 ☐ Yes | cify Cu | ban, Mexican, Puer | o Rican, etc.) | | lack, White, | |
| ted pat | 2 | 15. Decedent's | | | 16a. Dece | dent's Usua | ai Occu | pation | | 16b. Kind of | | |
| ygiene. Ner than "naturn It, I're Medical Completed | DIA! | (Specify only highest g | | (1-4or 5+) | life. | kind of wo DO NOT u kkeep | se ratir | during most of wo | rking | | n Job | |
| H P F | | 17. Father's Neme (First, Middle, La | | | 000 | KKCCP | | 18. Mothar's Na | ne (First Middle | | | 001 |
| f Health and Mental Hygiene. tem 27 is marked other than other traumetic event, tra M To Be Comp | 2 | Harry Bloom | | | | | | Sarah | Sachs | | | |
| | | 19a. informant's Name/Ralationship | | | | _ | | at and Number or Ri | | | | |
| f Health Item 27 I | - | Harriet Anne Klo | ontz | | | | | ke St., N | | | | |
| 0 | | 20e. Method of Disposition 1 ☐ Buriai ※XXCremation 3 | ☐ Removei from | | Piece of Disp cemetery, cra | matory or c | ne or ther pl | ece) | Data | 20c. Location | n - City or T | own, State |
| ant: If It | | 4 ☐ Donation 5 ☐ Other (Spec | | | hesapea | ke Cr | ema | tory | 11-28-96 | Beltsv | ille, | Marylar |
| Department Important: If any Injury o | | 21. Signeture of Euneral Service Lic | ansee | 200 | R | app F | une | ess of Fecility ral Servi Avenue, S | ces, P. | A. | MD 20 | 1910 |
| | | 23e. Part1. Enter the disease, or co shock, or heart failure. List on | mplications that | caused the de | | | | | | | 110 20 | Approximeta |
| nysician | 4 | Shook, of Healt lailule. List of | y one cause on | each line. | | | | | | | 1 | Interval Betwee Onset and Dee |
| Medical | J | immediata Cause (Finel | Ibr | emia | | | | | | | 1 | 10 1. |
| kaminer | | disease or condition resulting in deeth) | a | Due to | /1011111111111111111111111111111111111 | | | | | | | Year |
| <u> </u> | 5 | | 4 | 200 | (or es a conse | querica oi): | | | | | | Year |
| physician and stransit that burial-transit | | Convention in that are distant | b. // | | (or as e conse | | | | | | i | / |
| Exal-tr | | if eny, leading to immediate | | Due to | (OI &S & CONSE | quarice oi). | | | | | 1 | |
| e attending physician and od for use as the buñal-transit is clan/Medical Examit | | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated evants | c | Due to | /or on a name | | | | | | | |
| 0 0 | | resulting in deeth) Lest | d | Due to | (or as a conse | quence or): | | | | | | |
| ed by the attendin detached for use | | Pert II. Other significant conditions | contributing to | death but not re | esuiting in the u | ınderlying c | ause g | iven in Part i. | 23b. Did | tobacco uae | contribute t | o the cause of de |
| t by t | | Cerebrovan | ulan | unse | ulle | ran | 4_ | | 10 | Yee 2 No | 3 □ Pro | bably 4 Unk |
| 5.8 | | 0 ' | | | 66 | | 7 | | | | | |
| should should | | Parkenson | dest | ruse | | | _ | | | an eutopsy ormed? | av cc | fare autopsy findi reilable prior to empletion of caus deeth? |
| page 2 | | | | | | | | | 10 | 2 | | |
| certificate rector, pag | | 25. Was case raferrad to medical | 1 | | | | | | | | 91 | Yes 20XNo |
| is certific director, | | examiner? | Hospitei; | | | | 0 | 26. Pieca of Dea | | | | |
| 五面 | | 1 Yes 2 No 27. Manner of Deeth | 1 | - | ☐ ER/Outpetie | | A | 4 Nursing F | iome 5 Resi | | | fy) |
| rs after death. al Director: After t ed in by the funera Certification: | | Naturai 5 Panding investigati | on | e of injury nth, Dey Year) | 28b. Time of injury | M | 8c. inju Wo 1 | rk?] Yes 2 □ No | 280. Describe | how injury occ | urrad | |
| within 24 hours after death. To the Funeral Director: After completaly filled in by the funer Medical Certification: | | 3 ☐ Suicide 6 ☐ Could not determine | d 286. Piac | e of injury - At ding, etc. (Spec | homa, farm, st cify) | reet, factory | , offica | | 28f. Location (City or To | Street end Nur wn, Stete) | nber or Aur | a <i>l Route N</i> um <i>ber,</i> |
| within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral Medical Certification: | | 29a. Cartifiar (Check only one) Certifying P | miner: On tha! | e best of my kr basis of examin | nowiedga, daat nation and/or in | h occurred vestigetion, | et the t in my | ima, data and piaca opinion, death occu | , end dua to tha rred at tha time, | causa(s) and r date end pleca | nenner es s a, end dua t | statad. o the cause(s) |
| To th comp | | 29b. Signature and title of certifier | | MA | | | | se number | | 29d. Date sign | | |
| 5 | 3 | 10. Name and address of person who | complated cau | use of deeth (ite | em 23a) (Type, | Print) | | 3958 e Rd., | Rock- " | 10 000 | 300 | W 3 |
| | | | | | | 1 ont | ros | e Na. | ועטיוכעון | ie in | 28 | 26 |
| State | 3 | 11. Date filed (Month, Day, Year) | | Ragistrar's Sign | neture | | | | | | | |
| Registrar | | NOV 2 9 199 | 16 9 | hia David | son-Rand | 400 | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 96 37192

| | | | | | | | | Certi | ificat | e of | Death | | | Reg. No. | 20 | 01176 |
|---|---|----------------|---|------------------|---|--|-------------------------|-----------------------|-------------------------|----------------------|------------------------------|-------------------------|------------------------------------|---------------------------|----------------------------|--|
| DI | hysici | | 1. Decedent's Neme (First, Midd | die, Las | t) | | | | | | | | 2. Dete of De Month | | Yee | 3. Time of Deeth |
| | nysici /Medi | | Alice Marie | | | | | | | | | | Novemb | er 2 | , 199 | |
|) E: | xamir | ner | 4e. Fecility Neme (If not institution | | | n <i>ber)</i> | | | | | | | ocation of Deer | | County of De | |
| | - | | 701 Glenwood | - | | 7 4 // | to -4 f-1- | 45-4 | If Under | 1 | Annap | | | | ne Art | |
| | neral ector | | 5. Social Security Number 215-64-6498 | 6. Se | M 201F | 7. Age (In y | | | Months | Deys | Hours | Min. | 8. Date of Bi (Month, D July | 28, 1 | 909 Wa | Birthplece (State or Fore Country) Ashington, |
| and | | | Usuei Residence of Decedent 10a. Stete 10b. Count | у | | 10c. | City, Towr | n or Loca | ation | | | | | | | 10d. Inside City Limi |
| Mary | pg | ō | MD Anne | Δ 271 | ındel | ٨٠ | napo | 110 | | | | | | | | 1⊠Yes 2□N |
| tha 280 | The state of | Director | 10e. Street end Number | ALC | muer | Al | шаро | 112 | 10f. Zip | Code | | | | 10a. Citiz | zen of Whet | Country? |
| as o | 4 | | 701 Glenwood | Sti | reet | | | | 214 | 403 | | | | U.S | | |
| 5-0020 72 hours after death with the Maryland natural: or ferme 23s or 28s4 show | other traumatic avent, the Medical Examiner must be notified at | by Funeral | 11. Maritel Status 1 Never Married 2 Ma 3 Widowed 4 Divorce | | 12. Was Dece Armed For 1 Tes If Yes, Giv Yeer or Da | rces? 2 🔯 No e | U,S. | | es Deced res, spec | | | gin? (Spo , Puerto | ecify Yes or No Rican, etc.) | | Black, Wi | |
| hour in | 븰 | | 15. Decede | | | 105. | 168 | Deceder | nt's Usue | al Occur | netion | | | 16h Kir | WI and of Busines | nite |
| Mary yial II a 2 1 2 1 3 - 00 2 0 d 2 should be filed within 72 hours af th and Mantal Hygiana. | ne Medi | Completed | (Specify only higher Elementery/Secondary (0-12) 12 | est grea | le completed) College (1 | -4or 5+) | - | (Give kir life. DC | nd of wor NOT us | rk done se retire | during most d) | of work | ing | | | Santadatiy |
| e filed v | ant, | Ö | 17. Fether's Neme (First, Middle | (Lest) | | | no | mema | iker | | 18. Mothe | r's Name | e (First, Middle | - | Home | |
| should be ind Mantal | C BV | To Be | Joseph P. Da | | | | | | | | | | Stark | | , | |
| 12 should be and Mantal | E . | - | 19a. Informent's Neme/Reletion | | ype, Print) | | 19b. | Meiling | Address | (Street | | | al Route Numb | er, City or | Town, Stete | , Zip Code) |
| 1 and 2 Haalth a | r tra | | R. Ford Bake | r | | | 15 | 09 E | Erski | ine | Stree | t, T | akoma 1 | Park, | MD 2 | 20912 |
| Demit. Pages 1 an Department of Heal | otho | | 20e. Method of Disposition | | | | . Plece of | Disposit | tion (Nen | ne of | ce) | i | Dete | 20c. Lo | cation - City | or Town, Stete |
| Page Page | ry or | | 1 ☐ Buriel 2 ☒ Cremetion 4 ☐ Donetion 5 ☐ Other (3 | | | | | | • | | , | v 1 | 1/28/9 | 6 Ale | xandri | ia. VA |
| mit. | any inju | | 21. Signeture of Funeral Service | Licens | 999 | | | - | | | | | Funera | | | |
| 405 | : 6 O | | 23e. Part1. Enter the disease, o shock, or heert feilure. Lis | Ce or comp | zlo | aușed the de | eth. Do n | 50 | 00 Ur | nive | rsity | B ₁ v | d., W. | , Sil | | Approximete Intervel Between |
| Physic /Med Exam | dical iner | iner | Immediate Ceuse (Finel disease or condition resulting in death) | | o. A. | Due to | 6 Clu | A ot | nca of): | Ve. | cula | 1 | difea | 46 | | month |
| ntificate be axecuted no physician and | a as the burial-transit | ai Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury | J. | C | Due to | (or es e c | conseque | enca of): | | | | | | | |
| 3 2 | S | n/Medical | thet Initieted events resulting in deeth) Last | l | d | Due to | (or es e c | onseque | nca of): | | | | | | | |
| death ce | d for | icia | Pert II. Other significant conditi | one co | ntribution to de | eth hut not r | scutting In | the unde | orlying of | augo on | on in Dort I | | 22h Did | tobooon | una anatelhu | do to the course of deat |
| requires that the death | datached for t | y Physician/ | Total Strong agrinount Conditi | One co | inibuting to de | etti but not n | esulting in | the unde | enying ci | ause gn | en in Pen I. | | | | | Probably 4 Unkno |
| 1 - 1 | CV | Completed by | | | | | | | | | | ŀ | | en eutopormed? | sy 24t | b. Were eutopsy findings eveileble prior to completion of cause of death? |
| t ag | ag | | | | | | | | | | | | 10 | Yes 2 | No | 1 ☐ Yes 2 ☐ No |
| iclan: Th | director, | Be | 25. Wes case referred to medical exeminer? | | Hospitel: | | | | | Ott | or: | | (Check only | | | |
| his his | D | ition: To | 1 Yes 2 No 27. Menner of Death 1 Naturel 5 Pendi 2 Accident invest | | 1 🗆 Ir | npatient 2 f Injury h, Dey Year) | 28b. T | | | Bc. Inju | 4 LI NU | | me 5 Resi 28d. Describe | v | | pecify) |
| tal or Attanding P rs after death. al Director: After t | ed in by th | Certification: | 3 Suicide 8 Could determ | not be | 28e. Plece buildin | of Injury - At g, etc. (Spec | home, fer | m, street | t, fectory | , office | | - | | (Street end wn, Stete) | | Rural Route Number, |
| To the Hospital or An within 24 hours after of To the Funeral Direct | complately filled in | edicai | 29a. Certifier 1 | ng Phys Exami | sician: To the t ner: On the be- end menn | sis of examir | nowledge, netion end | deeth od Vor Inves | ccurred e stigetlon, | et the tir | ne, date end pinion, deet | d pleca, e h occurre | end due to the ed et the time, | ceuse(s) dete end | and menner pleca, end d | es stated. ue to the cause(s) |
| Vithi To th | Eoo | Σ | 29b. Signeture end title of certifie | er | | | | | 29c | Licens | e number | | | 29d. Dete | signed (Mo | nth, Dey, Year) |
| 12 | | | 30. Neme and address of person | C | alle v | W) | am 22-) / | Tune D | int | T) | 414 | 79 | | Nov | 202 | 5 21, 1996 |
| 10 | | | Angela | Ca | -11e | my | | 266 | | A | eva | R | e fr | <i>i</i> +c | 202 | |
| Re | Stat gistra | | 31. Dete filed (Ment) Dev Yeer, | 199 | | gistrer's Sign | neture | 70. | 00 | | | | | | | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death **Physician** Month Mary Margaret Burt November 23, 1996 8:15 PM /Medical 4e. Facility Name (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Montgomery Bethesda Suburban Hospital If Under 1 Year 5. Sociai Security Number 7. Age (In yrs. last birthday) Birthpieca (Stata or Foreign Country) 1 ☐ M 2 🗓 F Yrs. 82 Washington, DC 215-48-2053 Jan. 6,1914 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 □ No Rockville Director Maryland Montgomery 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 20850 United States 1087 Larkspur Terrace Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Biack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 ☐ Yes 2 X No Specify: by Specify 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Homemaker Own Home 17. Father's Name (First, Middla, Lest) 18. Mother's Name (First, Middle, Meldan Sumama) Be Edward J. Murphy Mae Murphy 19a. Informant's Name/Relationship (Typa, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 1087 Larkspur Terrace, Rockville, Maryland 20850 Arthur L. Burt / Husband 20a. Method of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, State 1 K Buriai 2 ☐ Cremetion 3 ☐ Removal from State 4 Donation 5 Other (Specify) Mary's Cemetery Nov. 27,1996 Rockville, Maryland 21. Signature of Funeral Service Li 22. Name and Address of Fecility Robert A. Pumphrey Funeral Home/ Inc., 300 W. Montgomery Ave. Maryland 20850-2805 M00348 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death hemorrheege Immediate Cause (Final disease or condition resulting in death) Due to (or es a consequenca of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequence of) Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was en autopsy performed? 1 ☐ Yes 2 D No 1 Yes 2 Valo 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1. Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1. SNeturel 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 | Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one)

P.O. Box 68760, Records, Vita of Division

physician and s the buriel-transit The law requires that the deeth certificate be executed 950 been signed by should be detact page 2 Hospital or Attending Physician: ral Director: After when the funeral director filled in by 24 hours To the Hosp within 24 hou To the Fune completely fi

Funeral

Director

28a-f show

6

Нета 23а

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Heelih and Mental Hygiene. Important: if item 27 is marked other than "natural", or han any injury or other traumatic event, tre Medical Emirements.

Physician

/Medical Examiner

Physician/Medical Examiner

þ

Be Completed

10

Certification:

Medical

Baltimore, Maryland 21215-0020

Examiner must be notified at

State Registrar

31. Date filed (Month, Day, Year) NOV 2 5 1996

rollack

29b. Signature end title of certifier

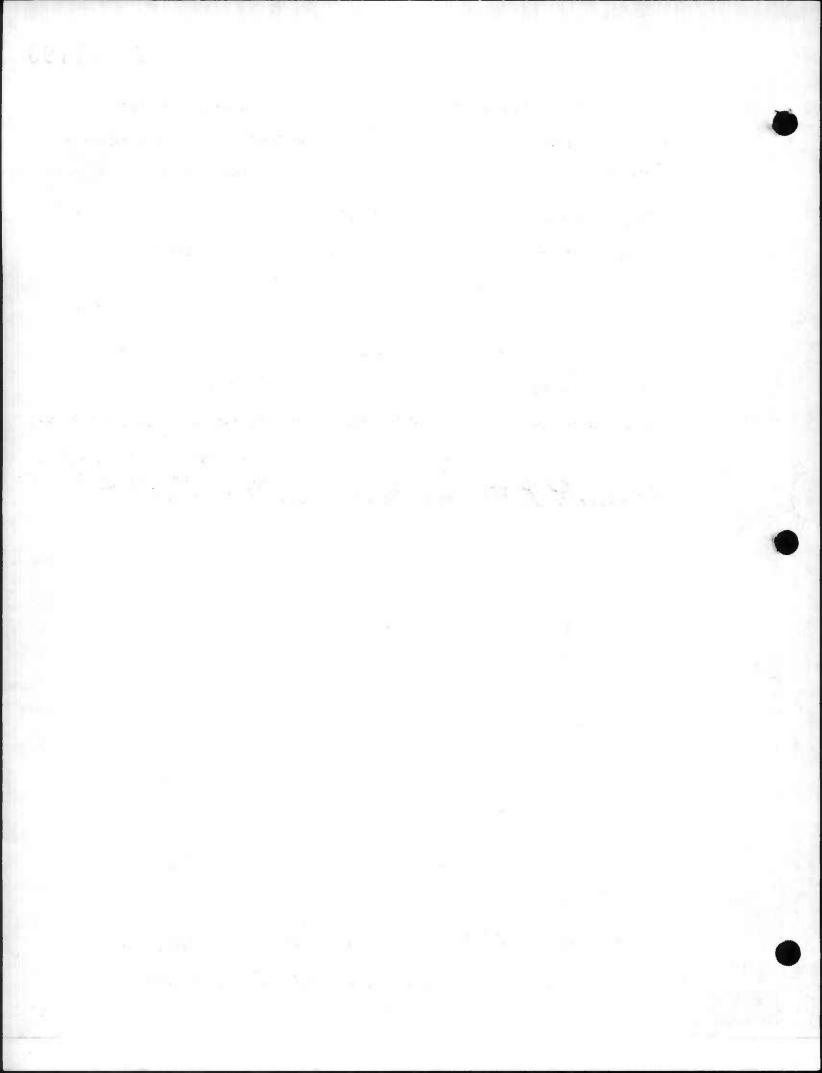


809 Viers Mill Rd. Rockville mel 20851 32. Registrar's Signature was Davidson

29c. License number

29d. Dete signed (Month, Day, Year)

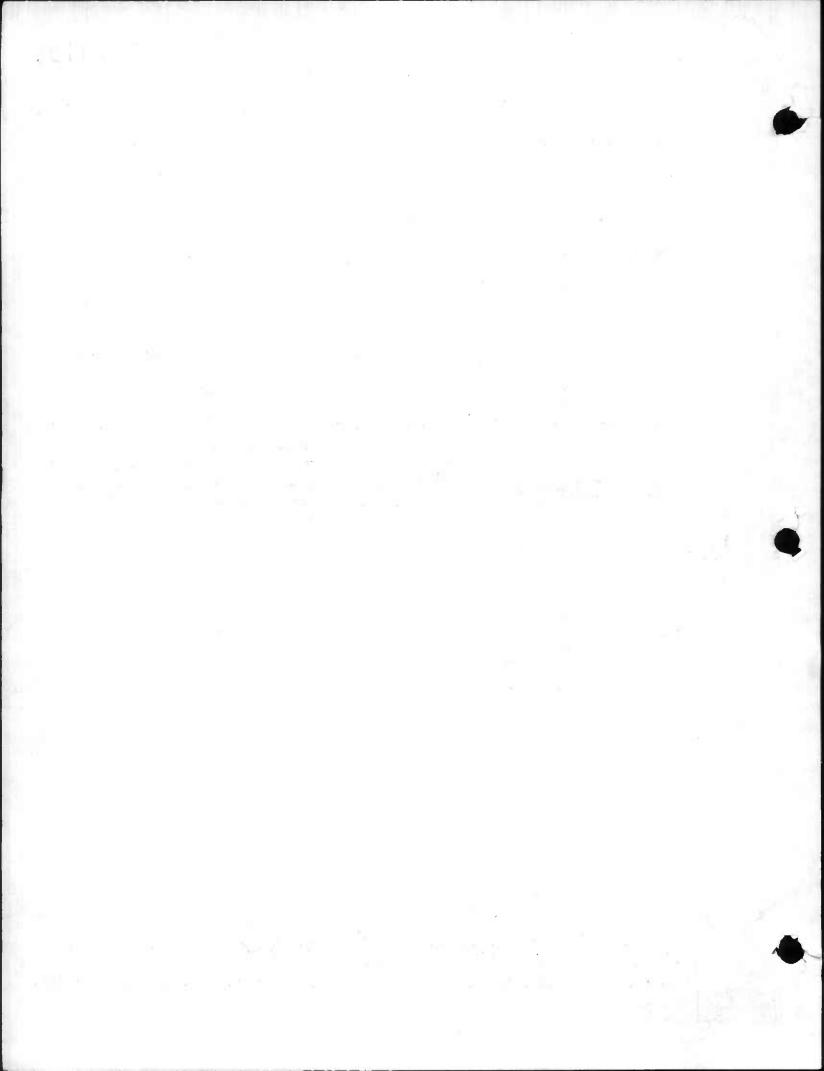
DHMH 16 Bay 6/95



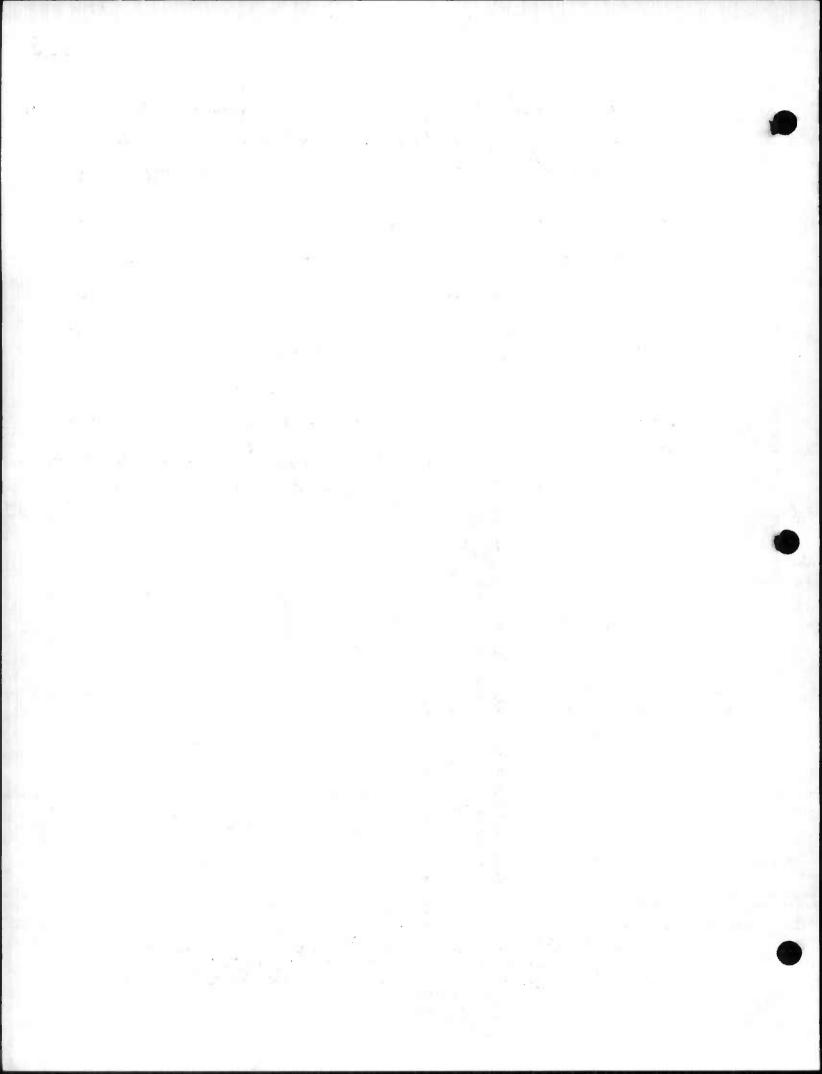
State of Maryland / Department of Health and Mental Hygiene 96 37 194

| hysicia | | | | | | tificate of | Duani | | | Reg. No. | | |
|---|---|--|--|---|--|--|--|---|--|--|---|---|
| hvsicia | | 1. Decedant's Nama (First, Midd | da, Last) | | | | | 2 | 2. Dete of De | | | 3. Time of De |
| | _ | | C1a | ra P. Br | rereto | n | | N | Month | 20, 1 | Yeer QQ6 | 9:00 |
| /Medic xamin | _ | 4a. Facility Nama (If not institution | on, aiva street and num | n <i>ber</i>) | | | 4b. City. To | | ation of Deeth | - | nty of Death | |
| xamm | er | Manor Care-Be | | | | | | | | | | |
| _ | - | 5. Social Sacurity Number | 1 | 7 4 00 //0 : 100 /0 | nd fileforder al | If Under 1 Year | Che | vy Ch | ase | Mon | tgome | ry |
| neral | | | 1 M 2 X F | 7. Aga (In yrs. ia | Yrs. | Months Days | Hours | Min. | B. Data of Bird (Month, Da | y, Year) | 9. Birth | place (Stata or Fo |
| ector | | 164-01-7866 | | 80 | 110. | | | | ct. 18 | , 1916 | Penn | sylvania |
| | ŀ | Usuel Rasidance of Decedant 10a. Stata 10b. Count | v | 10c City | Town or Loc | eation | | | | | | 104 1-14- 01-1 |
| notitied at | _ | | , | | | | | | | | | 10d. Inside City L |
| 1 | cto | Maryland Mont | gomery | Cl | nevy C | hase | | | | | | 1 □ Yes 2 |
| S S | Director | 10e. Straat and Number | | | | 10f. Zip Coda | | | | 10g. Citizan | of What Cou | intry? |
| | | 8700 Jones Mi | 11 Road | | | 20815 | 5 | | | Unite | d Stat | - 05 |
| Der Ch | Jer | 11. Marital Status | | dant Evar in U,S | . 13. W | /as Decedant of H Yas, specify Cub | | igin? (Speci | fy Yas or No | | Raca - Ameri | |
| S. | Funeral | 1 Navar Married 2 Mar | rried 1 Tas | edant Evar in U,S rcas? 2 No | lt. | | an, Maxicar | n, Puarto Ri | can, etc.) | E | Black, Whita | , atc. |
| 9 10 | by | 3 ☑ Widowed 4 ☐ Divorced | If Yas Giv | a | 1 | ☐ Yes 2X No | Specify: | | | Spe | city: | ite |
| | | 15 Dacadar | nt's Education | | 16a Daceda | ant's Usual Occup | ation | | | 16h Kind o | f Businass/Ir | |
| ig a | Be Completed | (Specify only highs | ast grada complatad) | | (Give k | ind of work dona O NOT usa retire | during mos | t of working | | | | |
| The M | E | Elamantary/Secondary (0-12) | College (1 | -4or 5+) | | | | | | | | States |
| 1,0 | ပိ | 12 | 14 | | Lega | 1 Secret | | | | | overn | nent |
| tumetic event, the Ma | Be | 17. Fathar's Nama (First, Middla, | , Last) | | | | 18. Motha | ar's Nama (| First, Middla, | Maidan Sun | name) | |
| tic | Lo | Benjamin Perk | cins | | | | San | rah Sh | namber | g | | |
| 5 | | 19a. Informant's Neme/Ralation | ship (Type, Print) | ughtor | 19b. Mailing | Addrass (Straat | and Numbe | er or Rural I | Routa Numbe | or, City or Tox | wn, Steta, Zi | p Coda) |
| or other traumatic event, | | Patricia Brere | ton-Miller | ugiitei | 4825 | Langdrum | Lane | . Che | vv Cha | se. Ma | rvlan | d 20815 |
| oth | | 20a. Mathod of Disposition | | non Die | an of Diamon | ition (Alama of | | | | 20c. Locatio | | |
| any injury or other traumatic event | | 1 ☑ Buriai 2 ☐ Crametion | | | | atory or othar ple | | nber 27 | , 1996 | | | |
| 5 | - | 4 Donation 5 Other (5 | | | | s Cenete | | - 1 | | Rockv | ille, | Marylan |
| P S | | 21. Signetura of Funaral Sarvice | Licensaa | MO08 | 331 22. | Nama and Addra bert A. Pu | ss of Fecilit | y Emer: | al Home | /Retheer | la_Chove | v Chase I |
| a 0 | | Darbarason | Mc Mullen | opunen | | 57 Wiscons | _ | | | | | |
| | | 23e. Part1. Entar tha dicease, or shock, or heart feilure. List | complications that complications | aused the daath. | Do not anta | r tha moda of dyir | ng, such as | cardiac or | respiretory ar | rest, | 200 | Approximete Intervel Betwee |
| cian | | shock, of heart feilure. List | t only one causa on a | ach lina. | | | | | | | 1 | Intervel Betwee Onset end Daa |
| dicai | | Immadiata Causa (Final | | | | | | | | | 1 | |
| iner | | disaasa or condition rasulting in daath) | a. Sepsi | is | | | | | | | | hours |
| | _ | | | Dua to (or e | es e consequ | iance of): | | | | | 1 | |
| # . | Examiner | | _ Alzhe | eimer's | Diseas | se | | | | | | years |
| 6 | E | | O | Dua to (or a | as a consequ | ence of): | | | | | | |
| Tag . | 14 | Sequentially list conditions, | | | | | | | | | i | |
| | | Sequantially list conditions, if any, leeding to immediate causa. Enter Undarlying | | | | | | | | | 1 | |
| | | Sequantially list conditions, if any, leeding to immediate causa. Enter Undarying Causa (Disaasa or Injury that initiated avents | c | Dua to (or e | s é consagui | ance of): | | | | | | |
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| use as the bur | n/Medicai | thet initieted avents | c | Dua to (or e | es e consaque | ance of): | | | | | | |
| use as the bur | n/Medicai | rasulting in daath) Last | d | | | | | | | | | |
| use as the bur | n/Medicai | thet initieted avents | d | | | | an in Part I. | | | | | o the cause of d |
| letached for use as the bur | Physician/Medicai | rasulting in daath) Last | d | | | | an in Part I. | | | obacco uae Yes 2ሺN | | o the cause of do |
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| be detached for use as the bur | by Physician/Medicai | rasulting in daath) Last | d | | | | an in Part I | | 1 🗆 1 | Yes 2 No | 0 3 □ Pro | bebly 4 □ Uni |
| be detached for use as the bur | by Physician/Medicai | rasulting in daath) Last | d | | | | an in Part I. | | 1 🗆 1 | Yes 2XN | 24b. W | debbly 4 ☐ United the last of |
| je 2 should be detached for use as the bur | by Physician/Medicai | rasulting in daath) Last | d | | | | an in Part I. | | 1 1 24a. Wes | Yes 2 No an autopsy med? | 24b. W | lara autopsy findinaliable prior to omplation of caus daeth? |
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DHMH 16 Rev 6/95



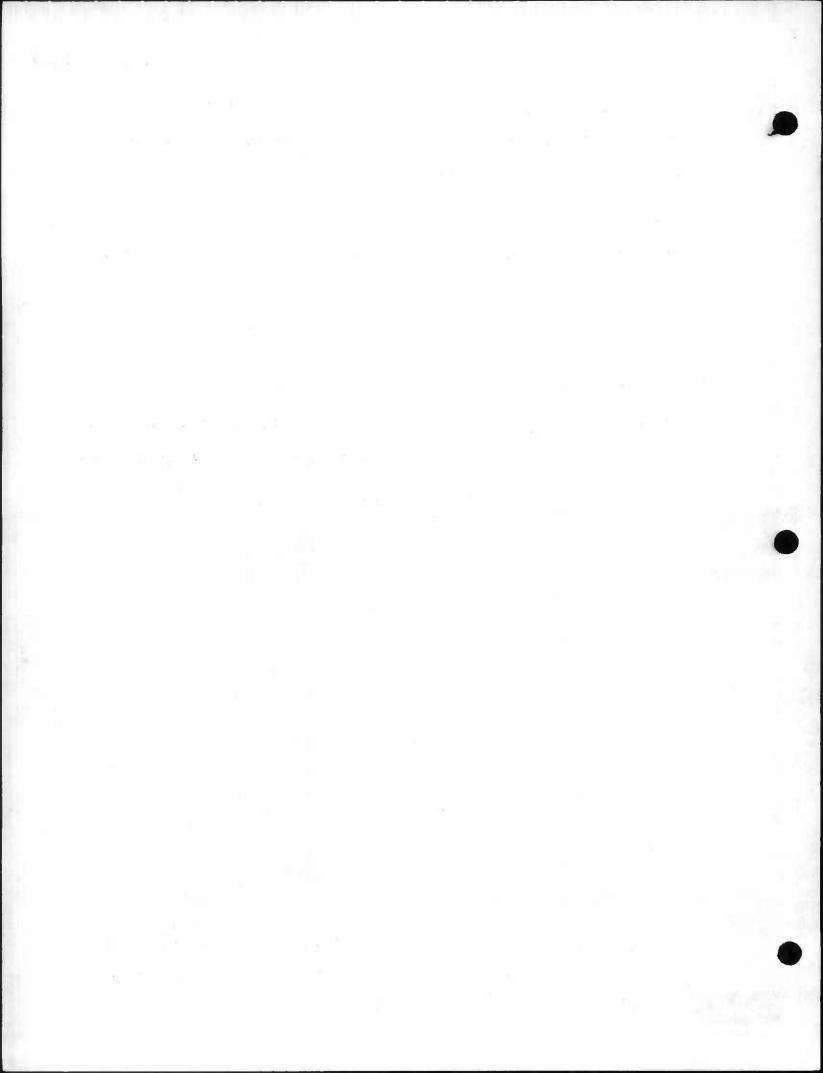
| | | | State of Mary | | Certificate | | | Reg. No. | 0 3/193 |
|---|-----------------|--|---|---|---|--|---------------------------------------|-------------------------------|--|
| Physicia /Medic | | | ROLAND | BER | RRY | | 2. Date of De Month Novem | er 23 | Year 954 px |
| Examina Funeral Director | er | 311-21-0843 | yland Med | yrs. last birtl | day) If Under 1 Y | Baltin | 8. Date of Bir (Month, Da | N, | |
| aryland show | _ | Usual Residence of Decedent 10a. Stata 10b. County | | . City, Town | or Location | | | | 10d. fnside City Limits |
| or 28a-f | Director | Maryland Worcester 10e. Street and Number | | | Ocean Ci | | | 10g. Citizen of W | 1 ∑ Yas 2 □ No |
| be filed within 72 hours after death with the Maryland ital Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at | by Funeral | 730 Hurricane Road 11. Marital Status 1 Naver Married 2 Married 3 Widowed 4 Divorcad | 12. Was Decedant Ever i Armed Forces? | in U,S. TW II | 13. Was Decedent if Yes, specify | 21842 of Hispanic Origin? (Cuban, Mexican, Pua No Specify: | Specify Yas or No rto Rican, etc.) | - 14. Race Black | SA - American Indian, c, Whita, etc. White |
| C 1 56 | Completed b | 15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12) | cation | | Decedent's Usual O Give kind of work d life. DO NOT use n | one during most of wo etired) | prking | 16b. Kind of Bus | overnment |
| should be filed within nd Mental Hyglene. metic event, the Manadic event, the Manadic event. | To Be Co | 17. Father's Name (First, Middle, Last) Charles F. Berry | | | | 18. Mother's Na Mary | me (First, Middle, Gwynn | Maiden Sumeme |) |
| l end 2 s fealth er m 27 is ther trau | | 19a. Informant's Name/Relationship (Ty. Mary Anne Berry 20a. Method of Disposition 1 ☑ Burial 2 □ Cramation 3 □ R | 20 | 73 | | of | Date | y, Mary. 20c. Location - C | land 21842 City or Town, State |
| permit. Pages of Department of Himpertant: If the any injury or of pitcs. | | 4 Donation 5 Other (Specify) 21. Signature of Funeral Service License | M | laryla | 22. Name and A Francis | ns Cemeter ddress of Facility J. Collins | y Funeral | Home, | lle, Maryland Inc. ing MD 20901 |
| icate be physicia s the bur | edical Examiner | 23a. Part1. Enter the disease, or complishock, or heart failure. List only on immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last | Due to Due to | perko o (orasa co Ren o (orasa co TC F o (orasa co | alema quence of): al Fail insequence of): al We insequence of): | | c or respiratory a | v. | Approximate Interval Between Onset and Death 2 Lwys 13 dys 20 days |
| the death cery the attendir | Physician/M | Part II. Other significant conditions con | Gallblo | | | | | | tributa to the causa of death |
| th se the ded | Completed by | | | | | | 24a. Was perfo | en eutopsy rmed? | 24b. Were autopsy findings available prior to completion of causa of death? |
| The ate h | | 25. Was casa referred to medical | | | | 28. Place of De | ath (Check only o | | 1 Yes 2 No |
| 5 00 | 0 | 27. Menner of Deeth 1 💆 Natural 5 🗆 Pending 2 🗀 Accident investigation | ospital: 1 ainpatient 2 28a. Date of Injury (Month, Day Year | 2 ER/Outp 28b. Tir fnji | ne of 28c. I | Other: 4 Nursing I Injury at Work? 1 Yes 2 No | loma 5 ☐ Resident 28d. Describe h | lenca 8 □Other | |
| To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral | edical Certifi | 4 ☐ Hornicide datarmined 29a. Certifier 1 ☑ Certifying Physics | 28e. Place of injury - A building, atc. (Special Control of the basis of example of | ecify) | leath occurred at th | e time, date and place | City or Tox | m, Stata) | r or Rural Route Number, |
| To the Mospital within 24 hours a To the Funeral I completely filled | 100 | 29b. Signatura and title of certifier | and manner stated. | mation and/ | 90. Lio | ense number | | 29d. Date signed | (Month, Day, Year) |
| State Registra | 9 | 30. Name and address of person who con the state of the s | 32 Registrer's Signal Savid | 27-5 | pe, Print) - Greene | St. Bu | Homaco | n 212 | hr 23,1996 |



State of Maryland / Department of Health and Mental Hygiene 06 27106

| Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be notified at least an injury or other traumetic event, the Magical Examiner must be not the new traumetic event and the new traumetic event and the new traumetic event at least an injury or other traumetic event and the new traumetic event at least an injury or other traumetic event at least an | Jenni 4a. Fecility Nar The He 5. Social Secur 005-18- Usual Resident 10a. State Virgini 10e. Street and 7640 T 11. Marital Stat 1 Never N 3 Widows 17. Father's Ne Philip 19a. Informent' Muriel 20a. Method of 1 Burlel | 2816 a of Decedent 10b. County a Fairfa Number remayne P us Married 2 Marrie ad 4 Divorcad 15. Decadent's Specify only highest decondary (0-12) me (First, Middle, La Cant s Name/Relationship Levin, d | Baggish give street and nut of Grea S. Sex 1 M 2 F Value, #2 12. Was Dec Armed Fc 1 Myes of Year or D Education grade completed) College (*4 ast) | 7. Age (In yrs 85 10c. Ci McI 04 edent Ever in Unroces? 25 No ye alates: | Asst birthday) Yrs. ity, Town or Local J.S. 13. V Iff 16a. Deced | If Under 1 Year Months Days cation 10f. Zip Code 22102 Vas Decedent of H Yes, specify Cuba □ Yes 2 No ent's Usuai Occupi | Specify: | le 8. Date of Bir (Month, De Aug 20 | Day 22, 1 h 4c. County Mongt th y, Year) 10g. Citizen of United 14. Rac Ble | y of Death gomer 9. Birthp Coun 10 Stat ca - America ck, White, 6 | lace (State or Foreitry) MA Od. Inside City Limi 1 Yes 2 N try? es an Indian, old. | |
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| ant of Health and Mental Hygiene. It if Ikam 27 is marked other than "natural", or itema 23a or 28a-f ahow a sy or other traumetic event, the Mapical Examiner must be notified at a set of an analysis of a set | 4a. Fecility Nar The He 5. Social Secur 005-18- Usual Residence 10a. State Virgini 10e. Street and 7640 T 11. Marital State 1 Never N 3 Widows 17. Father's Ne Philip 19a. Informent' Muriel 20a. Method of 1 Burlel | ne (If not Institution, brew Home ity Number 2816 a of Decedent 10b. County a Fairfa Number remayne P us Married 2 Marrie ad 4 Divorcad 15. Decadent's Specify only highest Secondary (0-12) me (First, Middle, La Cant s Name/Relationship Levin, d | give street and number of Greats. Sex 1 M 2 F Lace, #2 12. Was Dec Armed Fr. 1 M Year or D. Education grade completed) College (*4 ast) | 7. Age (In yrs 85 10c. Ci McI 04 edent Ever in Unroces? 25 No ye alates: | Asst birthday) Yrs. ity, Town or Local J.S. 13. V Iff 16a. Deced | If Under 1 Year Months Days cation 10f. Zip Code 22102 Vas Decedent of H Yes, specify Cuba □ Yes 2 No ent's Usuai Occupi | Rockvil If Under 24 Hrs Hours Min Ispenic Origin? (S In, Mexican, Puer Specify: | Location of Death Le 8. Date of Bir (Month, De Aug 20 | Mongt th y, Year) 10g. Citizen of United 14. Rac Ble | y of Death gomer 9. Birthp Coun 10 Stat ca - America ck, White, 6 | y lace (State or Forei try) MA od. Inside City Limi 1 Yes 2 N try? es an Indian, otc. | |
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| y or | 20a. Method of 1 Burlel | | p (Type, Print) | | 19b. Mailin | g Address (Street a | treet and Number or Rural Route Number, City or Town, Stete, Zip Code) | | | | | |
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| unt: I | | Disposition 2 Cremation 3 | □ Bomoual from | 20b. I | Place of Dispos cemetery, crem | altion (Name of atory or other place | a) | Date | 20c. Location | City or To | wn, State | |
| | | on 5 Other (Spe | | | | fort Crem | | | Alexand | ria. | Virginia | |
| Departme Importan any Injur | 21. Signature of Funeral Service Licensee 22. Name end Address of Facility DANZANSKY-GOLDBERG Memorial Chapels, Inc. 1170 Rockville Pike, Rockville, Maryland 20 23a. Patr. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Indiraryal Britaryal Br | | | | | | | | | | nd 20852 | |
| ysician Medical | immediate Cau | se (Final | . / | ach line. | | emer | | correspiratory at | riest, | | Approximate Intervei Between Onset and Death | |
| caminer | resulting In dea | th) | e. V | Due to (| or as a consequ | ioncomf): | | | | | rons | |
| je je | | | Con | elso | U CLAN | ulles a | nsuln | uena. | | 16 | lears | |
| n end iel-transit Examlner | Sequentially list | conditions | b | Due to (c | or as a consequ | ence of: | 10 | | 7 | | | |
| | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury | | | | | | | | | | | |
| physician and as the bunel-transit edical Examir | Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequenca of): | | | | | | | | | | | |
| D 88 | Arterwalerotio heart dreare | | | | | | | | | | | |
| \$ 9 to | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa | | | | | | | 23b. Did t | 23b. Did tobacco use contribute to the cause of dear | | | |
| signed by the a id be datached i | | | | | | | 1 ☐ Yes 2 ☐ No 3 ☐ Probat | | | ably 42 (nkno | | |
| 2 shou | | | | | | | | 24a. Wes | an autopsy med? | eva | re autopsy findings ilable prior to apletion of cause eath? | |
| page 2 | | | | | | | | 1 🗆 Y | es 2 No | 10 | Yes 2□ No | |
| certificata rector, pag | 25. Was case re | ferred to medical | | | | | 26 Place of Des | | | | 100 2010 | |
| 0 0 0 | examiner? | DENo. | 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) | | | | | | | | | |
| After thi funaral tion: | 27. Manner of I | eth 5 ☐ Pending investigetio | 28a. Dete of (Monta | of fnjury h, Day Year) | 28c. injury Work M 1 Y | | 28d. Describe how injury occurred | | | | | |
| Minn 24 hours and deal To the Funeral Director: completely filled in by the Medical Certifical | 3 ☐ Suicide 4 ☐ Homlcid | 6 ☐ Could not determine | d 28e. Placa | 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) | | | | | | | | |
| Medical Ce | 29a. Certifier (Check only one) | (Check only | | | | | | ne, dete and place, and due to the cause(a) and manner es stated. pinion, deeth occurred at the time, date and place, and due to the cause(s) | | | | |
| To the Fu | 29b. Signeture a | 29b. Signeture and title of certifier 29c. L | | | | | | sense number 29d. Date signed (Month, Day, | | | ay, Year) | |
| | De Con | Inglela mo | | | | | 23958 11/22/96 | | | | | |
| 10 | 30. Name end as | ddress of person who | o completed cause | of deeth (item | 23a) (Type, P | rint) | . Poz | wille. | mo | 085 | 2 | |

DHMH 16 Rev 6/95



| | /Med Exami |
|--------------------------------|--|
| | Funeral Director |
| Baltimore, Maryland 21215-0020 | permit. Pages 1 and 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if than 27 is marked other than *natural*, or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once. |
| | Physician /Medical Examiner |
| 90, | be executed clan and buriel-transit |

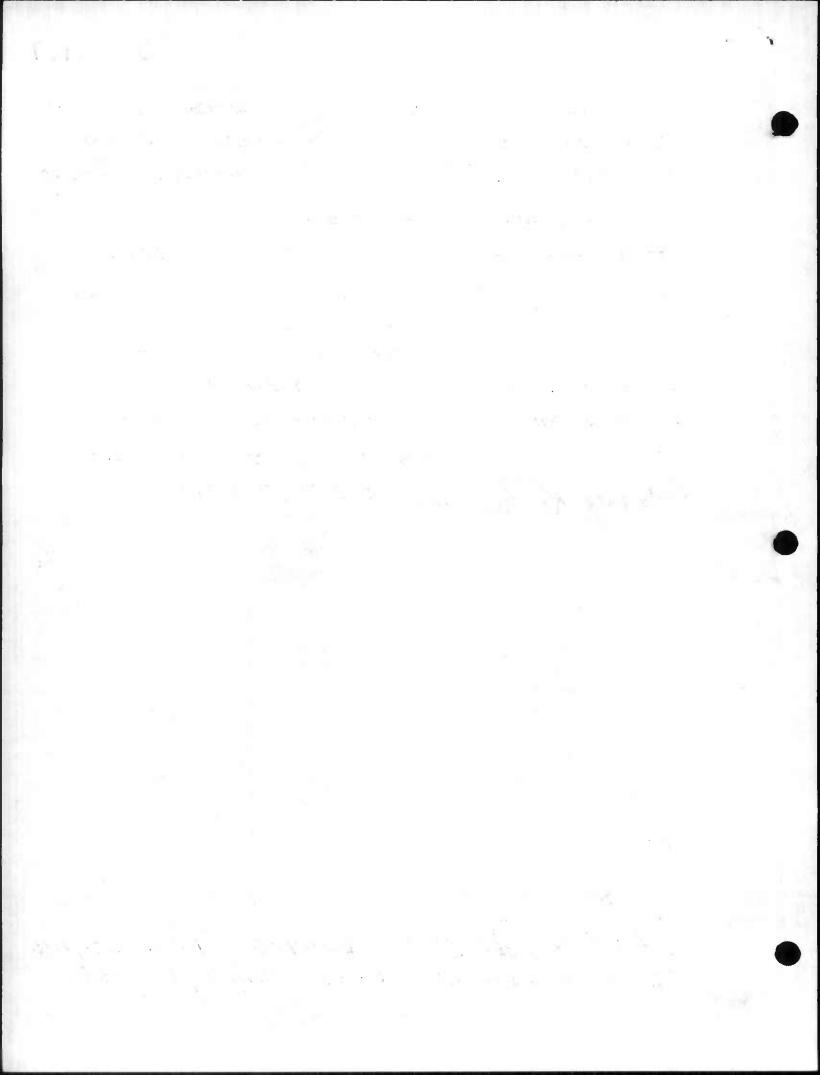
Amended #17, 11/26/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Day Month ian 20, Bertha Bishop 1996 6:30 a November cal 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death ner 17735 Norwood Road MONTGOMERY Sandy Spring If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yea: Birthplece (State or Foreign Country) Days 1□M 2€F 100 Vrs 217-32-0849 Mar24,1896 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Directo Montgomery Sandy Spring XXYes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20860 17701 Norwood Road U.S.A. Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Rece - American Indian, Black, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify: Black 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4th Housewife None 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Sumeme) Be Henry Thomas Henry Thomas Alcinda Hill 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Wilma Bishop Dean 4632 Bettswood Dr., Olney, MD 20832 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetery or other plece) Date 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 11/25 Sandy Spring, 4 ☐ Donetion 5 ☐ Other (Specify) Ash Memorial Cem. MD ture of Funeral Service Licens 22. Name end Address of Facility SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 ROCKVILLE, MD 20850

ROCKVILLE, MD 20850

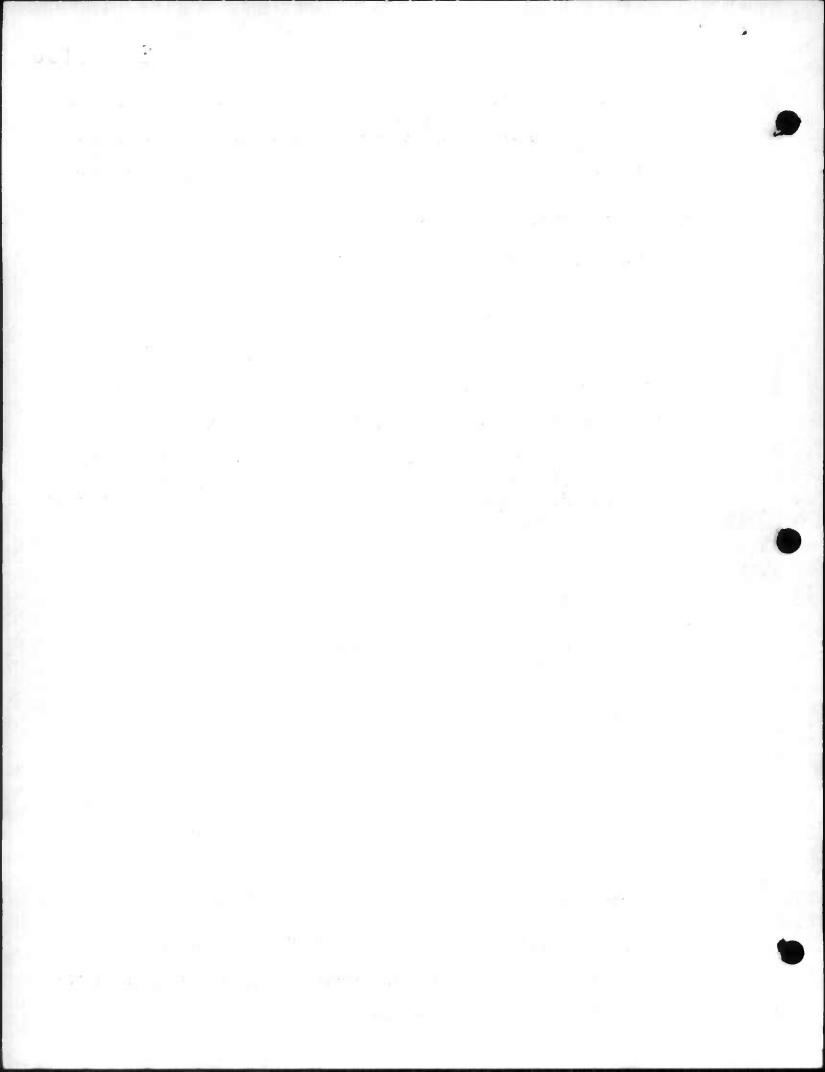
ROCKVILLE, MD 20850 Approximate Interval Between Onset and Deeth Immediete Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Physician/Medicai Division of Vital Records, P.O. Box 687 The lew requires that the death certificete Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? ete has been signed by pege 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24e. Wes en autopsy performed? 1 Yes 2 No certificete 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice director Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No P Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28a. Date of Injury (Month, Dey Year) Certification: 27. Menner of Death 1 Natural 2 Accident 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? 5 Pending 1 ☐ Yes 2 ☐ No investigation In by the 6 Could not be determined 28e. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 D Homicide within 24 hours aft To the Funeral Di completely filled in Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and magner stated. 29a, Certifier 295 Signature and title of cee 29c. License number DO6406 the completed ceuse of death (Item 23a) (Type, Print 30. Neme and address of person OLHEY, MD 20832 DON 44D LEWIS HD 31. Date filed (Month, Dey, Year) 32. Registrar's Signature

State Registrar

elie Davidson



| | B.K.S | 1~ | 031 | Please | | | | | Assure AHealth and | | | | 37198 | | |
|--|---|---------------------|--|--------------------------------------|---------------------|--------------|---|--------------------------------------|---|--|--|--|---|--|--|
| A | Amended | #1 | , 11/25/96, | MRT, Mo | | | | tificate of | | | Reg. No. | | 11130 | | |
| | Physic /Medi | | 1. Decedant's Nama (MICHAE | | n) Phili PHILLIP | | BROV | ٧N | | 2. Data of D Month NOV • | Day | 1996 | 3. Tima of Death 0910AM | | |
| Ŋ | Exami | | 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death | | | | | | | | | DV | | | |
| L | | H | SHADY GROVE ADVENTIST HOSPITAL E.R. ROCKVILLE MONTGOME 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8, Date of Birth 9 Birthplace | | | | | | | | | | | | |
| | , Funeral Director | | 5. Social Sacunty Number 219-47-5659 Usual Rasidance of Dacedant 6. Sax 7. Aga (In yrs. last birthday) Yrs. 7. Aga (In yrs. last birthday) Yrs. 1 Under 1 Yaar 1 Under 24 Hrs. Months Days Hours Min. 3 3 3 Hours Min. AUG . 18 , 1996 MARYLAND | | | | | | | | | AND | | | |
| | tat | 1 | 10a. Stata 10b. County | | | | 10c. City, Town or Location | | | | | 10d | l. Insida City Limits | | |
| | No Mu Sert selfie | by Funeral Director | MARYLAND MONTGOMERY | | | | RMANTO | | | | | | 1□Yes 2¬No | | |
| Baltimore, Maryland 21215-0020 eemit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiens. Important: If them 27 is marked other than "settural" or hems 23a or 28a-1 show any injury or other traumatic event; the Medical Examiner must be notified at anone. | with with the second | | 10a. Street and Number | | | | | 10f. Zip Coda | | | 10g. Citizan of | | | | |
| | Tre 23 | | 12306 QUAIL WOODS DRIVE 11. Maritel Status 12. Was Decedent | | | nt Evar in U | 20874 Evar In U,S. 13. Was Decedent of Hispanic Origin If Yas, specify Cuban, Maxicen, I | | | nacify Vas or N | | UNITED STATES 14. Race - American Indien, | | | |
| | 9 a 8 | | 1 X Navar Married 2 ☐ Married 1 ☐ Yas 2 If Yas, Giva 3 ☐ Widowed 4 ☐ Divorced Year or Date | | | s? XNo | lf | Yas, specify Cut ☐ Yas 2 No | | rto Ricen, etc.) Black, White, etc. Specify: WHITE | | | | | |
| | 72 ho netur dical | eted | | . Decedent's Ed only highest grad | | | 16a. Deced | ent's Usual Occu | pation | most of working | | 16b. Kind of Business/Industry | | | |
| | nne. Than | Completed | Elemantary/Secondary (0-12) College (1-4or 5- | | | | | | | | | | | | |
| | Hygie Ghar M, st | | 0 17. Father's Nama (First, Middle, Last) | | | | | N/A | 18 Mother's Nar | na (First Middle | N/A ddle, Malden Sumame) | | | | |
| | ld be head o | To Be | JEFFREY | RYAN | GOHE | EN | | | SHERR | | YNN | BROWN | | | |
| | shou and M mar | - | 19a. Informant's Name | | | | 19b. Mailin | Addrass (Stree | t and Number or Ru | | | | ode) | | |
| | | SHERRI LYN | N BROWN, | , MOTHER | | 12306 | QUAIL W | OODS DR. | , GERMAN | NTOWN, M | D 208 | 74 | | | |
| | f of H or oth | | 20a. Mathod of Disposi | ltion Framation 3 □ I | Ramoval Am Stat | 20b. P | Place of Dispos emetery, crem | ition (Name of atory or other pla | ice) | Nov. 23 | 20c. Location | - City or Town | , Stete | | |
| | Pa Pa | | 4 Donation 5 | Othar (Specify | | | ROPOLI' | TAN CREM | ATORY | 1996 | ALEXAN | DRIA, | VIRGINIA | | |
| | Department of the state of the | | 21. Signature of Funeral Service Lichnson 22. Nama and Addrass of Facility DeVOL FUNERAL HOME | | | | | | | | | | | | |
| _ | | | 7Ja | uy M | 1. / Le | u | 10 | EAST DE | ER PARK I | DR., GAI | THERSBU | RG, MD | 20877 | | |
| | Obverioion | | 23a. Part / Enter the disorder, or complications that ceusad the death. Do not anter the mode of dying, such as cerdiac or respiratory arrast, Approximate Interval Batween Onset and Death | | | | | | | | | | | | |
| | Physician /Medicai | | Immediate Causa (Fin | al | 511 | TO | · 1 | | 0 | | | | noat and Death | | |
| | Examiner | | disaasa or condition rasulting in death) | | . Sudden | | ant De | | yndrom | Access to the second se | | | | | |
| | D % | iner | | | | 000 10 (0 | . do d consequ | ianos ory. | | | | | | | |
| | be executed sician and buriel-transit | Examiner | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying | | | | | | | | | | | | |
| ,09 | be ey | <u>a</u> | Cause (Disease or Inju | ng ry | c | | | | | | | | | | |
| 687 | ificate g phys es the | edic | that Initiated events presulting in deeth) Last presulting in deeth) Last presulting in deeth) Last presulting in deeth presul | | | | | | | | | | | | |
| XO | nding use e | M | | | d | | | | | | | | | | |
| m. | thet the death certified by the attending deteched for use ex | Physician/M | Part II. Other significar | nt conditions co | ntributing to death | but not rasi | ulting in the uni | dertvina ceuse ai | van in Part i | 23h Did | tohacco usa co | ntelbute to th | a course of death? | | |
| 0. | by th | Phys | Part II. Other significant conditions contributing to death but not | | | | iting in the one | sonying oodsa gi | vani in i ang t. | | Id tobacco use contribute to the cause of death? ☐ Yes 2☐ No 3☐ Probably 4☐ Uffiknown | | | | |
| ecords Bw requires as been sign 2 should be | es the | þ | | | | | _ | | | | | | | | |
| | e lew requir | Completed | | | | М | | | | | an autopsy ormed? | avallal | eutopsy findings bla prior to letion of causa ath? | | |
| E E | Page 1 | Son | | | | | | | | 16 | Yes 2□No | 100 | as 2 No | | |
| E | Physician: The this certificate ral director, pag | Be | 25. Was cese refarred axaminer? | _ | Hospital: | | | 04 | 26. Place of Das | th (Check only | one) | | | | |
| ō | Phys r this aral di | - To | Agartas 2 140 1 Inpatient 2 Agartas 3 DOA 1 4 Nursing Homa 5 Rasidance 6 | | | | | | | | | | | | |
| O | Attending or death. | Certification: | | Panding Invastigation | (Month, D | ay Year) | 28b. Tima of | | | | e how Injury occurred | | | | |
| VIS | Atter ector by the | tifica | 3 Suicide 6 Could not be detarmined 28e. Place of Injury - At he | | | | homa, farm, straat, factory, office 28f. Location | | | | n (Street and Number or Rural Route Number, | | | | |
| Div | tai or rs eft ai Dir led in | Cer | 4 Homicida building, atc. (Specify) | | | | | | | City or Town, State) | | | | | |
| | To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral | edical | 29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the ceusa(s) and manner as stated. XX Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the causa(s) and menner stated. | | | | | | | | | | | | |
| | To th To th comp | Me | 29b. Signeture and title of certifier | | | | 29c. License number | | | | 29d. Date signed (Month, Dey, Year) | | | | |
| | | | Sleveris & Chrot on O.C.M. | | | | | | C.M.E | NOV. 22, 1996 | | | 96 | | |
| | 4 | | 30. Nama and address | of person who co | ompleted causa of | | | | et, Balt | imore | Marri | and 2 | 1201 | | |
| | Stat | | 31. Date filed (Month, D | | 32. Regist | rar's Signat | ura | | c, Dall | THOLE, | Haryl | .anu Z | 1201 | | |
| | Registra | ar | NOV | 2 5 199 | 6 July | a David | son-Rand | 482 | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Month **Physician** BUTCHER WATERS 1645 ESLIE /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HARFORD MEMORIAL HOSPITAL G-RACE HARFORD HAVRE 5. Social Security Number 6. Sax If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Funerai Birthpiece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Yaer) 113 M 2□ F Months Days Hours Yrs. Director 577-14-2229 July 18, 1914 Maryland Usual Residence of Decedent 10e. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be nothing at 1 ☐ Yes 2 No Director Maryland Harford Abingdon 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 5 135 Greenock Ct. items 23a 21009 death v USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2至 No If Yas, Give Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, Whita, atc. 11 Marital Status 72 hours efter 1 ☐ Naver Merried 2 Married Baltimore, Maryland 21215-0020 ծ 1 ☐ Yas 2 No Spacify: by Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", White Completed 15. Decedent's Education (Spacify only highest grada completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 127 is marked other than "n traumatic evant Elementery/Secondary (0-12) College (1-4or 5+) 12 Owner/Operator Grocery Store 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Peges 1 end 2 should be nent of Health end Mental Marion Butcher Bessie Harmen 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Violet Butcher - Wife 135 Greenock Ct., Abingdon, Md. 21009 Important: If Item 27 any injury or other tr. 20a. Method of Disposition 20b. Plece of Disposition (Name of carnatary, cremetory or other pleca) 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Crametico 3 ☑ 4 ☐ Donetion 5 ☐ Other (Specify 3 DiRemoval from State 4 Donetion New St. Mary's Cemetery 11-30-96 Bellmawr, New Jersey 22. Name and Addrass of Facility
Howard K. McComas III Funeral Home, P.A
Abingdon, Md. 21009 Funeral Se mulach the death. Do not antar the mode of dying, such as cardiac or respiretory errest, each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediete Ceuse (Finel diseasa or condition resulting in deeth) **Examiner** Duelo (or es e consequenca of): Examiner The lew requires that the death certificate be executed bunial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Box 68760. Physician/Medical use as the Due to (or as a consequence of) detached for P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 12 Yas 2 No 3 Probably 4 Unknown Records, 2 director, page 2 should be 24b. Were autopsy findings evellabla prior to completion of cause of death? Be Completed 24e. Wes en autopsy performed? Stroke 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) 2 1 ☐ Yes 2K No Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) this 27. Menner of Deeth Dete of Injury (Month, Dey Year) Certification: 28d. Describe how Injury occurred After 28b. Time of 28c. Injury et Work? 5 Panding investigation Netural 24 hours efter deeth. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide Hospitai Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and pleca, end due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and manner as stated.

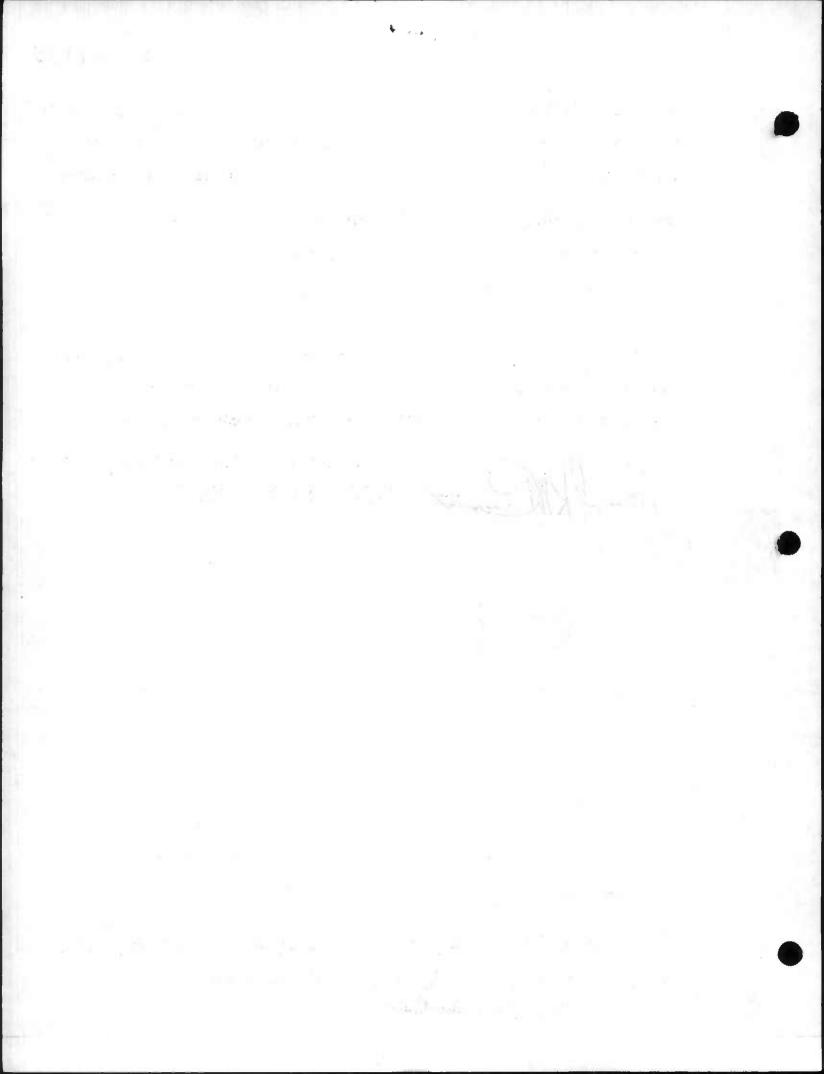
| Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) within 2 To the \$ 29b. Signetura and title of certifier 29c. License number 29d. Date signed (Month, Dav. Year) 191 30. Name and address of person who completed cause of death (item 23e) (Type, Print) 31. Dete filed (Month, Dey, Year)

32. Registrar's Signeture

1996

DHMH 16 Ray 6/95

State



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37200

| | | | | | Cer | tificate of | Death | | Reg. No. | 0 | 1200 |
|----------------------------|--|------------------|---|---|-------------------------------------|--|--|---|------------------------------------|---------------------------------|--|
| П | Physic | ian | 1. Decedent's Name (First, Middle, La | ast) | | | | 2. Dete of D | eeth Dev | Yeer | 3. Time of Deeth |
| | /Medi | | | Chenoweth | | | | Novemb | er 24 | 1996 | 12 Noon |
| Ü | Exami | ner | 4e. Fecility Neme (If not institution, given | | | | 4b. City, Town, or | r Location of Dee | th 4c. County | of Deeth | |
| H | Funcual | | Anne Arundel Med 5. Social Security Number 6.5 | dical Center Sex 7. Age (In yrs. | iest hirthday) | If Under 1 Year | Annapo If Under 24 Hr | lis s. 8 Dete of Bi | | Arun | and the same of th |
| | Funeral Director | | | 11XM 2□ F 87 | Yrs. | Months Deys | Hours Mir | 1. (Month, D | ey, Year) 1 1909 | West | ce (State or Foreign y) Virginia |
| | yland | | 10e. Stete 10b. County | 10c. Cit | ty, Town or Lo | | | | | 100 | d. Inside City Limits |
| | e Mar | ctor | MD Anne | Arundel | Ann | napolis | | | | | XXYes 2□ No |
| | ith th | Director | 10e. Street end Number | | | 10f. Zip Code | | | 10g. Citizen of | What Country | 15 |
| | ath w | 20 | 618 Cedar Park | T T | | | 21401 | | | ted St | |
| 020 | 72 hours efter death with the Maryland naturel", or items 23e or 28e-f show order Evanithe method of | by Funeral | 11. Marital Status 1 □ Never Married 2 □ Merried 3 □ Widowed 4 □ Divorced | 12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give* Yeer or Dates: | | Ves Decedent of I Yes, specify Cub | | Specify Yes or N rto Rican, etc.) | | ce - American ck, White, etc | c. |
| 0-10 | n 72 hours "natural", | | 15. Decedent's E | | 16a. Decad | ent's Usuel Occup | pation | | 16b. Kind of B | usiness/indu | stry |
| 21 | C | Completed | (Specify only highest green Elementery/Secondery (0-12) | College (1-4or 5+) | life. E | kind of work done OO NOT use retire | during most of we | orking | Marylan | nd Sta | te |
| 7 | 71 75 15 | Con | | 2 | Sup | pervisor | | | Income | Tax D | ivision |
| and | be filed tal Hygid d other event, | Be | 17. Fether's Neme (First, Middle, Last | | | | | me (First, Middle | | 10) | |
| 2 | should be and Mental in marked or urnetic eve | 10 | Elliott Chenow | | | | | da Fowle | | | |
| , Maryland 21215-0020 | | | 19a. Informent's Name/Reletionship (Charlotte A. C | henoweth-Wife | 618 (| g Address (Street Cedar Pai | | | | | |
| Baltimore, | Peges 1 nent of H nt: If itan iry or oth | | 20e. Method of Disposition 1 Surlal 2 □ Cremetion 3 □ □ Disposition 5 □ Other (Special | Removel from State | Plece of Disposementery, crem Phili | sition (Neme of netory or other pleases) S Episco | [∞] Cemete | Date ry rch 11/2 | 20c. Location - 7/96 Qua | City or Town | n, Stete ,Maryland |
| Balti | permit. Peges 1 and 2 Department of Health of Important: if Itam 27 is any Injury or other tre Once. | (| 21. Signature of Funeral Service Liber | | 22 | | ess of FecilityJo | hn M. Ta | ylor Fur | neral | Home, Inc. |
| | | | 23e. Pert1. Enter the diseese, or com- shock, or heart failure. List only | plications that caused the deet | h. Do not ente | er the mode of dyle | ng, such as cardie | oc or respiretory | rrest, | A | Approximete |
| K 68760, | eath certificate be executed ettending physician and for use as the buriel-transit | Medical Examiner | Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underfying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last | b | r es e conseq | uence of): OR ONAK uence of): | | TERY L |) | 2 | |
| Rox | that the death ce ned by the ettendia detached for use | lan/ | | 0 | | | | | | | |
| л. О | the e | Physician/ | Pert II. Other significant conditione of | | | derlying cause giv | ven in Pert f. | 23b. Did | tobacco uae co | ntribute to th | he cause of death? |
| J. | that ti | | RENAL | INSUFFICIE | NCY | | | 1 🗆 | Yes 2 No | 3 Probal | bly 4 Unknown |
| DIVISION OF VITAL Records, | requires been sign should be | Completed by | | | | | | 24e. Wes | en autopsy omed? | avelle | autopsy findings eble prior to pletion of cause eth? |
| ř | The law | mo; | | | | | | 10 | Yes 2000 | 101 | Yes 2 No |
| <u>=</u> | certificate | Be (| 25. Wes case referred to medical exeminer? | | | | 26. Plece of De | eth (Check only | one) | | |
| > | Physic this ce | 2 | 1 ☐ Yes 2 No | Hospitel: Inpatient 2 | ER/Outpatient | 3□ DOA Oth | er: 4 Nursing | Home 5□Res | Idence 6 Oth | er (Specify) | |
| Č | ng P | | 27. Manner of Deeth Neturel 5 Pending | 28e. Dete of Injury (Month, Day Year) | 28b. Time of Injury | 28c. Injur Wor | | 28d. Describe | how Injury occur | red | |
| 20 | Attending Physician: or death. ector: After this certific by the funeral director, | cati | 2 Accident Investigation 3 Sulcide 6 Could not be | i i | | M 1 🗆 | Yes 2 No | | | | |
| 2 | tal or Attending is ster death. al Director: After led in by the fune | Certification: | 4 Homicide determined | 28e. Place of Injury - At he building, etc. (Specify | ome, ferm, stre | et, fectory, office | | 28f. Location (City or To | Street end Numb wn, Stete) | er or Rural R | loute Number, |
| | To the Hospital or Attending Physician: The Is within 24 burs effect death. To the Futhours effect death. completely filled in by the funeral director, pege | edical | 29e. Certifier 1 ☐ Cartifying Ph (Check only one) 1 ☐ Cartifying Ph 2 ☐ Madical Exam | yalclen: To the best of my knowniner: On the bests of examinate and menner steted. | wledge, deeth tion end/or Invi | occurred et the tin estigation, in my o | ne, dete end plec pinion, death occ | a, end due to the urred et the time, | ceuse(s) end me dete end pieca, | enner as stete end due to th | ed. ne cause(s) |
| | To t To t | Σ | 29b. Signature and title of certifier | 111 | 0 | 29c. Licens | | | 29d. Date signe | d (Month, Da | y, Year) |
| | | | for | 1 Kenned | y M | 0 1 | 1448 | 37 | 11/29 | 1/96 | |
| | | | 30. Neme end address of person who | - VENING A | Y M | Λ | | | 1 | 1 | |
| | Sta | te | 31. Dete filed (Month, Dey, Year) | 32. Registrer's Signe | ture | | | | | | |
| | Registr | | NOV 2 6 19 | 196 Julia Davi | idson-Ras | rdall | | | | | |
| DHI | AH 16 Rev 6/9! | 5 | NUV DO K | 0 | | | | | | | |

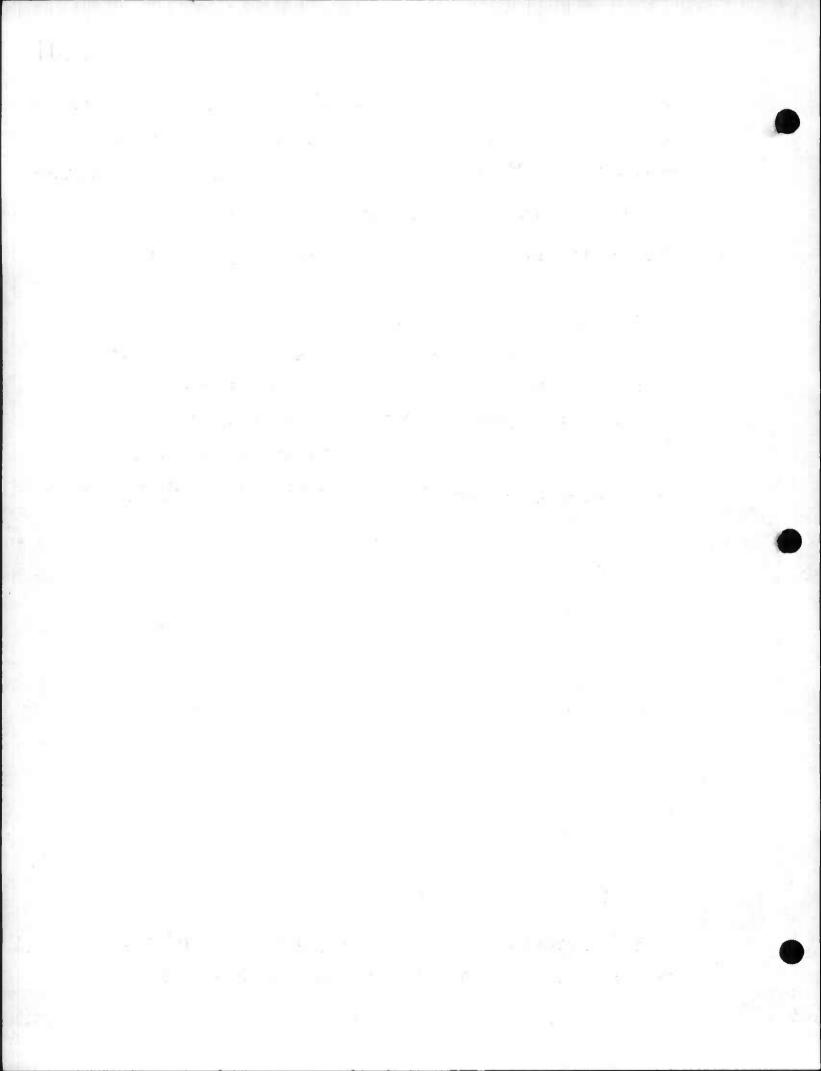
DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

| | Physici /Medic Examin Funeral Director | an cal ner |
|--------------|--|-------------------------------|
| d 21215-0020 | iled within 72 hours after death with the Maryland Hyglene. ther than "natural", or items 23a or 28a-1 show nt, the Medical Examine must be notified at | Completed by Funeral Director |

| Physician // Medical Examiner Francisco Franc | | | | | Ce | runcate of | Dealli | | Reg. No. | | |
|--|---|------|--|---------------------------------------|--|----------------------|-------------------------------------|---|---------------------------------------|---------------------------|-----------------------|
| Examiner Find Fall Direction The Memorial Hospital The Memorial The Memorial Hospital | Physicis | an | 1. Decedent's Name (First, Middle, Las | it) | | | | | | Year | 3. Time of Death |
| The Memoria I Hospital Sind Sacrify Value of House 2 No. 1 Control of House 2 No. 1 Control of House 2 No. 1 Control of House 2 No. 2 Control of House 2 Control of House 2 No. 2 Control of House 2 Control of House 2 No. 2 Control of House 2 No. 2 Control of House 2 No. 2 Control of House 2 Control of Hou | | | | | | CHALME | RS | | 27 19 | 996 | 5:23 a |
| South Security France Control | Examin | er | | | | | | | | | |
| 216—16—78.7 ICM MSS 74 You Menths Days Nours Mss. Mon. Month, Days Nours Mss. Mon. Month, Days Nours Mss. Mss. Month, Days Nours Mss. Mss. Month, Days Nours Mss. Mss. Mss. Mss. Mss. Mss. Mss. Ms | | | | | - | If I lower 1 V | and the second second of the second | | | | |
| Date of Registros of Concepts 100, Clay, Town or Location 101 / 20 / 20 / 20 102 / 20 / 20 103 / 20 / 20 / 20 103 / 20 / 20 / 20 / 20 / 20 / 20 / 20 / | - Comment (1997) | | | Y-Y- | The state of the s | | | n. (Month, De | (, Year) | Counti | ry) |
| CHARLES H. NORTMAN CHARLES H. NORTMAN 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 20b. Paul Route (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 21b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. | | | | / 4 | | 11 | | JULY . | 30,1922 | , MA | ARYLAND |
| CHARLES H. NORTMAN CHARLES H. NORTMAN 19b. Malling Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) HARRY C. CHALMERS/HUUSBAND 7513 PLATTER TERRACE, EASTON, MD 7513 PLATTER TERRACE, EASTON, MD 7514 PLATTER TERRACE, EASTON, MD 7515 PLATTER TERRACE, EASTON, MD 7516 Plate of Disposition Names of Paul Route Number of Paul Route Nu | yland | | 10a. State 10b. County | | 10c. City, Town or Lo | ocation | | | | 10 | d. inside City Limits |
| CHARLES H. NORTMAN CHARLES H. NORTMAN 19b. Malling Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) HARRY C. CHALMERS/HUUSBAND 7513 PLATTER TERRACE, EASTON, MD 7513 PLATTER TERRACE, EASTON, MD 7514 PLATTER TERRACE, EASTON, MD 7515 PLATTER TERRACE, EASTON, MD 7516 Plate of Disposition Names of Paul Route Number of Paul Route Nu | Na Tab | tor | MD TAL | BOT | EAS | TON | | | | | 1 ☐ Yes 2 ☐ No |
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| CHARLES H. NORTMAN CHARLES H. NORTMAN 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 19b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 20b. Paul Route (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 21b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number of Paul Route Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. City or Town, State, Zip Code) 22b. Mailing Address (Sires and Number. | th wil | | 7513 PLATTER | TERRACE | | | 21601 | | USA | | |
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| Physician Medical Examiner The part of | - | | 23a Part1 Enter the disease or comp | dications that caused | 20 | 0 S. HA | ARRISON | ST. E | ASTON. | MD | |
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| d | ate be nysici | Ical | triat iriitiated events | c | Due to (or as e conseq | uence of): | | | | | |
| Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death 1 Yee 20 No 3 Probably 4 Unker 24e. Wes en eutopsy performed? 25e. No 1 Yee 20 No 1 Yee 20 No 1 Yee 20 No 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee valiable prior to completion of cause of death? 1 Yee 20 No 2 Yee Valiable prior to complete valiable prior to | ng pl | Med | Totaling in dockin Look | | | | | | | i | |
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| 30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print) KEVIN O'KEEFE, M.D., 606 DUTCHMAN LANE, EASTON, MD 21601 State 31. Date filed (Month, Dey, Year) 32. Registrar's Signature | this o | | T Yes 200 No | 1 Minpatier | | I SLI DOA | 4 Nursing | | | | |
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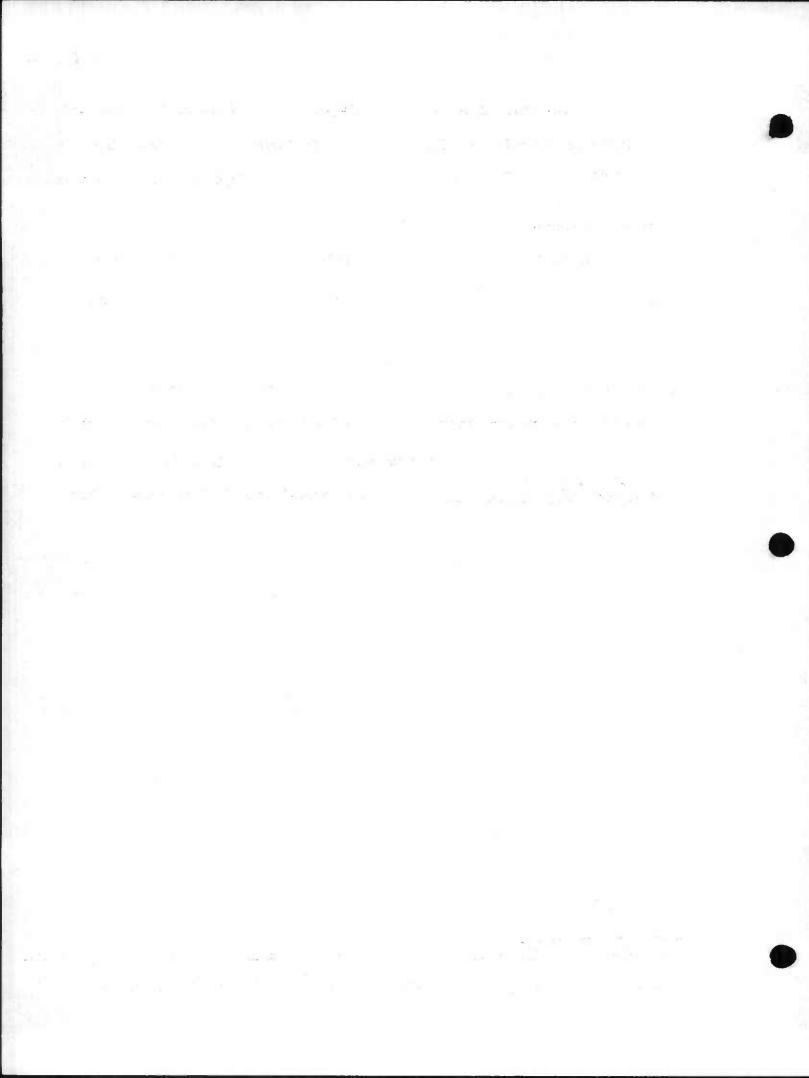


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

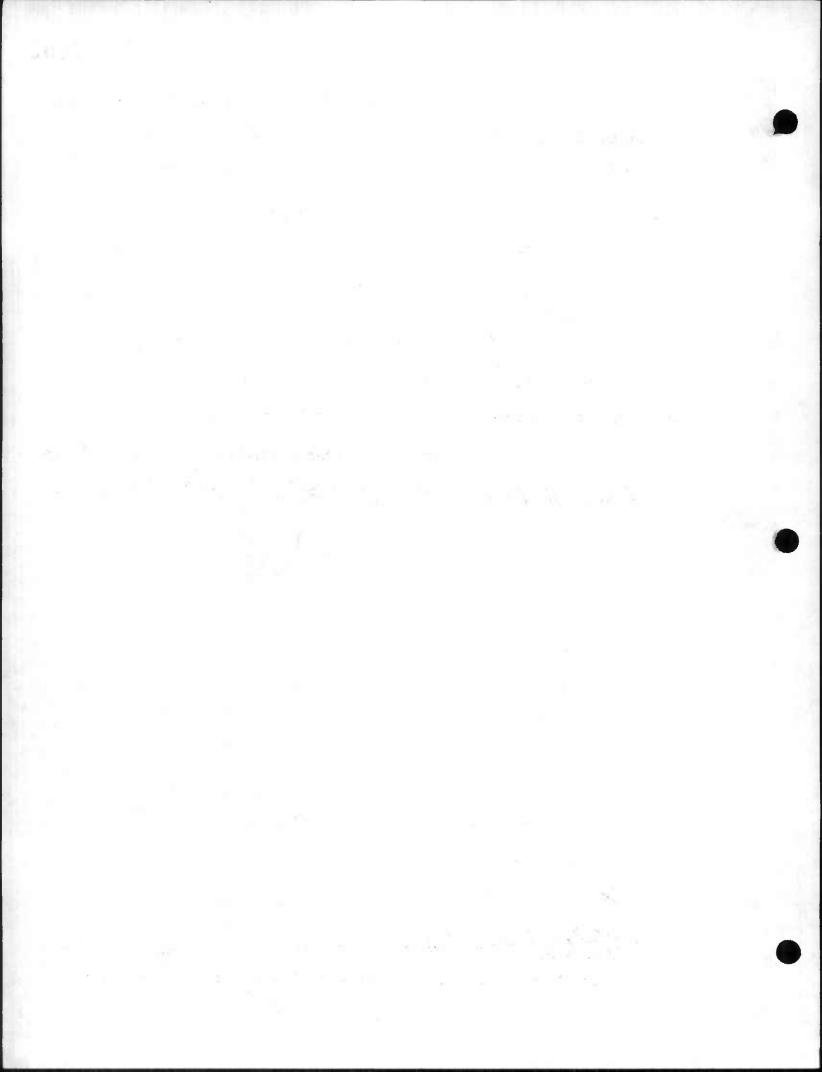
| | | | | | | Ce | rtificate (| ot Death | | Reg. No. | | | |
|--------------|--|----------------|--|-----------------------------|---|--------------------------------------|--|--|---------------------------------|---------------------------------------|--------------|---|--------------|
| | Division | | 1. Decedant's Nama (First, Middle | a, Last) | | | | | 2. Data of De Month | | Yaar | 3. Tima of D | Death |
| | Physic /Medi | | C | atherine | Josepl | hine | Coor | per | Novemb | er 19 1 | 1996 | 4:40 | AM |
| | Examir | | 4a. Facility Nama (If not institution | | | | | 4b. City, Town, o | r Location of Daath | | | | |
| Т | | | Frederick | Memoria. | 1 Hosp | ital | | Frederic | k | Frede | rick | | |
| г | Funeral | | 5. Social Security Number | 6. Sax | | rs. last birthday | If Undar 1 Y | aar If Undar 24 Hi | s. 8. Data of Birt | | | aca (Stata or | Foraign |
| | Director | | 228-30-2795 | 1□M 2⊠F | 68 | Yrs. | Months Da | ys Hours Mi | | er 3,192 | | | |
| | ס | | Usual Rasidance of Decedant | | | | | | осрссто | C1 J, 17/2 | . U. Y. | TISTIIT | d |
| | how | | 10a. Slata 10b. County | | 10c. | City, Town or L | ocation | | | | 10 | d. Insida City | y Limits |
| | Me I | Stor | Maryland Frede | rick | 1 | Knoxvil | le | | | | | 1 Yas | 2 No |
| | 7 28 x 28 | Director | 10e. Street and Number | | | | 10f. Zip Coo | la | | 10g. Citizan of W | /hst Count | ry? | |
| | h wil | 0 18 | 230 Knoxville R | oad | | | 2175 | 8 | | U.S. | of A | | |
| | ours after deeth with the Meryler sit, or items 23s or 28s-f show Examinet must be notified at | Funeral | 11. Marital Status | 12. Was Dec | cedani Evar li | n U,S. 13. | | of Hispanic Origin? (Cuban, Maxican, Pus | Specify Yas or No | | - Amarica | in Indian, | |
| 0 | of the | E | 1 Nevar Married 2 Marr | Armed F led 1 ☐ Yas | 21 No | | | | rto Hican, atc.) | Black | k, Whita, a | tc. | |
| 21215-0020 | urs u | þ | 3∰Widowed 4 ☐ Divorced | If Yas, G Yaar or I | iva Datas: | | 1□ Yas 2√2 | No Specify: | | Specify: | Whit | te | |
| 5-0 | n 72 hours after deeth with the Meryland "natural", or items 23a or 28a-1 show edical Exprinct must be notified at | Completed | 15. Decedan | 's Education | rh | 16a. Dece | dani's Usual Oc | cupation | a dela a | 16b. Kind of Bu | sinass/Indi | ustry | |
| 21 | C | pie | (Specify only highas Elamantary/Secondary (0-12) | 1 | (1-4or 5+) | lifa. | DO NOT usa re | na during most of w tired) | orking | | | | |
| 21 | filed with Hygiene. Ither than | PO | 7 | 00,1090 | (1 401 01) | Cashi | ler | | | | | | |
| b | should be filed withind Mental Hygiene. merked other than amatic event, the M | Be (| 17. Falhar's Nama (First, Middla, | Last) | | | | 18. Mothar's N | ama (First, Middla, | Maiden Sumame | a) | | |
| <u>a</u> | Ald by Alents | To | William Thomas | Shomaker | | | | May E1 | izabeth | Riley | | | |
| Maryland | 12 should be fi n and Mental H Is merked of raumatic ever | | 19a. Informsnt's Neme/Ralations | nlp (Type, Print) | | 19b. Mell | ing Addrass (St | reet and Number or I | | | Stete, Zip (| Code) | |
| | s 1 and 2 should be filed withing Hygiene. If Heelth and Mental Hygiene. Item 27 is marked other than other traumatic event, the M | | Suzanne Wilson | grandda | aughter | 230 | Knoxvil | le Road, | Knoxvill | e, Maryl | and 2 | 21758 | |
| ore. | Item Toth | | 20a. Mathod of Disposition | _ | | b. Place of Disp | osition (Nama o | f place) | Data | 20c. Location - 6 | City or Tov | vn, Stata | |
| Baltimore, | Pag Pag | | 1 Burial 2 □ Cramation 4 □ Donation 5 □ Other (S) | | Stala | Jnion Ce | | | 11/21/96 | Lovett | svil1 | le. VA | |
| 書 | permit. Pa Departmer Important any injury 2058. | | 21. Signature of Juneral Source | lcensee 7 | | | | Idrass of Facility | | | | , | |
| ä | SQT S | | White No | 4 tua | w r_ | _ | Brown F | uneral Ho | me 34 Eas | st Broad | way S | Street | |
| | - C | | 23a. Part1. Enter the diseasa, or shock, or healt failure. List | complications that | caused the d | aath. Do not en | tar the mode of | dving such as cardi | Lovet | tsville, | -VA- | 2018 Approxime e Interval Between | |
| | Dhysislan | | shock, or heart-failure. List | only ona causa on | aach lina. | | | -, | | | | Intarval Betwo | reen eath |
| 30 | Physiclan /Medical | | Immadiata Causa (Final | | | | | | | | | | |
| | Examiner | | disaasa or condition rasulting in daeth) | a | | | | | | | - < | - h- | |
| | | 9 | | ā | | o (or as a conse | | | | | 1 | | |
| | ned insit | Examiner | | b | 2 00 | | 2 | chemi | 2 | | | 12 1 | 70 |
| | certificate be executed rding physician and ise es the burial-transit | Xa | Sequantially list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Disaasa or injury | 1 | Dua to | o (or as a conse | quance of): | | | | | | |
| 68760, | sicial bun | | Causa (Disaasa or injury that initiated evants | c | | | | | | | | | |
| 89 | ficet phy s the | Medical | rasulting in death) Lsst | i . | Dua to | o (or as a conse | quanca or): | | | | | | |
| X | | | | d | | | | | | | | | |
| m | atter 1 | cla | David On the State of the State | | | | | | I and the | | | | |
| 0 | that the death ed by the atter detached for | Physicia | Part II. Other significant conditio | ne contributing to d | leath but not | resulting in tha i | indarlying cause | given in Part I. | | obacco use con | | | 111 |
| 0 | that ded b | | | | | | | | 10 | 20110 | 3 Probe | ably 4 □ U | Jnknown |
| ds, | requiras seen sign hould be | d by | | | | | | | 24a Was | sn sutopsy | 24b. Wer | re autopsy fin | ndinas |
| Ö | been s | Completed | | | | | | | perfo | med? | aval | llabla prior to plation of car | |
| Re | 2 8 8 | E D | | | | | | | | | of de | eath? | |
| 8 | cate he | | | | | | | | 101 | as 2 No | 10 | Yas 2 N | 40 |
| Vital Record | Physician: Th this certificate ral director, pag | Be | 25. Was casa rafarred to medical axaminar? | Hospital: | | | | | aath (Check only o | na) | | | |
| o | 0 0 | 2 | 1 Yas 2 No | 10 | | ER/Outpalle | | 7-7 | Homa 5 ☐ Rasio | | |) | |
| | | 0 | 27. Manner of Death 1 Netural 5 ☐ Pending | | of Injury oth, Day Year | 28b. Tima o Injury | | njury at Work? | 28d. Dascribe | ow injury occurre | əd | | |
| Division | | Certification: | Accidant Invastig | ol be | | | | 1 ☐ Yas 2 ☐ No | | | | | |
| \leq | 2 P E C | F | 4 Homicida determi | ned 289. Place | a of Injury - A ling, atc. <i>(Spe</i> | t homa, farm, st ecify) | reet, fectory, off | ce | 28f. Location (S City or Tox | Street and Numbern, Stete) | er or Rural | Routa Numb | ier, |
| | urs e urs e lilled | | | | | | | | | | | | |
| | To the Hospital of within 24 hours of To the Funeral D completely filled it | edicai | 29a. Cartifiar (Check only one) | Examiner: On the b | pasis of axam | rnowledga, deet inetion end/or in | h occurred et the vastigation, in n | e tima, dete and pled ny opinion, death occ | curred at the time, | cause(s) and msr date and piece, s | nner as ste | ited. tha causa(s) | |
| | the the | Mec | 29b. Signetura and title of certifiar | and man | nnar steted. | | 20a Lia | ance number | | 20d Data slessed | A /A fanth C | No. Mond | |
| | 5 7 × 5 | < | 200. Orginolate and title of certifial | > | | | | ensa number | | 29d. Data signad | | | |
| | | | M | Col | ~ | | D. | 146 2 | _ | Nou | 19 | , 19 | 76 |
| | | Í | 30. Nama and addrass of person v | who complated cau | sa of daath (I | tam 23a) (Typa, | Print) | 746 21 -745 | 1 - | | | 10 | 4 |
| | | | Ur. Gregori | 1 4 K9 | usch | 201 | West | - 120 | reet t | rederick | M | 471 | 0 |
| | Sta | te | 31. Data filed (Month, Day) Year) | 1006 32. | adgistrar's Si | gnatura Romanda | Lette | | | | (| | |



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37203

| | | | | | Ce | rtificate | of Death | | F | Reg. No. | | |
|--|------------------|---|---|-------------------------|---|--|--|--------------------------|--|------------------------|--------------------------------------|---|
| Physici /Medic | _ | 1. Decedent's Name (First, Middle | | rd Leo | nard | COLE, | SR. | | 2. Dete of Dea Month Novembe | ath Day | 1996 | 3. Time of Deeth 9:30 A. |
| Examir | er | 4e. Fecility Neme (If not institution Citizens Nur | | ber) | | | Fre | deri | cation of Deeth CK | | y of Deeth reder: | ick |
| Funeral Director | | 5. Social Security Number 220-01-0671 | 6. Sex 1X M 2□ F | 7. Age (In yrs. 73 | | If Under 1 Y Months D | | 24 Hrs. Min. | 8. Dete of Birth Month, Day June 9 | , 1923 | 9. Birthr Cour Mar | place (State or Fore official) yland |
| r 28a-f show motthed at | or | Usuel Residence of Decedent 10a. Stete 10b. County Maryland F | rederick | 10c. City | y, Town or Lo | | Frederi | ck | | | 1 | 0d. Inside City Llm |
| 23a or 28a- | Director | 10e. Street end Number 355 Monte | | | | 10f. Zip Co | de 1702 | | | 10g. Citizen of | Whet Cour | |
| or items | by Funeral | 11. Maritel Status 1 Never Merried 2 Marr 3 W Widowed 4 Divorcad | 12. Wes Deced | ces? 2 X No | | Was Decedent If Yes, specify | of Hispenic Ori Cuben, Mexicen No Specify: | gin? (Spe i, Puerto I | ecify Yes or No- Rican, etc.) | Ble | ce - Americ ck, White, by: Whi | etc. |
| 호형 | Be Completed | 15. Decedent (Specify only highes Elementery/Secondary (0-12) | 's Education | | (Give | dent's Usuel O kind of work d DO NOT use ro ab Driv | one during most etired) | t of workin | ng | 16b. Kind of B | | |
| r really and Mental rigglene. tem 27 is marked other than "nother traumatic event, ma Medi | To Be C | 17. Fether's Neme (First, Middle, Louis | Nicola | as | Cole, | Sr. | 18. Mothe | | (First, Middle, Sie | Malden Sumer Crum | | |
| neam and reference to the company of | | 19e. Informent's Neme/Relational Connie A. Nikir | | er | 19b. Meilin 439 (| ng Address <i>(St</i> Carroll | ton Dri | ve, | Route Numbe Frederi | ck, MD | Stete, Zip 2170 | Code) |
| 5 | | 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp | | CI CI | ametery, crer | osition (Neme of metory or other Vet Cel | plece) | Nov. 1 | Dete 19,1996 | 20c. Location Frede | | own, Stete Marylan |
| Important: If any injury or once. | | 21. Signeture of Funerel Service I | H Rube | MOC | 702 | Keeney | & Basfo | rd P | .A. Fur | eral Ho | ome ck. M | D 21701 |
| ettending physician and clarate as the bunal-transit and clarate as the bunal-transit and clarate as the clarate and clarate a | Medical Examiner | Immediete Ceuse (Finel disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to Immediete cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest | e | Due to (or | es e consec es e consec es e consec | juenca of): | le 10 | 0/34 | em) | | | 3yrs |
| ed by the ettend deteched for us | clan | Pert II. Other significent condition | ns contributing to deal | th but not resu | liting in the u | nderlying ceus | e given in Pert i. | | | 17 | | the causa of dea |
| b ed | þ | | | | | | | <u> </u> | 1 🗆 Y | | 24b. W | bably 4 Unknown |
| ate hes been s page 2 should | Completed | | | | | | | _ | perfor | | of of | elleble prior to mpletion of ceuse deeth? |
| s certific | | 25. Wes case referred to medical examiner? | Hospital: 1 🗆 Inp | patient 2 1 | ER/Outpatien | nt 3 DOA | Out | | (Check only or | ne) | | Yes No |
| Offector: After thi | Certification: | 27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investig 3 Suicide 6 Could n 4 Homicide | ation ot be ned 28e. Pieca of | Dey Year) | 28b. Time of Injury | | Injury et Work? 1 Yes 2 1 | No | 28d. Describe h | treet and Numb | | l Route Number, |
| | _ | (Uneck only 2 Medical E | Physician: To the be examiner: On the basi | is <u>of exami</u> neti | viedge, deeth | occurred et th | e time, dete end | d pleca, e | nd due to the c | euse(s) end ma | anner as st | eted. |
| To the comple | 2 | 29b. Signeture end title of our tipe. 30. Neme end eddress of person v | afmar | r steled. | nD. | 29c. Lid | cense number | | | 29d. Date signe | d (Month, | Day, Year) |
| | | | | | | Printi | | | | | | |

DHMH 16 Rev 6/95



| | | | | | C | ertificate | of Death | 7 | Red | g. No. | | |
|----------------|--|----------------|---|---|--------------------------------|---|----------------------------------|---|--------------------|---------------------------------|-----------------------------------|--|
| | Physic | | 1. Decedant's Name (First, Middia, Last, JACQUELINE | MELOD | 4 (| MERG | , | 2. Data Mont | of Death | Day | Year 90% | 3. Time of Death |
| | /Medi Exami | | 4a. Facility Nama (If not institution, giva | | - | - | 4b. City, T | own, or Location of | | 4c. County | of Death | |
| 1 | | | 3233 Murray Road | d Lot #2 | | | Fin | ksburg | | Car | roll | |
| | Funeral Director | | 5. Social Security Number 6. Sa: 10 | | rs. last birthda 43 Yrs. | | 1 | Min. March | | Year) | 9. Birthple | aca (Stata or Foraign try) ecticut |
| | and w | | Usual Rasidance of Decedent 10a. Stata 10b. County | 100. | City, Town or | Locetion | | | | | 10 | Od. insida City Limits |
| | he Maryl 28a-f sho coffied | Director | Maryland Carroll | | Finksh | | | | | | | 1 ☐ Yas 2 ☐ No |
| | ath with 1 | | 10e. Street and Number 3233 Murray Road I | ot #2 | | | 1048 | | Uı | g. Citizen of V nited S | | |
| 020 | hours after death with the Maryland tural; or items 23a or 28a-f show at Examiner must be notified at | by Funeral | 11. Maritai Status 1 □ Navar Married 2☑Married 3 □ Widowed 4 □ Divorced | 12. Was Decedant Evar in Armed Forcas? 1 ☐ Yas 2 ☐ Yo If Yas, Giva Year or Datas: | U,S. 1 | 3. Was Decedant if Yas, specify 1 ☐ Yas 2 ☑ | | rigin? (Specify Yas an, Puarto Rican, at v: | or No- c.) | | a - Amarica k, Whita, a Whi | NC. |
| 5-0 | "natural", | ted | 15. Decedant's Edu (Specify only highast grade | | 16a. Dec | pedent's Usual O | cupation | et of working | 10 | 6b. Kind of Bu | sinass/Ind | ustry |
| 21215-0020 | withir within than | Completed | Elementary/Secondary (0-12) | Collage (1-4or 5+) | lifa | va kind of work d . DO NOT usa re Housew | | or or working | | Dome | estic | |
| | | BeC | 17. Fathar's Nama (First, Middla, Last) | | ļ. | HOUSEW | | nar's Nama (First, N | liddie, M | | | |
| lar | should be and Mental marked o | ToB | Albert Mott | | | | Doi | othy Shel | Lton | | | |
| Maryland | C/ 10 = 10 | | 19a. informant's Name/Raiationship (Ty, Robert L. Curry, S | | | | | ber or Rural Routa I | | | | Code) 048 |
| Baltimore, | Pages 1 and 3 nent of Health int: If Itsm 27 I ury or other tri | | 20a. Mathod of Disposition 1 Buriai 2 Cramation 3 R 4 Donation 5 Other (Specify) | amoval from Stata | cematary, c | position (Nama cramatory or othai | place) | Deta | | Oc. Location - | | wn, Stata Maryland |
| Balti | permit. Page: Department of Important: If I any Injury or once. | | 21. Signature of Editoral Service License | | | 22. Nama and A Myers F | drass of Faci | lity Home | | | | |
| | Physician /Medicai | | 23a. Part1. Entar tha diseasa, or compli shock, or haart failura. List only or immedieta Causa (Final | | , | intar tha moda of | is Stre dying, such a | C 0 | ory arras | st, | | 157 Approximata Intarvai Batween Onsat and Death |
| | Examiner | 16 | disaasa or condition rasulting in daeth) | Due to | (or as a cons | equence of): | era | Scher | 0 5 (5 | 2 | | 2401 |
| | cuted nd transit | Examiner | Sequentially list conditions, if any, leading to immediate | Dua to | (as a cons | equence of | fine | lure | | | 1 | Zunos. |
| 68760, | entificate be executed Jing physician and se as the burial-transit | edical Ex | Cause. Entar Undarlying Causa (Disaasa or injury that initieted evants | Dun to | (or as a cons | equence of: | / | | | | - | |
| ox 68 | 0 2 9 | 3 | resulting in death) Last | J | (01 43 4 00113 | equante ory. | | | | | | |
| m | death e atter ed for u | icia | Part ii. Other significant conditions con | tributing to death but not r | asulting in the | undariving caus | nivan in Part | I 23h | Did tob | acco liee cor | ntribute to | the cause of death? |
| P.O. | that the ed by th detache | y Physician | | | | andanying dada | givani | | 1 Ve | 1 | | ably 4 Unknown |
| Vital Records, | aw requir is been s 2 should | Completed by | | | | | | 24a. | Was an performe | | ava | ra autopsy findings illabla prior to npiation of causa leath? |
| <u> </u> | The ate h | Col | | | | | | } | 1 🗆 Yas | 2000 | 1 🗆 | Yas 2□ No |
| ita | ysician: The s certificate director, pay | Be | 25. Was case referred to medicel exeminer? | | | | 26. Plac | e of Deeth (Check | only ona |) | | |
| 0 | 5 00 0 | ို | 1 ☐ Yes 2 No | | ☐ ER/Outpati | | | ursing Homa 5 | | | |) |
| ono | Attending P rr death. ector: Atier t by the funera | ation: | 27. Menner of Deeth 1 Netural 5 Pending 2 Accident investigation | 28a. Dete of injury (Month, Day Year) | 28b. Tima injury | | njuryat Work? 1 □ Yas 2 □ | | orlbe how | v injury occurr | ed | |
| Division | To the Hospital or Attending Ph Within 24 hours after death. To the Funersi Director: After thi completely filled in by the funeral | Certification: | 3 Suicida 6 Could not be 4 Homicide determined | 28a. Piace of Injury - At building, atc. (Spec | homa, farm, s | straat, factory, of | ice | | ion (Stre | | er or Rural | Routa Number, |
| | To the Hospital or within 24 hours alte To the Funeral Dirt completely filled in | edicai | 29a. Cartifiar Certifying Phys | Iclan: To the best of my keer: On the basis of axamic and mannar stated. | nowledga, dar nation and/or | ath occurred at th invastigation, in r | a tima, data a ny opinion, de | nd place, and dua te eth occurred at tha | tha cau | isa(s) and ma e and place, a | nnar as sta and dua to | ited. tha ceuse(s) |
| | To the To the Comp | Me | 29b. Signature and title of certifier | | , | 0 | ensa number | 7/9 | | d. Data signed | 1 (Month, E | Pay, Year) |
| | | | 30. Name and address of person who co | | hypican and 23a) (Type | e, Print) | L (| 169 in Rd | | 11/ | 2// | 76 |
| | Cha | • | 31. Dete filed (Month, Dey, Year) | 32. Registrar's Sig | nature | 516~ | Ru (1 | ing Rd | R | 11/10 | uy | |
| | Sta | te | St. Determed (worth, Day, Year) | 32. Registrar's Sig | nature . | | | / | | | | |

Yrs

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Death November 17, 1996 Edith Christensen 10:15AM 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 10820 Georgia Avenue, # 208 Silver Spring Montgomery If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 8. Dela of Birth Oct. 2, 1908 9. Birthplace (State or Foreign Wash^{try)}, D.C. 7. Age (In yrs. last birthdey) 88

10d. Inside City Limits

Approximata Intarval Between Onsef end Deeth

24b. Wara autopsy findings available prior to completion of cause of death?

1 Yas 2 No

29d. Data signed (Month, Day, Year)

5 MINS

White

1 Yes ZUNo

Funeral Director

Physician

/Medical

Examiner

5. Sociel Security Number

577-58-9904

with the Maryland Item 27 is marked other than "naturel", or Items 23s or 28s-f show other traumatic event, the Medical Examiner must be nothed at

permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or itema 23a eny Injury or other traumatic event, the Medical Examiner must once.

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Physician /Medical Examiner

The law requires that the death certificete be executed use as the burial-transit pue ettending physician 8 has certificete or Attending Physician: this luneral After death. To the Hospital or Attendi within 24 hours effer death. To the Funerel Director: A the filled in by

Usual Rasidence of Dacedani 10a Stata 10b. County 10c. City, Town or Location Maryland Montgomery

10a. Street and Number

10820. Georgia Aven Silver Spring 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 10820 Georgia Avenue, # 208 20902 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yas, Giva 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc 1 Nevar Merried 2 Married 1 Yas 2 No þ 3 Widowed 4 □ Divorced Yaar or Dates Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decadant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Sumama) Be Bea Fendner UNAVAILABLE 19b. Melling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda)
8300 Ivy Green Road, Fairfax Station, Virginia
22039 19e. Informent's Name/Relationship (Type, Print) Adria Manary 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Data 1 Burial 2 Cramation 3 Ramoval from Stata Prospect Hill Cemetery 11 - 21Washington, D.C. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signely of Funaral Sarvica Licensaa 22. Nama and Address of Fecility Demaine Funeral Homes, Inc. Alexandria, Va. hams Pert1. Eniar tha disasse, or complications that caused the death. Do not entar the mode of dying, such as cardiec or raspiratory arrest, shock, or heart feilure. List only ona cause on each ling. Immedieta Causa (Final disaasa or condition rasulting in death) IN farction acuta Dua to (or as a consequence of) Physician/Medical Examiner Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or Injury that initiated avants Dua to (or as a consequence of): Due to (or es e consequence of) rasuiting in daath) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy Completed 1 Yes 25. Was casa referred to medical axaminar? Be 28. Placa of Death (Check only ona) Hospital: 1 inpatieni 2 ER/Outpatieni 3 DOA Other: 4 Nursing Home Yes 2□ No Certification: To Residence 8 Othar (Specify) 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred fnjury at Work? 5 Panding Investigation 1 Yes 2 No 2 Accident 6 Could not ba 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, offica building, alc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, data and piace, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, dete end piece, end dua to the cause(s) end manner stated. 29a. Certifier

State Registrar

Medicai

John 31. Data filad (Month, Day, Yaer)

29b. Signatura and tilla of cartifiar

(Check only one)

NOV 26

30. Name and eddrass of person who complated cause of daath (item 23a) (Type, Print)

1 ceuber

32. Ragistrar's Signatura

Alia Davidson

me

8218 WISCOUSIN

29c. Licansa numbar

Ale

S were not

State of Maryland / Department of Health and Mental Hygiene 96 37206

| | | | | | Cer | tificate of | Death | | | Reg. No. | | | |
|---|---------------|---|------------------------------------|-----------------------------|------------|------------------------------------|------------------|-----------|---------------------------------|-----------------|-------------|-----------------------------------|------------|
| Dhunia | | 1. Decedant's Nama (First, Middla, La | ast) | | | | | | 2. Data of Da | | Vana | 3. Tima of | Death |
| Physic /Medi | | Elma L | ou Cunnin | gham | | | | | | er 20, | 1996 | 11:07 | A.M |
| Exami | | 4a. Facility Nama (If not institution, gir | | er) | | | 4b. City, To | wn, or Lo | ocation of Daath | 4c. Count | y of Death | | |
| 1.15 | | Laurel Regional | Hospital | | | | | rel | | Prince | e Geo | rge's | |
| Funeral | | | Sax 7. 1 ☐ M 2 □ XF | Aga (In yrs. last L | | If Undar 1 Yaa Months Days | | Min. | 8. Data of Birt (Month, Da | v. Yaar) | 9. Birthp | olaca (Stata o | or Foraign |
| Director | | 578-01-9689 Usual Rasidance of Dacedant | | 84 | Yrs. | | | | June 20 | , 1912 | | rginia | |
| land | | 10a. Stata 10b. County | | 10c. City, To | wn or Loc | cation | | | | | 1 | I0d. fnside Ci | ity Limits |
| Mary | ō | N/A N/A | | | Lloob | instan 1 | D C | | | | | 1 🖎 Yas | |
| r 28a | Director | 10e. Street and Number | 1 | | wasii | ington 10f. Zip Coda | 0.0. | | | 10g. Citizan of | What Cour | ntry? | |
| 3a o | | 1263 Monroe Stree | et, NE | | | 20 | 0017 | | | τ | ISA | | |
| 72 hours efter death with the Maryland naturel', or fleme 23s or 28s-f show often Examiner must be notified at | Funeral | 11. Marital Status | 12. Was Daceda Armed Forca | nt Evar in U,S. | 13. W | Vas Dacedant of Yas, specify Cu | Hispanic Ori | gin? (Sp | acify Yas or No | - 14. Rac | | en Indian, | |
| or h | | 1 ☐ Navar Marriad 2 ☐ Married | 1 Yas 25 | | | ☐ Yas 2⊠ No | | i, Puarto | Hican, atc.) | | ck, Whita, | | |
| irel. | d by | 3 ☑ Widowed 4 ☐ Divorced | Yaar or Data | s: | | LITAS ZIZINO | зреспу. | | | Specif | y: Wh: | ıte | |
| n 72 ho *natur | Completed | 15. Dacadant's E (Specify only highast gra | ducation ada complated) | 16 | (Giva l | ant's Usual Occu | a durina mosi | t of work | ing | 16b. Kind of B | usinass/in | dustry | |
| | шр | Elamentary/Secondary (0-12) | Collaga (1-4d | or 5+) | | O NOT usa ratir | ed) | | | A 1 | | | |
| 77 00 6 | | 17. Fathar's Nama (First, Middla, Last | 1) | | CI | erk | 18 Mothe | r'e Name | a (First, Middla, | Admini | | tion | |
| S de S | Be c | Emmett Lee Kitche | | | | | | | Lee Br | | ila) | | |
| d 2 should but and Mente 7 is marked traumetic events | To | 19a. Informant's Name/Ralationship | | 10 | ah Mailin | g Addrass (Strae | | | | | Ctata 7in | Codel | |
| d 2 th a tra | - | Edward P. Cunning | | | | Canberra | | | | | | 20904 | |
| permit. Peges 1 and 2 Department of Haaith Important: if item 27 i eny injury or other tra 90008. | | 20a. Mathod of Disposition | , nam, or. | 20b. Placa | of Dispos | ition (Nama of | | c . , | Data | 20c. Location | | | |
| ent of ht: If I | | 1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special | | ita . | | atory or other pl Memoria | | 1 | 1/23/96 | Falls (| hurel | h Vir | ainis |
| artmoortan | | 21. Signature of Funaral Service Lice | | Nacio | | Name and Addr | | | 1/25/50 | rails C | ilulul | I, VII | STIITS |
| Depa impo eny i | | 1 fan 1. 80 | - los | | Fr | ancis J | . Coll | ins | | | | | |
| 100 | | 23a. Part1. Enter tha disaasa, or com | plications that caus | sad the death. Do | | 0 Unive | | | | | ring | Approximat | - |
| Physician | | shock, or haart failura. List only | one causa on aach | n line. | | , | | | | | | Interval Bat Onsat and I | ween |
| /Medical | | Immadiata Causa (Finai | OHE | | | | | | | | i | | |
| Examiner | | disaasa or condition rasulting in death) | a CHF | Dua to (or as a | a consequ | iance of). | | | | | - | 2 Days | |
| | ner | | CVA | Dod to (or as t | a consequ | Janua (1). | | | | | | 25 Day | 0 |
| cuted | Examiner | Sequentially list conditions, | b | Dua to (or as a | a consaqu | iance of): | | | | | | 25 Day | 5 |
| ertificata be executed ling physician and se es the bunal-transi | | Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants | Atrial | fibrilat | ion | | | | | | | ver 25 | Davo |
| ata b hysic the b | edical | that initiated avants rasulting in daath) Last | С | Dua to (or as a | | ance of): | | | | | - | VEL 23 | Days |
| eath certificata be executed ettending physician and for use es the bunal-transit | 3 | | d | | | | | | | | | | |
| that tha death cert ed by the ettendin detached for use | Physician | | | | | | | | | | | | |
| tha de sy the ached | ysk | Part II. Other significant conditions of | ontributing to death | but not resulting | in tha un | darlying cause g | ivan in Part I. | | 23b. Did t | obacco use co | ntribute to | the cause o | of desth? |
| that the detail | | | | | | | | | 10 | Yes 2⊠ No | 3 Proi | bably 4 | Unknown |
| 8 5 8 | d by | | | | | | | | 24a Was | an autopsy | 24b. W | ere autopsy f | indinas |
| | lete | | | | | | | | | rmad? | av | ailabla prior to mplation of c | 0 |
| Tha law cate has t | Completed | | | | | | | | | | | death? | |
| ician: The | | 25. Was casa rafarred to madical | | | | | 00.01 | | | ′as 2□No | 11. | Yas 2 | No |
| | To Be | axaminar? 1 ☐ Yas 2⊠ No | Hospital: | atiant 2 ER/C | Sutantiant | 3□ DOA O | her | | n (Check only o | | (0: | | |
| Phys aral d | | 27. Mannar of Death | 28a. Data of In | njury 28b. | Tima of | 28c. Inju | 4U Nu | - 1 | ma 5 ☐ Rasio 28d. Describe h | | | y) | - |
| a fun | ertification: | 1 ⊠Natural 5 ☐ Panding 2 ☐ Accidant Invastigation | | Day Year) | Injury | | ork?]Yas 2∐1 | No | | | | | |
| or Attanding after death. Director: After | 100 | 3 Suicida 6 Could not be datarmined | 28a. Place of I | Injury - At homa, f | farm, stre | at, factory, office | | | 28f. Location (S | | per or Rura | I Routa Num | ber, |
| s aftar ii Direc od in by | Cert | 4 🗆 Homicida | building, | atc. (Specify) | | | | | City or Tow | m, Stata) | | | |
| To the Mospital or Attanding Ph within 24 hours aftar death. To the Funeral Director: Aftar th complately filled in by tha funaral | | 29a. Cartifiar 1 Certifying Ph | ysician: To the bes | st of my knowledg | a, daath | occurred at tha t | ima, data and | place, a | and dua to tha | ausa(s) and ma | annar as si | tatad. | |
| To the Hospital within 24 hours a To the Funeral complately filled | edical | (Check only 2 Medical Exam | niner: On the basis and mannar: | of axamination a statad. | nd/or inva | astigation, in my | opinion, daat | h occurre | ed at the time, o | date and place, | end dua to | the causa(s |) |
| To t | Σ | 29b. Signatura and titla of certifier | 1 | | | | sa number | | 1 | 29d. Data signe | d (Month, | Day, Year) | |
| | | 18A4 | GR | 1.5 | | I |)42580 | | N | ovember | 21,1 | 1996 | |
| 10 | | 30. Name and address of person who | completed cause of | f daath (item 23a) | (Type, P | rint) | | | | | | | |
| 1 | | P.S. Aujla, M.D. | | napolis | Road | #13, B | ladensl | burg | , MD 2 | 0710 | | | |
| Sta | | 31. Data filad (Month, Day, Year) | | strar's Signature | | | | | | | | | |
| Registr | | NOV 2 5 1998 | Filia | Davidson | 12 | | | | | | | | |
| IMH 16 Rsv 6/95 | | | U | 4-400 | (miles) | | | | | | | | |

in . . . VIII VOIL IN V

State of Maryland / Department of Health and Mental Hygiene

27207

| | | | | 0.0.0 | 01 141 | arylana / | | rtificate | | | aria iv | nomai i i | Reg. No. | 90 | 31201 |
|--|---------------------|---|--|---|------------------------|-------------------|------------------|--|-----------------------|--|----------------------|------------------------------------|------------------------|---|--|
| Phys | sician | 1. Decedent's Nem | ne (First, Middle | e, Last) | | | | | | | | 2. Dete of D | eeth Dey | Yeer | 3. Time of Deeth |
| | edical | A T T TONI | | THERON | | | CUF | RTIS | | | - 5 | NOVEM | | , 199 | 6 0155AM |
| | miner | A 40 1174 A.1 A | If not institution | n, give street end n | u <i>mber)</i> | | | | 4 | b. City, To | wn, or Lo | ocation of Dee | | inty of Deeth | 0-01001111 |
| | | 2549 M | ATTAWO | MAN BEA | NTO | OWN RO | AD | | | WALD | ORF | | СНД | RLES | COUNTY |
| Fune, Direct | | 5. Social Security N 217-74-53 | | 6. Sex 1 ☑ M 2 ☐ F | | e (In yrs. lest b | irthdey) Yrs. | if Under 1 Y Months D | ear eys | ii Under a | 24 Hrs. Min. | 8. Dete of B (Month, D April | irth | 9. Birth | place (State or Foreign intry) land |
| p , | | Usuel Residence o | | | | | | | | | | | | | |
| e Maryla | ctor | | 10b. County Charl | es | | 10c. City, Tov | | | | | | | | | 10d. Inside City Limits 1 XYes 2 No |
| ith th | l ei | 10e. Street end Nu | mber | | | | | 10f. Zip Co | de | | | | 10g. Citizen | of What Cou | intry? |
| th with wind 23 a | 100 | 2567 Rot | ate 205 | Waldorf, | , Ma | aryland | | 206 | 01 | | | | Ţ | JSA | |
| bre, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental thygiene. The marked other than "natural", or Herms 23e or 28e-7 show other transmetic avent, the Medical Experience must be notified as | by Funeral Director | 3 Widowed | ied 2□ Marri | 12. Was Dec Armed F | cedent orces? 21 | Ever in U,S. | | Was Decedent f Yes, specify 1 ☐ Yes 2 | | ispenic Orig n, Mexican Specify: | gin? (Sp , Puerto | ecify Yes or N Rican, etc.) | | Race - Amer Bleck, White cify: B1 | |
| 5-C | fed | /See. | 15. Decedent | 's Education it grede completed, | 1 | 166 | . Dece | dent's Usuei O | ccupe | etion | | | 16b. Kind o | f Business/Ir | ndustry |
| d within 72 hours aft giene. It than "natural", or the Medical Exert. | Completed | Elementary/Seco | | Coilege | | i+) | abor | DO NOT use re | etired |)) | or work | ing | Const | tructi | on |
| Maryland 2 d 2 should be filed it h and Mental Hygie 7 is marked other it | Be | 17. Fether's Name | (First, Middle, I | Last) | | | | | | 18. Mothe | r's Nem | e (First, Middle | e, Meiden Sun | neme) | 11 |
| ylan ould be Mental I arked o | 10 | Alvin T. | Simms | | | | | | | Audre | ey F | . Gree | nfield | | |
| 2 should and Mer is marke | | 19e. Informent's Na | | | | 19 | o. Mailir | ng Address (St | reet e | and Numbe | r or Run | al Route Numi | ber, City or To | wn, State, Zi | p Code) |
| e, M 1 and 2 Health a em 27 is | | Audrey E | . Curt | is | | | | Route | | | | | | | |
| Demit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr | ouce. | 20a, Method of Disp Burgal 2 4 Deposition 21, Signature of F | ☐ Cremetion ☐ Other (Sp | icegéee | State | Trini | by crer | sition (Name of netary or other femoria. Neme end At H. Ebe | plece 1 (ddres | Garden | / | | | on-City or T | |
| 0074 | a | 1 VI | WHI | lu- | _ | . 7 3 | | | | | | | ls., M | 2069 | 5 |
| Physicia /Medic | | / | | complications thet only one ceuse on | ceused eech lir | the deeth. Do | not ent | er the mode of | dying | g, such es d | cerdiac (| or respiretory | errest, | 2003 | Approximete intervel Between Onset end Deeth |
| Examin | er | Immediate Ceuse (disease or condition resulting in deeth) | n n | е | ier | Due to (or es a | conseq | uence of): | V. | 3 4 | o / | vec | K | | |
| p # | - eu | | 73 | - 1 | | | | | | | | | | | |
| be execution and burish-fram | I Examiner | Sequentially list con if any, leading to im- cause. Enter Unde Cause (Disease or | riying | | | Due to (or as a | conseq | uence of): | | | | | | | |
| rifficate ng phys | Medical | that initiated events resulting in death) I | A STATE OF THE PARTY OF THE PAR | | - | Due to (or as e | conseq | uence of): | | | | | | | |
| sath cer attendir for use | l/Se | | | d d | | | | | | | | | | | |
| | 108 | Part il. Other signifi | cant condition | ns contributing to d | eath bu | t not resulting I | n the ur | dertvina cause | aive | n in Pert i. | | 23b. Did | tobacco usa | contribute (| to the cause of death? |
| th the bear of the | by Physician/ | | | | | | | | | | - | | Y 2 2 N | | bably 4 Unknow |
| aw requir | Completed b | | | | | | | | | | | | s en autopsy ormed? | ev ev | fere eutopsy findings velleble prior to empletion of cause death? |
| The H | E | | | | | | | | | | | 1/0 | Res 2□No | | Yes 2 No |
| 0 0 0 | Be C | 25. Was case referr | ed to medical | | | | | | | 26. Piece | of Deeth | (Check only | - | V | |
| | To | examiner? | No | Hospitel: 1 | Inpatie | nt 2 ER/O | Itpetien | 3□ DOA | Othe | ·F· | | | idence 6 🗆 (| Other (Speci | (v) |
| a Physics named d | ii. | 27. Manner of Death | | 28e. Date | of Injur | v 28b. | Time of | 28c. i | njury | | | | how injury occ | | ,, |
| S CAN DE | atio | 1 □ Natural 2 □ Accident | 5 Pending investiga | ation //- U | th, Dey | 16 21 | njury 45 | | 1 Y | | lo | Sub, e | it ca | + | |

To the Hospital within 24 hours a To the Funeral C completely filled

28e. Plece of Injury - At home farm, street, fectory, office building, etc. (Specify) Stansmen-Bartown Pf 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner steted. 29b. Sig

29c. License number 29d. Dete signed (Month, Day, Year)

NOVEMBER 29, 1996 O.C.M.E.

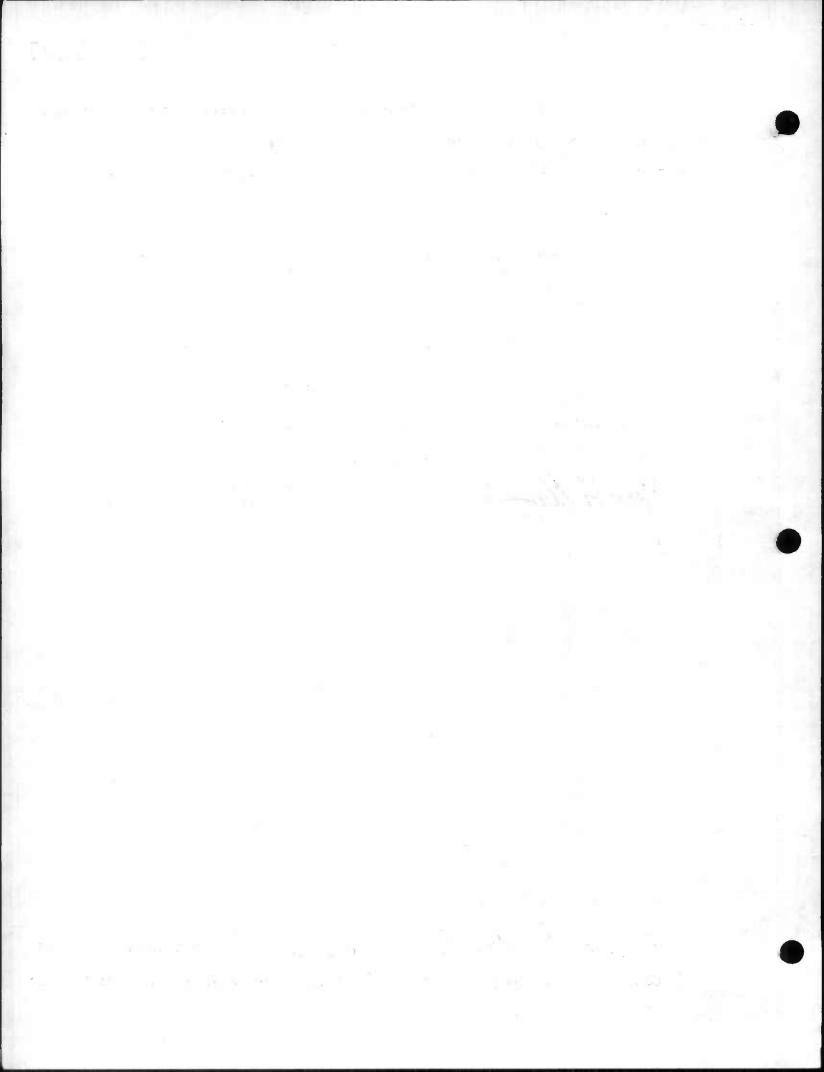
ess of person who completed cause of deeth (item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical Certific

DEC 0 2 1996

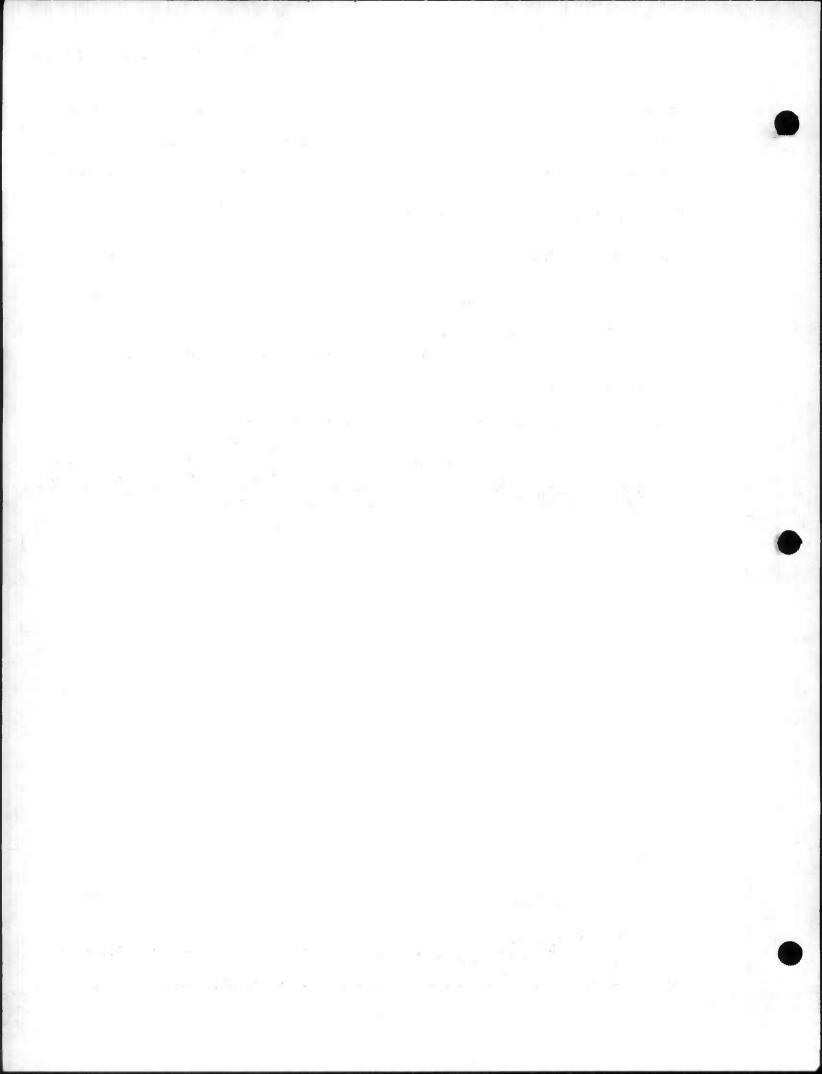


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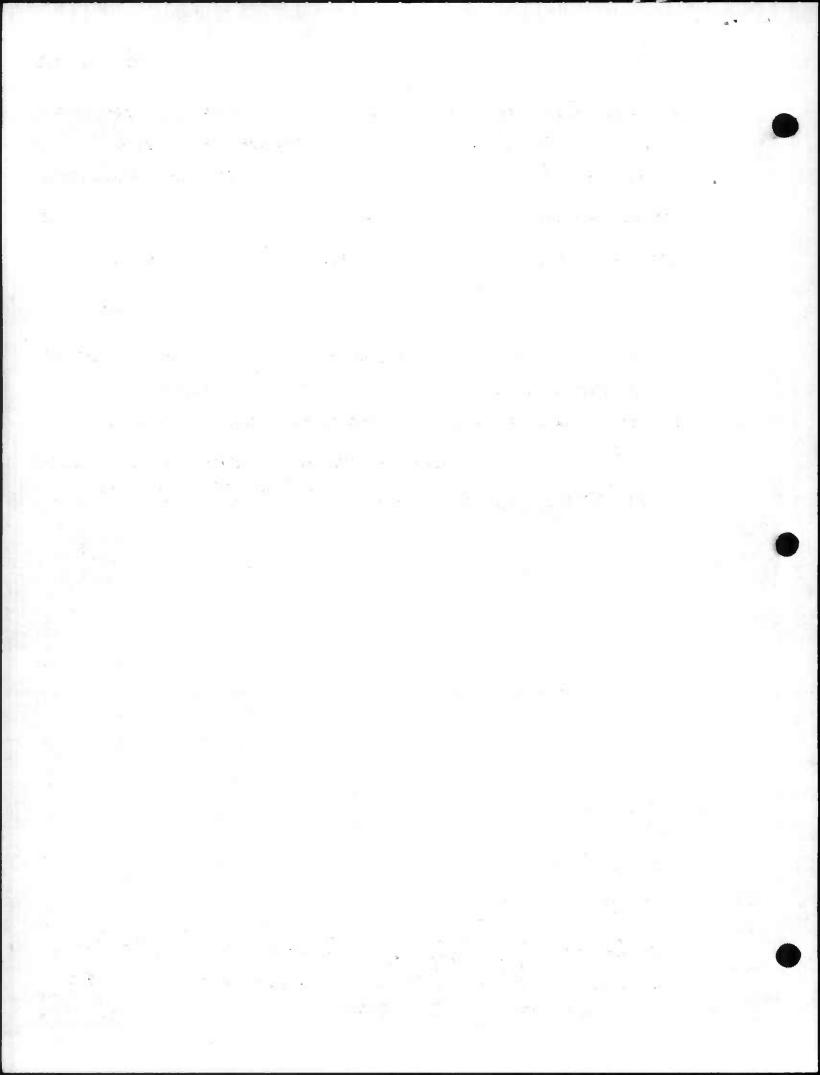
| | | | | | | Cei | tificate | of | Death | | | Rag. I | No. | | - 4 | |
|---|---|---------------------|--|--|---------------------------------|-----------------------------|---|--------------|----------------------------|-----------------------|----------------------------------|-------------------|--------------|--------------------------|--|--------------|
| | | | 1. Decedant's Name (First, Middle, La | ist) | | | | | | | 2. Data of D | eath | | will. | 3. Time of | f Deeth |
| | Physic /Medi | | George C. Constar | ntinides | | | | | | | Novemb | er | Day 18, 1 | Year 1996 | 10:00 | PM |
| | Exami | | 4a. Facility Name (If not institution, given | ve streat and numb | per) | | | | 4b. City, To | | ocation of Dea | | | y of Death | | |
| | | | 10819 Old Coach F | Road | | | | | Potom | ac | | 1 | Monte | gomer | у | |
| | Funeral Director | _ | | Sex 7. 1 ☑ M 2 □ F | . Age (In yrs. la | st birthdey) Yrs. | If Under 1 \ Months D | Yaar Days | If Under Hours | 24 Hrs. Min. | 8. Date of B (Month, D | ay, Yea | | Coui | place (State ontry) | |
| | p . | 1 | Usuel Residence of Decedent 10a. Stata 10b. County | 0-10 | 100 City | Town or Lo | antina | | | | | | | | | |
| | Ba-f aho | ctor | Maryland Montgon | nery | | comac | Cation | | | | | | | | 10d. Inside Ci 1 ☐ Yes | 25 No |
| | it of a | Dire | 10e. Street and Number | | | | 10f. Zip Co | ode | | | | 10g. (| Citizen of | What Cour | ntry? | |
| | 23a | ral | 10819 Old Coach F | | | | 208 | | | | | | | State | | |
| 21215-0020 | permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mental Hygiene. Important: if Item 27 Is marked other than "natural", or items 23a or 28a-f ahow any Injury or other traumatic event, the Medical Examiner must be notified at ance. | by Funeral Director | 11. Marital Status 1 □ Naver Married 2 ☑ Married 3 □ Widowed 4 □ Divorced | If Yes, Give | es? □No Wor] | Ld | Vas Deceden I Yas, specify I □ Yes 2∑ | | | | ecify Yes or N Rican, etc.) | 10- | | ck, White, | can Indian, etc. hite | |
| 9 | 72 ho | ted | 15. Decedent's E | ducation | | 16a. Deced | lent's Usual C | ocup | oation | A = 4 d | | 16b. | Kind of B | usinass/In | dustry | |
| 2 | e e | Completed | (Specify only highast gro | College (1-4 | or 5+) | life. L | kind of work of OO NOT use r | retire | during mos d) | t or work | ang | | | | | |
| 2 | or th | S | - | 5+ | | Forei | gn Ser | vi | ce Of | fice | er | Fee | deral | Gov | ernmen | t |
| Maryland | d off H | Be | 17. Father's Name (First, Middle, Last |) | | | | | 18. Mothe | er's Nam | e (First, Middl | e, Maid | en Sumer | ne) | | |
| y a | Men Men arka | 10 | Costas Constanti | | | | | | Bess | | Cali | | | | | |
| Ja | 2 sh end le m | | 19a. Informant's Name/Relationship (| | 1 | | | | | | e/Routa Num | | | | | |
| ຜົ . | l end lealth m 27 her t | | Artemis H. Consta | intinides | not Di- | - of Diana | atalan /Atama | -1 | | | Potoma | _ | | | | |
| altimore, | if of h | | 20e. Method of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐ | Removal from Sta | ate cen | netery, cren | sition (Neme of the | r plac | | | 1996 | 20c. | Location | - City or To | own, State | |
| | tmen tamt: jury | | 4 ☐ Donation 5 ☐ Other (Specif | (y) | Mont | | cy Crem | | | | | | | | arylan | |
| Ba | Depar Impor any ir | | 21. Signature of Funeral Service Cities | Jan A | мос | Be | thesda | ı-C | hevy | Chas | ert A. se, Inc l 20814 | | 7557 | y Fur Wisc | neral | Home Ave. |
| | hysician | | 23a. Phint Finer the chease, or com- shoot, of heart billure. List only | plications that cau one cause on eac | sed the death. h lina. | Do not ente | er tha moda o | f dylr | ng, such as | cerdiac | or raspiratory | arrest, | | | Approximat Interval Bet Onsat and I | ween |
| | /Medical Examiner | | Immediate Cause (Final disease or condition resulting In death) | a Adenoc | arcinon | na of | Lung | | | | | | | | 6 Mont | hs |
| | | iner | resulting in death) | | Due to (or a Metasta | as a conseq | | | | | | | | | 6 Mont | hs |
| ó | tricete be executed g physician end es the burial-transit | i Examiner | Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying | D | Due to (or a | is a conseq | uence of): | | | | | | | | | |
| | entificate be executed ding physician end se es the burial-transit | /Medicai | Cause (Disease or Injury that initiated events resulting in death) Last | d | Due to (or a | s a consequ | uence of); | | | - | | | | | | |
| Bo | es that the death certifi igned by the ettending I be deteched for use es | Physician | | | | | | | | | | | | | | |
| 0 | 0 0 0 | iysi | Part II. Other eignificant conditions of | ontributing to deat | h but not resulti | ing in the ur | derlying ceus | e giv | en in Part i | | 23b. Did | tobac | co uea co | ntribute to | o the cause o | of death? |
| D. 3 | ed by dete | | Coronary Artery I |)isease-Q | uintup1 | Le Byp | ass-19 | 87 | | | 1 | Yee | 2€ No | 3 Pro | bably 4 | Unknow |
| Records, | v requir been s should | Completed by | | | | | | | | | 24a. Wa | s an au formed | topsy | av | ere autopsy frailable prior tompletion of codeath? | to |
| r | ate he: | E | | | | | | | | | 10 | Yes | 25 No | | ☐Yes 2☐ | Ma |
| | | BeC | 25. Was cese refarred to medicei | | | | | | 26 Place | of Death | h (Check only | | ZX | 110 | 1162 5 | NO |
| 5 | r this certific ral director, | 0 | examiner? 1 ☐ Yes 2 ☑ No | Hospital: | atient 2 🗆 FF | VOutpatien | 3□ DOA | Oth | or: | | ma 5 to Res | | € □0# | er /Specif | 6.0 | |
| C ! | fter th | ition: T | 27. Mannar of Death 1 ⊠ Natural 5 □ Pending 2 □ Accidanf Investigation | 28a. Date of I (Month, | | 8b. Tima of injury | | Injur Wor | | | 28d. Dascribe | | | | 77 | |
| To the Hospital or Attending within 24 hours effer death. To the Funeral Director: Affei completely filled in by the fune | | Certification: | 3 Suicide 6 Could not be determined | 286. Place of | Injury - At home etc. (Specify) | e, farm, stre | et, factory, of | ffice | | | 28f. Location City or To | | | ber or Rure | al Route Num | ber, |
| Hoenle | n 24 hours | edicai (| 29a. Certifler (Check only 2 Medical Examone) | yelcian: To the be niner: On he basis and manner | s of examination | edge, deeth n end/or Inv | occurred at the | he tim | ne, date en pinion, dea | d plece, th occurr | and due to the ed at the time | cause, dete a | (s) and mo | enner es e and due to | tated. the cause(s | 1) |
| 401 | Vithii Comp | X | 29b. Signature and title of certifier | 11- | | | 29c. LI | cens | e number | | | 29d. [| Date signe | d (Month, | Dey, Year) | |
| | | | 1. D | W. | 71.1 | 11.1 | n | 07 | 471 | | | No | zemb c | r 10 | , 1996 | |
| ulo | +1 | | 30. Name and address of person who | | | | Print) | | | n . | | | | | | |
| | Sta | te | Paul T. Noone, M. 31. Date filed (Month, Day, Year) NOV 2 5 1996 | 32 Beni | Edmonistrar's Signatur | -0 | | # | 20/, | Rock | ville, | Man | rylan | id 208 | 352 | |
| | Registr | aı | 2 2 3 3 3 | - Jugar | - KAMINGSON | -Manae | 160 | | | | | | | | | |

DHMH 16 Rev 6/95



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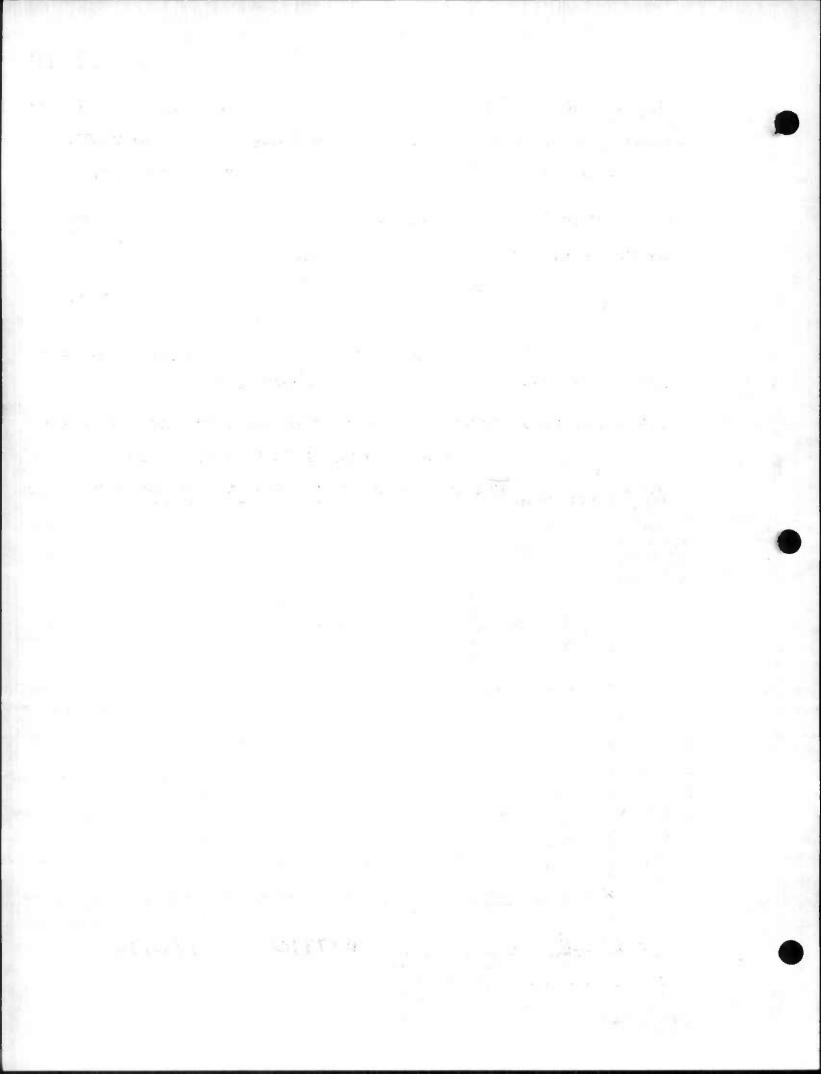
| | | | | Certificate of Deal | th | Reg. No. | 3/209 |
|-------------------|---|---------------|---|--|--|--|---|
| | Physic /Medi | | 1. Decedent's Name (First, Middle, Last) RONALD ELMUND DAV | 15, Jr | 2. Date of Dec Month | Day Year 20 96 | 3. Time of Deeth 1/2/ |
| | Exami Funeral | ner | 46. Facility Neme (If not institution, give street and number) 1700 PyAirie Court, 5. Soclai Security Number 6. Sex 1 M M 2 F | oirthday) If Under 1 Year if Under 1 Months Devs Hour | Town, or Location of Deeth Sever N der 24 Hrs. 8. Date of Birt rs Min. (Month, Da) | A A | place (State or Foreign |
| Ļ | Director | | 169-46-1003 41 Usuel Residence of Decedent | Yrs. | 3/21/1 | 955 PENNS | SYLVANIA |
| | ter deeth with the Marylen frems 23a or 28a-f show ingr must be nollfred at | ctor | | wn or Location SEVERN | | 1 | 10d. Inside City Limits 1 ☐ Yes 2X No |
| | with the | Director | | 10f. Zip Code | | 10g. Citizen of What Cour | ntry? |
| | deeth ma 23 | Funerai | 1700 PRAIRIE COURT 11. Marital Stetus 12. Was Decedent Ever in U.S. | 21144 13. Was Decedent of Hispanic If Yes, specify Cuban, Mexical Inc. | Origin? (Specify Yes or No- | U.S.A. | en Indian, |
| 020 | al', or | by | 1 ☐ Never Married 2 ☑ Merried 1 ☐ Never Married 2 ☑ Merried 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: | If Yes, specify Cuban, Mexic | | Specify: BLA | |
| 21215-0020 | within 72 hours ene. then "natural", he Medical Exe | Completed | (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) | a. Decedent's Usuel Occupation (Give kind of work done during m life. DO NOT use retired) | nost of working | 16b. Kind of Business/In | dustry |
| | Hygi ther ther | Be Co | 12 N/A | SELF EMPLOYED 18. Mo | other's Name (First, Middle, | JANITORIAL Maiden Sumame) | SERVICE |
| Maryland | 0 0 0 | To B | RONALD EDMUND DAVIS, SR. | ANN | NA LOUISE JAC | KSON | |
| Mar | and 2 sh setth end n 27 is m | | MR. RONALD E. DAVIS, SR.(FATHER) | b. Mailing Address (Street and Nun 1700 PRATRIE COL | | | Code) 1144 |
| ore, | Item of H | | 20a. Method of Disposition 20b. Piace | of Disposition (Name of ery, crematory or other place) | Dete | 20c. Location - City or To | |
| Baltimore, | Pa H | | 4 Donation 5 Other (Specify) CHESA | PEAKE CREMATORY | | BELTSVILLE, | MARYLAND |
| Bal | permit. Pa Departmen Important: any injury once. | | 21. Signature of Funeral Service Licensee | 22. Name and Address of Fed | SINGLETON | FUNERAL HOMI | |
| | Physician | | 23a. Part1. Enter the disease, or commonations that daused the death. Do shock, or heart feilure. List one one cause on each line. | not enter the mode of dying, such | S.W., GLEN B as cerdiac or respiratory and | URNIE, MARYI | Approximate Interval Between Onsel and Death |
| | /Medical Examiner | | Immediate Cause (Final disease or condition resulting in death) a. A Sphyx Due to (or as a | consequence of): | | | UNK |
| | led nsit | Examiner | 6. HANGIN. | 4 | | | |
| 60, | tificete be executed ig physician and es the buriel-trensit | | if any, leading to immediate cause. Enter Underlying Cause (Disease or injury | consequence of): | | | |
| x 68760, | | /Medicai | that initiated events resulting in death) Last Due to (or es a | consequence of): | | | |
| Box | death e etten ed for u | Physician/M | Pert II. Other significant conditions contributing to death but not resulting | In the underlying cause given in Pa | ort f 23h Did to | obacco use contributa to | the cause of death? |
| s, P.O. | ires that the death cer signed by the ettendin d be deteched for use | by Phys | · | Time diagnifing couse given in Fal | | res 2 No 3 Prol | |
| Records, | aw requisite sections of the section | Completed | | | 24a. Wes a | med? av | ere autopsy findings ailable prior to mpietlon of cause death? |
| a | | | OF Wasses of Sales | | 1 U Y | es 2000 10 | Yes 2 No |
| 5 | ysiciar is certif directo | To Be | 25. Was case referred to medicel examiner? 1 Degree 2 □ No Hospitei: 1 □ Inpatient 2 □ ER/O | Other | ace of Death (Check only or Nursing Home 5 Resid | | v) |
| 0 0 | ing Phys Mer this uneral di | | 27. Manner of Deeth 28a. Date of Injury, (Month, Day)Year) 28b. | Time of 28c. Injury at Injury Work? | 28d. Describe h | ow injury occurred | |
| Division of Vital | Attending Physician: r death. sector: After this certific by the funeral director, | ertification: | 3 Buicide 6 Could not be 389 Piace of Injury At home to | ARM 1 Yes 2 | 2 | ag Self Treet and Number or Rura | |
| á | 7 2 5 6 | O | building, etc. (Specify) | | Seve | orn, State) | D |
| | To the Hospital o within 24 hours af To the Funeral Di completely filled in | edicai | 29a. Certifier (Check only one) 1 Certifying Phyeician: To the best of my knowledge 2 Medical Examiner: On the basis of examination ar and manner steted. | death occurred at the time, date and or investigation, in my opinion, detection. | and piece, and due to the c leath occurred at the time, d | euse(s) and manner es st lete end place, and due to | aled. the cause(s) |
| | To the Company | M | 29b. Signeture and title of certifier | 29c. License numbe | | 29d. Date signed (Month, | Day, Year) |
|) | | - | 30. Name and address of person who completed cause of death (Item/23a) | (Type, Print) | 76054 Americ | 20 | |
| | | | William P. Jones, MI |) 695 / | +meric | A 210 | 55 |
| | Sta Registra | | 31. Dete filed (Month, Day, Year) 32. Registras Signature NOV 2 2 1996 4 una Jave | loon-Randall | | | |



State of Maryland / Department of Health and Mental Hygiene Q 6

37210

| | | | | | C | ertificat | e of | Death | | Re | g. No. | 0 | 3/210 |
|---------------|---|----------------|--|--|--------------------------|------------------------------------|------------------|-------------------------------|------------------------|---|---------------------------------|--------------------------|--|
| | Division | | 1. Decedent's Nama (First, Middle, L. | nst) | | | | | 2 | 2. Data of Death | 1 | V | 3. Tima of Death |
| | Physic /Medi | | Thomas R | Dulin | | | | | | Month (| a 6 | 96 | 9:20 AM |
| | Exami | | 4a. Facility Name (If not institution, gi | | , | | | 4b. City, Tow | vn, or Loca | ition of Death | 4c. County | | |
| | | | University of Maryl | und Medical Sy | stem | | | Baltin | wore | | B | ALTI | MORE |
| | Funeral Director | | | Sex 7. Age (In yrs. 12 | last birtho | Months | 1 Yaar Deys | If Under 2 Hours | Min. | Data of Birth (Month, Day, AN . 11 | 1937 | 9. Birthp Cour MAR | place (State or Foreign ntry) YLAND |
| | land war | | 10a. Stata 10b. County | 10c. Ci | ty, Town o | r Location | | | | | - | 1 | 10d. Inside City Limits |
| | Man Man | ţ | MD TALBO | T | EAS | TON | | | | | | | Yes 2□No |
| | r 28s | Director | 10a. Straat and Number | | | 10f. Zip | Code | | | 10 | g. Citizan of V | What Cour | ntry? |
| | death with the Maryland ms 23s or 28s-f show | | 403 TRIPPE AV | ENUE | | | 2.1 | 1601 | | | US | Δ | |
| | deat | Funeral | 11. Maritai Status | 12. Wes Dacedant Ever in U | ,S. 1 | 3. Was Dacad | | | in? (Specif | fy Yes or No- | 14. Rac | a - Americ | can indien, |
| 21215-0020 | d within 72 hours efter death with the Manylan lien. r then "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at | by | 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 🙀 Divorced | Armed Forcas? 1 ☐ Yas 2 [X]No if Yas, Giva Yaer or Datas: | | 1 ☐ Yas | | an, Mexican, Specify: | , Puarto Ri | can, atc.) | Specify | ck, Whita, : WF | atc. HITE |
| 2 | 72 h | Completed | 15. Decedant's E (Specify only highest gr | | 18a. De | ecedant's Usua live kind of wor | l Occup | etion during most | of working | 1 | 6b. Kind of Bu | usinass/In | dustry |
| 121 | be filed within 72 tal Hygiena. d other than "natevent, the Medical and a second, the Medical and a second a | Ig II | Elementary/Secondery (0-12) | College (1-4or 5+) | lif | e. DO NOT us | e retire | d) | | | | | |
| | e filed v al Hygie other t vent, m | | 12 17. Father's Nema (First, Middle, Las. | 2 | CL | OTHIER | <u> </u> | 40 Manh | d- Al (1 | | | | JSINESS |
| Maryland | | To Be | HARRY ALVIN | DULIN | | | | | | First, Middle, M OHNSON | | 10) | |
| Mar | 200 | | 19a. informant's Name/Relationship | Type, Print) | | | | | | Route Number, | | | |
| | eall earl | | AMY D. SARGEAN 20a. Mathod of Disposition | | 43: | 17 130 sposition (Name | TH | PLACI | | | | | 98275 |
| Itimore, | o to to | | 1 Burlal 2 □ Cramation 3 E | Removal from Stata | ametery, | crematory or of | ther pla | | | | Oc. Location - | | |
| <u>=</u> | t. Pa rtmer rtant: | | 4 Donation 5 Other (Speci | ** | DLAV | VN MEM | | | 1 | 11-30 | EAST | ON, | MD |
| Bal | permit. Pag Department Important: I any Injury o | | 21. Signature of Funaral Bervica Lica | W CF | SP! | 22. Nama and FELLOW | IS, | HELFI | ENBE | IN & N | EWNAM | FUN | NERAL HOMI |
| | Physician | | 23a. Part1. Enter the disaase, or con shock, or haart failura. List only | plications thet caused tha daet ona causa on each line. | h. Do not | antar the mode | a of dyir | ng, such as c | ardiac or r | aspiratory arra | st, | FILE | Approximata intarvel Betwean Onset end Deeth |
| 1 | /Medicai | | Immedieta Causa (Final disaasa or condition | · Ventricular | F | brillo | tion | 1 | | | | | 2 weeks |
| · | Examiner | | rasulting in daath) | e. Dua to (c | r as e con | saquanca of): | , | • | | | | | (50 000) |
| | Si 9d | i e | | b. Ischemic | Car | dro my | Opei | the | | | | | 2 weeks |
| | icate be axecuted physician end s the buriel-transit | Examiner | Sequantially list conditions, if eny, leading to Immadiata cause. Enter Underlying | Dua to (o | r as a con | sequence of): | | 1 | | | | | |
| 60 | be ay iclan burie | | Cause (Disease or Injury | · Recent A | Lyoca | wdial | IV | Panet | lou | | | | 3 weeks |
| x 68760 | ing entit | /Medical | that Initiated avants resulting in death) Last | | | sequanca of): | | | | | | | |
| 80 | | Physician | | | | | | | | | | | |
| 0. | y the | ıysi | Part II. Other significant conditions of | | ulting In the | a underlying ca | lusa giv | an in Pert i. | | 23b. Dld tob | acco use cor | ntributa to | the cause of death? |
| 7 | res that tha deeth signed by the etter I be detached for u | y P | Drahefes Mell | itus | | | | | | 1 Ye | 2□ No | 3 Prol | Debly Unknown |
| Sp | ulres uld be | d by | | | | | | | | 24a. Was an | autonsv | 24b. Wa | ara autopsy findings |
| Hecords, | v require been signal | Completed | | | | | | | | perform | | co | allabia prior to mpletion of causa |
| r | e 5 6 | m | | | | | | | | | . | | death? |
| | | | 25. Was case rafarrad to medical | | | | | | 45 | 1 🗆 Yas | e 3 | 1 | Yas 20 No |
| > : | ysician: s certific director, | To Be | axaminar? | Hospital: | FD(0.4 | | Oth | or: | | Check only one | | | |
| 0 | 5 5 | | 27. Manner of Deeth | 28a. Dete of Injury (Month, Day Year) | 28b. Time | tient 3 DO | Bc. Injur Wor | 4 LI Nurs | | 5 Rasidan d. Dascribe hov | | | 0 |
| DIVISION | Attending Physician: or death. ector: After this certific by the funeral director. | atio | Natural 5 Pending 2 Accidant Invastigation | | Injur | м | | k? Yas 2∐N∈ | | | | | |
| SIA | Arrengi er daath. ector: A by the fu | Iffice | 3 ☐ Sulcida 6 ☐ Could not b 4 ☐ Homicida datermined | 20a. Placa of injury - At no | ma, farm, | streat, factory, | offica | | 28f | | | er or Rura | l Route Number, |
| 5 | s after | Certification: | 4 Li Horricida | building, etc. (Specify | " | | | | | City or Town, | State) | | |
| | to the troopteal or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer | edicai | 29a. Cartifiar (Check only one) | yelcian: To the best of my known ther: On the basis of axaminet end manner steted. | wledga, de ion and/or | ath occurred a invastigation, | t the tin | na, data and pinion, daath | pieca, and occurred | dua to the cau et tha ti <i>m</i> a, dat | ise(s) and ma a and place, a | nner es st and dua to | ated. the cause(s) |
| | withii To th | × | 29b. Signatura end titla of cartifier | | | 29c. | Licens | e number | | 290 | d. Dete signed | (Month, | Day, Year) |
| | | | Ch 80_0 | Surgery Re | cul. | + (|)4' | 7936 |) | | 1/26/ | 96 | |
| | | | 30. Neme and address of person who | complated causa of daath (itam | 23a) (Typ | e, Print) | | | | | 1 ~-1 | c 4 | |
| | | | charles S. Dr | ummond, II. | m.d |), | | | | | | | |
| | Sta | | 31. Data filed (Month, Day, Year) | 32. Ragistrer's Signal | ura | | | | | | | | |
| | Registr | ar | NOV 2 9 1 | 996 Min Dav | idson- | gandell. | | | | | | | |



Amended lines 1 = 5 11/21/96

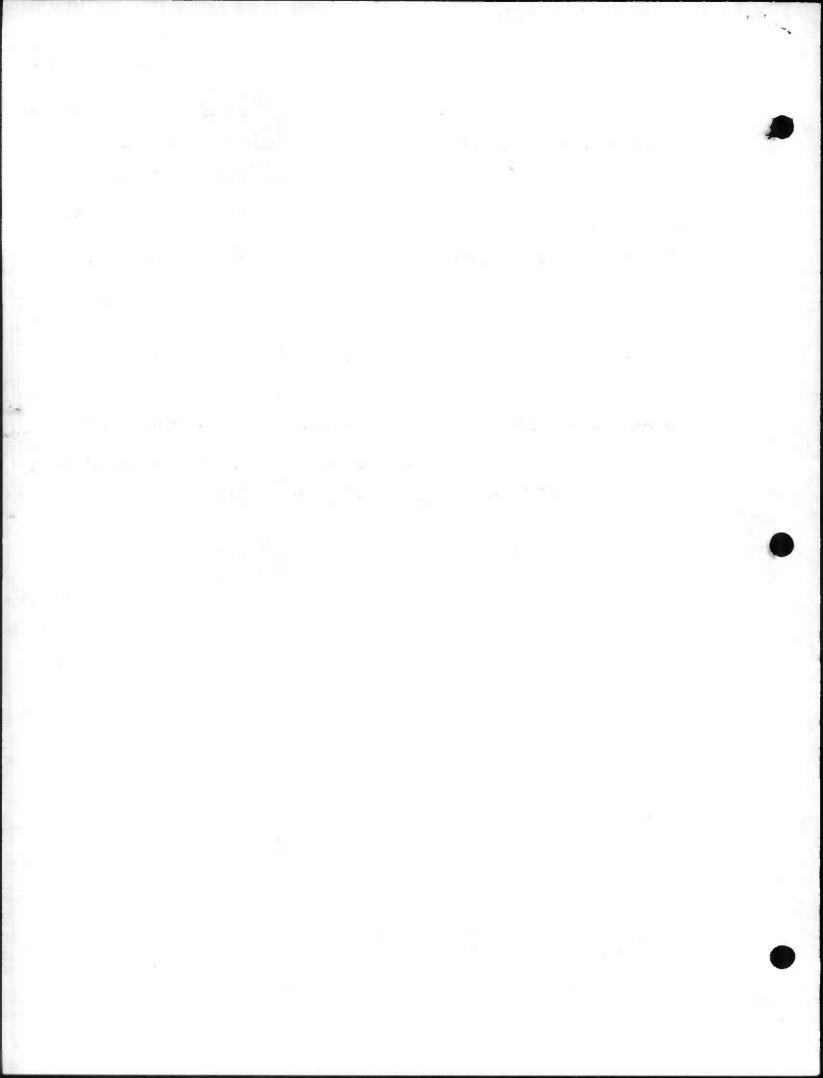
by 13. Favrell

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | | Certific | ate of | Death | | Reg. No. | | - 4 | 7 64 7 | |
|---------------------|--|----------------|---|--|---------------------------|----------------|-------------------------|----------------------|---|---------------------|------------|--------------------|----------------------------|--------|
| | | | 1. Decedent's Name (First, Middle, Las | t) | | | | | 2. Dete of I | Deeth | | Voc | 3. Time of De | eath |
| | Physic /Medi | | FRANCES L | ee DO | BAY | | | | Novem | ber 4 | | Year 96 | 12:05 | AM |
| J. | Examir | | 4a. Facility Neme (If not institution, giva | street end number) | | | | 4b. City, Town | , or Location of De | - | County | | | |
| ** | | | 201 Watersvill | e Road Apt | . 1-A | | | Mt. A | | | arro. | ll | | |
| Г | Funeral | | 5. Son Bary & My 893 6. Se | DM OF E | in yrs. last birti | Mont | ndar 1 Yaar ths Devs | If Undar 24 Hours | Hrs. 8. Dete of E Min. Sept | Birth Dey, Year) | | 9. Birthple | ece (State or F | oreign |
| ı | Director | | 32 1 32 | JM ZJAF | 81 | rs. | | | Sept | 27,191 | 15 | Virgi | | |
| | and w | | Usuel Residance of Decedent 10e. State 10b. County | 1 | Oc. City, Town | or Location | | | | | | 10 | d. Inside City | Limite |
| | sho of s | 5 | Services | | | | | | | | | 100 | 1 Yes 2 | |
| | the A | Director | Maryland Carroll 10e. Street and Number | | ut. Air | | Zip Code | | | 100 000 | of 14 | foot County | | |
| | With No. | ā | 201 Watersville R | load Ant 1 | A | | | | | | | hat Countr | | |
| | eath | Funeral | 11. Marital Sfatus | 12. Was Decedent Eve | | | 21771 | dispanic Origin | ? (Specity Yes or I | | | State - Amarica | | |
| | fler d | F | 1 Nevar Merried 2 Married | Armed Forcas? 1 ☐ Yes 2 ☐ No | ar 111 0,0. | if Yes, s | specify Cub | en, Mexican, F | uarto Rican, afc.) | | | , White, at | | |
| 050 | s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23s or 28a-f show other traumatic avent, the Medical Examinar must be notified at | by | 3 Widowed 4 □ Divorced | If Yes, Give Yaar or Detes: | | 1 Yes | s 2□No | Specify: | | | Specify: | WHI | TE | |
| 0 | 2 ho | Completed | 15. Decedent's Edu | | 16a. | Decedent's U | suei Occup | oetion | 4 dela | 16b. Kir | nd of Bu | siness/indu | stry | |
| Maryland 21215-0020 | hin 7 | ple | (Specify only highest grad Elementery/Secondery (0-12) | College (1-4or 5+) | | life. DO NO | T use retire | during most of d) | r working | | | | | |
| 2 | d with giene. er than | Com | 12 | | H | Iomemal | ker | | | 36 | elf | | | |
| pu | al Hygie | Be (| 17. Fether's Neme (First, Middle, Last) | | | | | 18. Mother's | Neme (First, Midd | le, Meiden | Sumeme |) | | |
| yla | should be and Mental in marked of umartic ave | 10 | Robert R. Clatte | rbuck | | | | Su | sie M. | | | | | |
| ar | 2 sho and and is m | | 19e. Informent's Neme/Reletionship (T | | 19b. | Meiling Addr | ress (Street | end Number | or Rural Routa Nun | nber, City or | r Town, | Stete, Zip (| Code) | |
| | 1 and 2 Health em 27 I | | Steven R. Dobay/ | | | | | oad, Mt | . Airy, 1 | Marylo | and | 2177 | 1 | |
| ore | it of He | | 20e. Mathod of Disposition 1 ☐ Burlei 2 ☐ Cremetion 3 ☐ I | Ī | 20b. Pieca of cemetery | Disposition (| Neme of or othar pie | сө) | Dete | 20c. Lo | cation - (| City or Tow | m, Stete | |
| Ē | Pages ment of h ant: if lte ury or of | | 4 □ Donetion 5 □ Othar (Specify, | | Hagerst | town C | remato | ory | 11/5/90 | 6 Hage | erst | own, | Maryla | nd |
| Baltimore, | permit. Page: Department of Important: If I any Injury or once. | | 21. Signeture of Funerel Service Licens | 300 | 1/ | 22. Nama | a and Addra | ss of Facility | Hamai | D A | | | | |
| Ш | 207 2 2 | | 1 land P. | BMa | cla | \$ 8 E. | Ridge | zville | Homes, i Blud, Mt | . Airı | u. M | D 21 | 771 | |
| | | | 23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only of | ilicetions thet caused the | e death. Do n | ot enter the r | node of dyi | ng, such es ca | rdiec or respiretory | arrest, | | | Approximate intervei Betwe | en |
| V | Physician | | | | | | | | | | | | Onser and Dec | ath |
| | /Medical Examiner | | fmmediate Cause (Finei diseese or condition | · Non-sm | ALL CE | LL LUN | UG CA | NCER | WITH BA | CAIN . | MET | SR | IP-Nov | 196 |
| e | LAdmine | J | resulting in death) | | e to (or es a c | | | | | | | | | |
| _ | pg tis | ine | | b. ———— | | | | | | | | | | |
| | eath certificate be executed attending physician and for use as the burial-transit | Examiner | Sequentially list conditions, if eny, leeding to immediate | Du | a to (or as a c | onsequence, | of): | | | | | | | |
| 60 | be eg | | Cause. Enter Underlying Ceuse (Disease or injury | C | | | | | | | | | | 1 |
| 68760, | phys the | edicai | thef initiefed events rasulting in deeth) Lasf | Du | e to (or as a co | onsaquance | of): | | | | | i | | |
| × | ding ding | ₹ | | d | | | | | | | | | | |
| 8 | that the death cer ed by the attendin deteched for use | Physician | | | | | | | | | | | | |
| P.O. | 0 0 0 | iysi | Part ii. Other significant conditions co | ntributing to death but r | nof resulting in | the underlying | ng cause gi | ven in Pert f. | | | _ | , | the cause of d | |
| | that ded b | | | | | | | | | Yes 2 | _l No | 3 Prob | ably 4 🗆 Un | iknown |
| Records, | law requires that the as been signed by the 2 should be deteche | d by | | | | | | | 24a. W | es an eutop | sv | 24b. Wer | e autopsy find | dings |
| 00 | v require been si should | lete | | | | | | | pe | nformed? | | com | lable prior to | ISO |
| Re | The lay ate has page 2 | Completed | | | | | | | | 3.v5 | 1 | | eath? | |
| a | ysicien: The law is certificate has director, page 2 | | OF Management to western | | | | | | | | No | 1 🗆 | Yes 2□ No |) |
| 5 | certification | o Be | 25. Wes case refarred to medical axeminer? | Hospitei: | •□==== | | Ott | .00 | Deeth (Check on) | | | | | |
| ō | Phys raid | | 1 ☐ Yes 2 ☑ No 27. Menner of Deeth | 1 inpatient | 2 ER/Out | , | DOA | 4 LI NUISI | ing Home 5 Re 28d. Daacrib | | | | | _ |
| O | ding h. After fune | tion | 1, ☑ Netural 5 ☐ Pending | (Month, Day Y | | jury | 28c. fnju Wo | rk? Yes 2 □ No | 0.0000000000000000000000000000000000000 | o non injur | , 0000111 | | | |
| Division of Vital | deat ctor: y the | flca | 3 ☐ Suicida 6 ☐ Could not be | | - Af homa, fan | | | | | (Streat and | d Numbe | er or Rurel | Route Numbe | er. |
| 2 | after Dire | Certification: | 4 ☐ Homicide defermined | building, atc. (| Specify) | ,, | ,, | | City or 1 | own, Steta, |) | | | |
| | To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director. | | 29e. Certifier /12 Certifying Phy | sician: To the best of m | ny knowiedge. | deeth occurr | red at the ti | me, dete and p | piece, end due to th | e ceuse(s) | end mar | nner es ste | ted. | |
| | - Ho Fu | edicai | (Check only 2 Medical Exami | raicfan: To the best of m iner: On the basis of ex and manner steted | aminetion and | Vor investiget | tion, in my o | pinion, deeth | occurred et the time | e, dete and | plece, a | nd due to t | the cause(s) | |
| | To th Within To th | Ň | 29b. Signeture and title of certifier | 1 000 | cococy Fe | CLONE | 29c. Licens | sa number | | 29d. Date | e signed | (Month, D | ey, Year) | |
| | - | | Oscor Both | NATE NATE | DNAL NA | WY MODICA | n 0. | -436-2 | 25-7 | 11/4 | +/90 | | | |
| | | | 30. Neme and eddress of person who co | ompleted cause of deat | th (item 23a) (1 | Type, Print) | OSCA | n Bri | ecrac- | MOM | ACP | <u> </u> | | |
| | | | NATIONAL MONY ME | ALCAL CENTE | er, B. | | | | | | | | | |
| | Sta | _ | 31. Data filed (Month, Dey, Yeer) | 32. Registrer's | Signature | | | | | | | | | |
| | Registr | ar | NOV 9 1 199 | 5 Ju di | week on hi | . 1 10. | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Marshall DAVIS, SR. Thomas November 13, 1996 6:10 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 5908 Quinn Road Frederick Frederick If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
April 26, 1905 5. Social Security Number 6. Sax 1X M 2□F 9. Birthplaca (Stata or Foreign Country) Maryland 7. Aga (In yrs. last birthday) **Funeral** 217-10-9644 91 Vre Director Usual Rasidance of Dacadant the Merylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Frederick Director Frederick 1 Yas 2 No 10e. Straat and Numbar 10f. Zip Coda 10g. Citizan of What Country? ò 5908 Quinn Road 21701 U.S.A. Herrs 23a Funeral 12. Was Dacedent Evar in U,S. Armed Forces? 1 ☐ Yas Ā Ñ No if Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - Amarican Indian, permit. Peges 1 and 2 should be filed within 72 hours effer of Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examine once. Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: by White 3XXVidowad 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Self Employed/Owner Service Station 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Malden Sumama) Be John Wallace DAVIS Harriett 19a. Informant's Name/Ralationship (Typa, Print) son 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mr. Thomas Marshall Davis, Jr. 153 Fairview Avenue, Frederick, Maryland 21701 20b. Placa of Disposition (Nama of cematary, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata XBurial 2 Cramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Mount Olivet Cemetery, Nov. 16, 1996 Frederick, Maryland 21. Signatura of Funeral Sarvice Licensee 22. Name and Address of Facility
Keeney and Bastord P.A. Funeral Home M00255 106 East Church St., Frederick, Md. 21701 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Immediata Causa (Final disaasa or condition rasulting In daath) /Medical Examiner Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the ettending physician end completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Sequentially list conditions, if any, laading to Immadiate causa. Entar Underlying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Due to (or as a consequence of) Records, P.O. Box 68760, Completed by Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 No 1 Yas 2 No Division of Vital 25. Was cesa rafarred to medical 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Certification: To 1 Yes 2 No 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of 28c. fnjury at Work? 1 Natural 5 Panding invastigation 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida 28e. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifiar 🔁 Cartifying Physician: To tha bast of my knowledga, daath occurred at the tima, data and place, and dua to the causa(s) and mannar as stated. Medicai (Check only one) 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and mannar stated. 29b. Signature and titla of certifian 29d. Data signed (Month, Day, Yaar)

State Registrar

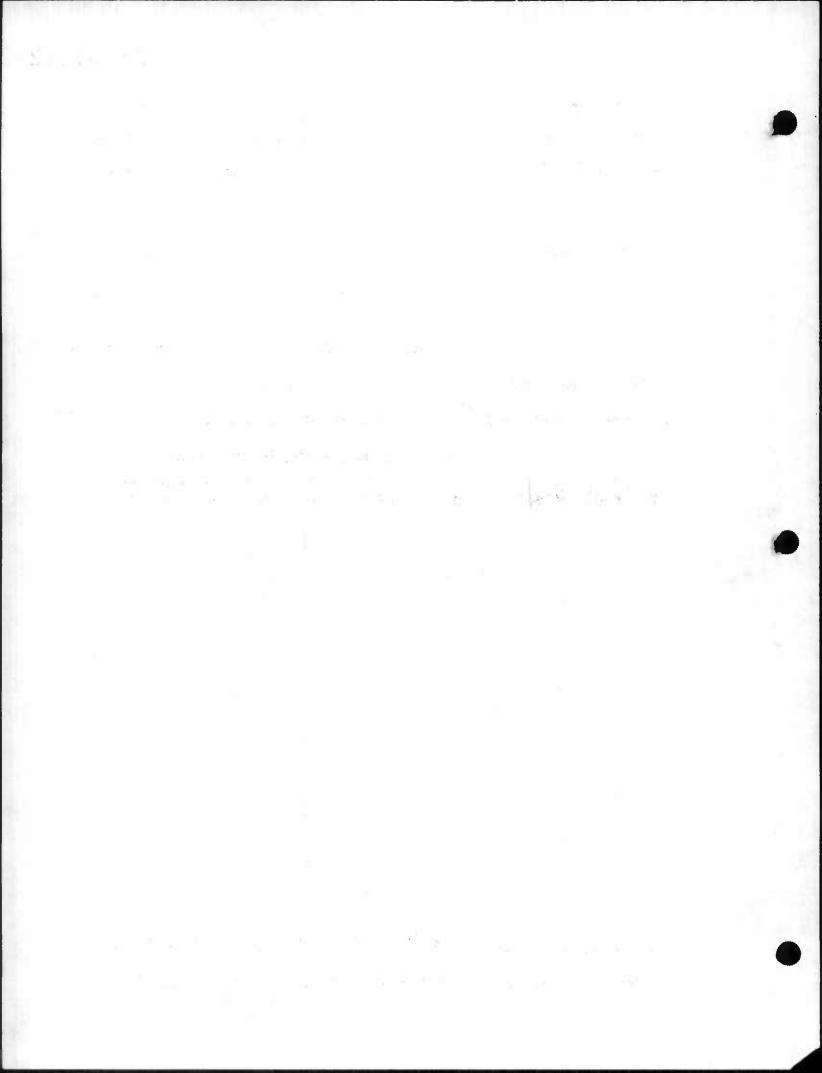
NOV 1 4 1996

31. Data filed (Month, Day, Year)

Dr. Francis E. Becker, MD 300 West Ninth Street, Frederick, Md. 21701 32. Ragistrar's Signature

30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print)

November 14, 1996

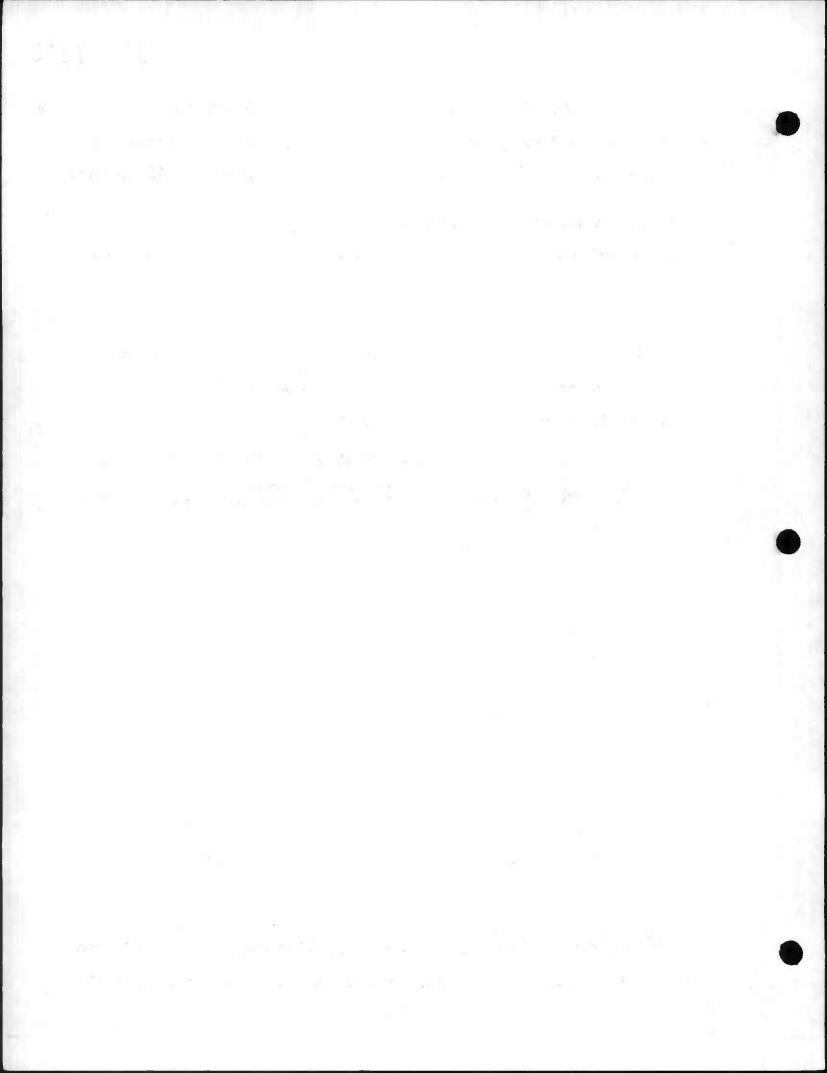


State of Maryland / Department of Health and Mental Hygiene 96

37213

| | | | | | | Cer | tificate of | Death | | Reg. No. | | 01210 | | | |
|--|---|----------------|--|--|----------------------------------|----------------------------------|------------------------|--------------------------------------|---|--|----------------------------------|---|--|--|--|
| ١ | Dharaia | | 1. Decedent's Name (First, Middle, La | st) | | | | | 2. Date of De Month | ath | Vanz | 3. Time of Death | | | |
| | Physic /Medi | | Anne | Herren | Denney | | | | Novembe | er 25, 1 | 996 | 12:45 PM | | | |
| | Exami | | 4a. Facility Name (If not institution, giv | e street and number) | | | | 4b. City, Town, | or Location of Deet | | | | | | |
| | | | Potomac Valley N | lursing Hor | ne | | | Rockvi | | Mont | gomer | cy | | | |
| | Funeral Director | | 5. Social Security Number 6. S 417-64-1959 Usual Residence of Decedent | 6ex 7. Ag | e (In yrs. last bi 94 | rthday) Yrs. | Months Days | | Ain. (Month, Da | th ay, Year) 25, 1902 | 9. Birthp Cour A1 a | place (State or Foreign htry) a Dama | | | |
| | show | | 10a. State 10b. County | | | 1 | 0d. Inside City Limits | | | | | | | | |
| | Many Fed | to | Maryland Montgomery Bethesda | | | | | | | | | 1 ☐ Yes 2 No | | | |
| | r 28s | Director | 10e. Street and Number | CIY | DC CITE | Sua | 10f. Zip Code | | | 10g. Citizen of | What Cour | itry? | | | |
| | h with | | 6007 Sonoma Road | | | | 20817 | | | United | Stat | 95 | | | |
| | deati | Funeral | 11. Marital Status | 12. Was Decedent | Ever in U,S. | 13. W | | | (Specify Yes or No uerto Rican, etc.) | | e - Americ | en Indian, | | | |
| 020 | ours effer death with the Maryla ral', or items 23a or 28a-f shov Examinet must be molified at | by | 1 ☐ Never Married 2 ☐ Married 3 🏿 Widowed 4 ☐ Divorced | Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Year or Dates: | 10 | 1 Yes 2 No Specify: | | | | Specif | Black, White, etc. ecify: White | | | | |
| 5-0 | d within 72 hours piene. r than "netural", the Wed cal Exa | Completed | 15. Decadent's Ed (Specify only highest gre | lucation | 16a | Decede | ent's Usual Occu | pation | working | 16b. Kind of B | of Business/Industry | | | | |
| 21 | within ene. than | npie | Elementary/Secondary (0-12) | College (1-4or 5 | i+) | lite. D | O NOT use retire | ed) | WORKING | | | | | | |
| 2 | T1 70 1 1 | S | 12 | 2 | | Home | emaker | | | Own | | | | | |
| Maryland | o da da | Be | 17. Fether's Name (First, Middle, Last) | | | | | 18. Mother's | Neme (First, Middle | , Meiden Surnen | ne) | | | | |
| | should be nd Mental marked c | To | Wood S. Herren | - | | | | Anne | Daniel | | | | | | |
| Mai | 2 9 5 5 | | 19a. Informent's Name/Relationship (| | 196 | | | t end Number o | Rural Route Numb | er, City or Town, | , Stete, Zip | Code) | | | |
| S S | 1 and lealth im 27 lher tr | | Carolyn D. Bak | er | OOh Bloom | - | e as 10 | | | | | | | | |
| OL | it of H | | 20a. Method of Disposition 1 □XBurial 2 □ Cremation 3 □ | Removal from State | cemete | ry, crem | atory or other pla | | Date | 20c. Location | - City or To | wn, State | | | |
| tir | tant: | | 4 □ Donation 5 □ Other (Specify | <u> </u> | Dadev | | P Cemete | | 12-7-96 | Dadevi | lle, | Alabama | | | |
| Bai | permit. Pages 1 and Department of Heal Important: If Item 2 eny injury or other once. | | 21. Signature of Funeral Service Licer | 500 | vices P | Δ | | | | | | | | | |
| | 7D = 9 0 | | Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 | | | | | | | | | | | | |
| | | | 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between | | | | | | | | | | | | |
| п | Physician | 5. | | | | | | | | | | Onset and Death | | | |
| 4 | /Medical Examiner | | Immediate Cause (Final disease or condition resulting In death) e. Pneumonia 2 days | | | | | | | | | | | | |
| В | LAGITITIES | _ | resulting In death) | 0. | Due to (or as e | consequ | ience of): | | | | | | | | |
| | Bd sit | ine | | b. Dement | ia | | | | | | i | | | | |
| | eeth certificata be executed ettending physician and for use as the buriel-transit | Examiner | Sequentially list conditions, if any, leading to immediate | | | | | | | | | | | | |
| 60 | be ey iclan burie | | Cause (Disease or injury | C | | | | | | | | | | | |
| sion of Vital Records, P.O. Box 68760, P.O. Bo | phys the | Medical | that initiated events resulting in death) Last | | | | | | | | | | | | |
| × | ding | /Me | | d | | | i | | | | | | | | |
| Bo | etter for u | Physician | | | | | | · · | | | | | | | |
| o | thet the deeth hed by the etter detached for u | ysic | Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Anemia | | | | | | | 23b. Did tobacco use contribute to the cause of death? | | | | | |
| | ad by detac | | | | | | | | | 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ | | | | | |
| ds, | signed be del | Completed by | | | 24a. Was an autopsy 24b. Were au | | | | | | | | | | |
| Ö | v require been si should | | Renal Insufficiency | | | | | | | performed? | | ere autopsy findings allable prior to mpletion of cause | | | |
| š | has has be 2 s | mpi | | | | | | | | | of e | deeth? | | | |
| e | The ate | | | | | | | | 10 | Yes 20X No | 1 🗆 | ☐Yes \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | |
| <u>=</u> | ician: The certificate rector, pag | Be | 25. Was cese referred to medical examiner? 26. Place of D | | | | | | | one) | | | | | |
| ō | Phys this rai dir | T. | 1 Yes 2 No 27. Manner of Death | Hospital: | | | 3LI DON | | | ☐ Residence 6 ☐ Other (Specify) | | | | | |
| U C | After funer | lon | 1 Neturel 5 Pending | 28a. Date of Injur (Month, Day | | lime of njury | 28c. Inju Wo | | 28d. Describe | how Injury occur | red | | | | |
| Sic | death death tor: / the | Certification: | 2 Accident Investigation 3 Sulcide 6 Could not be | | - At h (4- | | | Yes 2□No | OOK Leasting (| 8f. Location (Street and Number or Rural Route Number, | | | | | |
| 2 | or Attending effer death. Director: Affer d in by the fune | in s | 4 ☐ Homicide determined | building, etc | ry - At nome, ta . (Specify) | e, farm, street, factory, office | | City or To | | oer or Hura | r Houre Number, | | | | |
| | pital ours oral filled | | 29a. Certifier 1 D Certifying Phy | | | | | | | | | | | | |
| | To the Hospital or Attending Physician: Within 24 hours effect death. Within 24 hours effector: Affer this certific completely filled in by the funeral director. | edicai | (Check only one) | reicien: To the best of iner: On the basis of and manner sta | examination an | d/or Inve | estigation, in my | me, dete and pla opinion, death o | ace, and due to the ccurred at the time, | cause(s) end me date and place, | enner es st and due to | ated. the ceuse(s) | | | |
| | ithin o the | Me | 29b. Signature and title of cartifier | O C | | | 29c Licen | se number | | 29d. Date signe | d (Month | Day Year) | | | |
| | F ≥ F 8 | | 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) | | | | | | | | Date signed (Month, Day, Year) | | | | |
| | 5 | - | | | | | | | | | 26- | 70 | | | |
| | 9 | | | | | | | | | | 4D 0.5 | 050 | | | |
| | | | Phyllis Schreiner 31. Date filed (Month, Day, Year) | | | | | koad, # | 33U, Kock | ville, l | 10 20 | 850 | | | |
| | Sta Registr | | | oc. Padistra | r's Signature Davidson | Ban | Lases | | | | | | | | |
| | | | NOV 2 9 19 | Sp Jana | - NOUTHOUS | - Mark | | | | | | | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

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| | | | | | | | rtificate of | | | Reg. No. | 37214 | | |
|---|--|---|--|--|---|--|---|---------------------------------------|---|---|--|--|--|
| | Physici /Medi | | Decedant's Nama (First, Middle, Las EMMA | | RIV | ER | | | 2. Dele of Do Month NOV | | 3. Time of Death 2:30 Am | | |
| | /Medi Examir | | 4e. Facility Nama (If not Institution, give | street end number) | | | | 4b. City, Town, o | r Location of Deal | | | | |
| | | | Montgomery | General | Hos | pital | | Oln | ey | Mon | tgomery | | |
| | Funeral Director | | 5. Social Sacurity Number 6. S 212-12-2866 | s. 8. Data of Bi (Month, D. Mar | ta of Birth onth, Day, Year) 19. Birthplace (State Country) ar 17,1911 Maryla | | | | | | | | |
| Т | pur | Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location | | | | | | | | | 10d. Inside City Limits | | |
| | aho | ō | THE STATE OF THE S | | roo. Only | | ver Spr | ina | | | 1 Sylves 2 No | | |
| | the h | Director | Md Montgo | nuery | | 211 | 10f. Zip Coda | 1119 | | 10g. Citizan of Wh | | | |
| | with a s | | | ck Lane, | | | 209 | 06 | | U.S. | | | |
| | eath | era | 11. Meritel Status | | | | 13. Was Decedani of Hispanic Origin? (Spelf Yes, specify Cuban, Mexican, Puerto F | | | | American Indian, | | |
| 020 | d within 72 hours efter death with the Maryland jiene. F then ensture!', or flams 23a or 28a-f show the Medical Evanies must be notified at | by Funeral | 1 ☐ Nevar Married 2 ☐ Married 3 12 Widowed 4 ☐ Divorced | Armed Forces? 1 ☐ Yes 2 ☑ N If Yas, Give | | | If Yes, specify Cub 1 ☐ Yas ②【】¶o | | erto Rican, etc.) | Bleck, Specify: | White, etc. Black | | |
| 0-0 | 2 ho | ted | 15. Dacedant's Ed | 18a. Dace | dant's Usual Occup | pation | 16b. Kind of Busi | usinass/industry | | | | | |
| 21 | Phin 7 | npie | (Specify only highast gra- Elamantary/Secondary (0-12) | · · · · · · · · · · · · · · · · · · · | Collega (1-4or 5+) | | | d) auring most or w | ronking | | | | |
| 7 | T. T. L. See | Be Completed | 7th Grade | | Clerk | | | | | Non | | | |
| P | be filed tal Hygie d other avant, tr | | 17. Fether's Neme (First, Middle, Last) | | | | | | ama (First, Middle | | | | |
| ivision of Vital Records, P.O. Box 68760, | should be and Mental a marked of umatic ave | L _o | Columbus | Davis | | | | | arine | | | | |
| | s 1 end 2 should if Health and Mer ttem 27 is marks other traumatic | | 19a. Informani's Name/Ralationship (7 | ** * | | | | | | per, City or Town, St | | | |
| | Healt Healt Healt Her | | Ms Kathy Kelly 20a. Method of Disposition | (Neice) | 20h Pl | | GIOTTO osition (Name of | CE, G | Dela | wn, Md | | | |
| | int of interest | | 1 Buriai 2 ☐ Cramation 3 ☐ | | CE | matary, cre | matory or other ple | | | | | | |
| Ē | it. P. | | 4 Donation 5 Other (Specify) Seneca Church Cem. 11/29 Germantown, Md 21. Signature of Funaral Sarvice Usersee 22. Nama and Address of Facility | | | | | | | | | | |
| Ba | permit. Pages 1 end 2 Department of Health a Important: If item 27 is any injury or other tra once. | | Since R. | 1 Inom | de | ر S 2ر | nowden 46 N. W | Funera Jashing | ton St, | P.A. 20 Rockvi | 850 lle, Md | | |
| | | | 23a. Part1. Enter the disease, or comp shock, or heart failure. List only | cations that ceused cause on each line | tha daath a. | . Do not ent | tar tha mode of dyl | ng, such as cerdi | ac or respiratory | errest, | Approximate Interval Batween Onset and Death | | |
| | Physician /Medical Examiner | | Immediata Causa (Final disaasa or condition resulting In death) | a. AIUTE | ISI | HEM | IC EVE | NT OF | The myo | rirdium | | | |
| | | - | Todaming in oddiny | | | as a consec | | 0 | | | 25 Y R. | | |
| | nsit | Examiner | | b | | | RTERY | DIJE | 4) = | | 23716. | | |
| 6 | tificata be axecuted ig physician and as the burial-transit | Exal | Sequantially list conditions, If any, leading to immediate couse. Enter Underlying Cause (Disease or Injury Ihat Initiated evants Due to (or as a consequence of): Due to (or as a consequence of): | | | | | | | | | | |
| 68760, | siciar b buri | | Cause (Diseasa or injury Intelligence of the Cause Cause (Diseasa or injury Intelligence of the Cause | | | | | | | | | | |
| 89 | ificati g phy as the | edicai | resulting in death) Last | | | | | | | | | | |
| XO | | NZ. | | d | | | | | | | | | |
| œ. | death e effe | sicia | Part II. Other significant conditions co | ontributing to death but | 23b. Did tobacco use contribute to the cause of death? | | | | | | | | |
| P.O. | s that the death cer pred by the ettendin se detached for use | Completed by Physician/M | ANOXIC ENC | _ | | ☐ Probably 4 🗗 Unknown | | | | | | | |
| ecord | - LI () | | | | | | | | | s an autopsy ormed? | 24b. Wara autopsy findings available prior to completion of cause of death? | | |
| œ | The law ate has page 2 | E O | | | | | | | 1 🗆 | Yas 2 PNo | 1 ☐ Yas 2 ☐ No | | |
| P.0. | | Be | 25. Was cese rafarred to medicel | | | | | 26. Placa of D | eath (Check only | ona) | | | |
| 2 | Physician: r this certific and director, | 2 | exeminer? 1 ☐ Yas 2 ☑ No | Hospitel: 1 (21)npatian | ner: 4 Nursing | rsing Home 5 🗆 Rasidence 6 🗆 Othar (Specify) | | | | | | | |
| | ng Pt | | 27. Menner of Death 1 PNatural 5 Panding (Month, Day Year) 28a. Data of Injury 28b. Tima of Injury Work? (Month, Day Year) M 1 Yas 2 No | | | | | | 28d. Describe | 28d. Describe how injury occurred | | | |
| Sio | eath. or: At | Satio | | | | | | | | | | | |
| N N | tel or Attending rs after death. at Director: Afte ed in by the fune | Certification: | 3 Sulcida 6 Could not be dataminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) | | | | | | | 28f. Location (Street and Number or Rural Route Number, City or Town, Stefa) | | | |
| | To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune | edicai | 29a. Cartifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam | raician: To the best of liner: On the basis of and mannar stat | axaminati | riedge, deeti on and/or in | n occurred at the ti vestigation, in my o | ma, data and pla opinion, daath oc | ce, and dua to the curred at tha tima, | ceuse(s) and mann , data and place, and | ar as stated. d dua to the cause(s) | | |
| | To the To the Comp | × | 29b. Signetura and titla of certifiar 29c. License number | | | | | | | 29d. Dete signed (Month, Day, Year) | | | |
| | | | \$ 5-61. my , mo 023630 | | | | | | | Novaber, 25, 199 | | | |
| | 10 | | 30. Name and address of parson who complated cause of death (Item 23a) (Type, Print) FRANIC J. MAYO.MD 16220 FREDERICK RD #213, 6AITHERIBURG, MQ 20177 | | | | | | | | | | |

State Registrar 31. Dala filad (Month, Day, Year)

NOV 27 1996

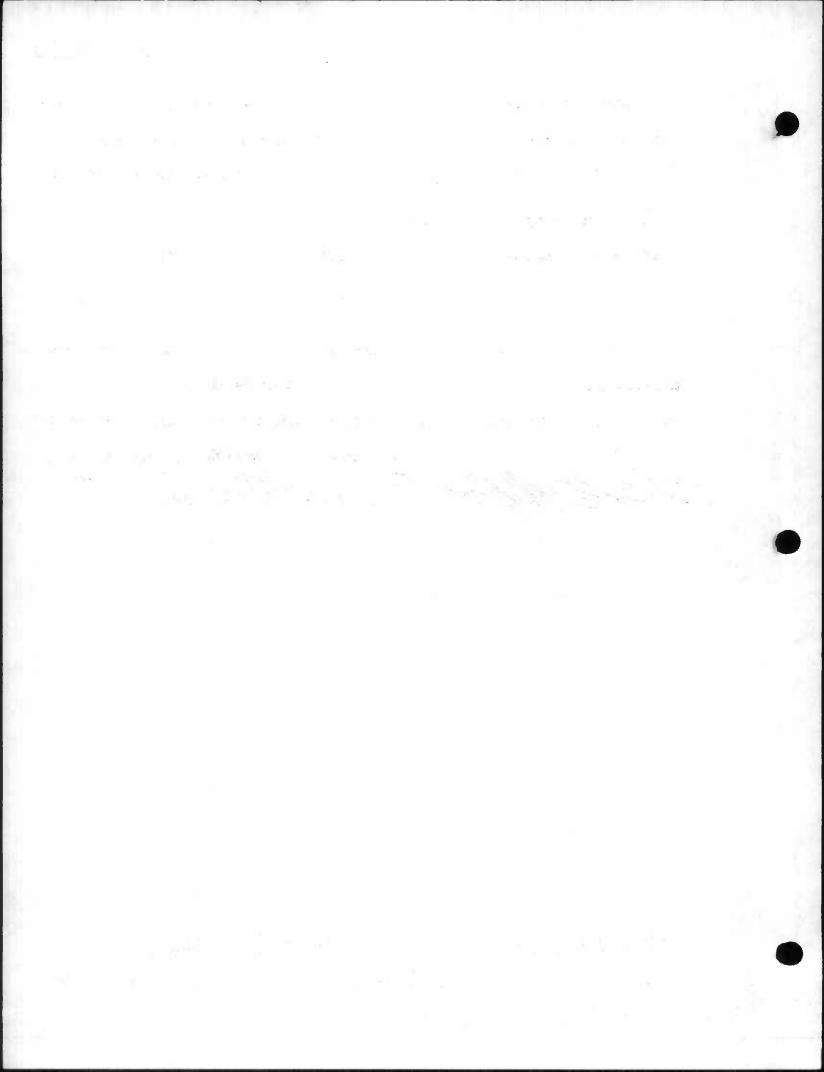
32. Registrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth November **Physician** 21 Madeline M. Dwyer 1996 3:40 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Mariner Health Care Center Montgomery Kensington 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** Birthplece (Stete or Foreign Country) 1□ M 2 F Months Deys Hours Min Yrs. 579-12-9832 91 **Director** Aug. 9, 1905 Massachusetts Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Ves 2 No Directo Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or any Injury or other traumetic event, the Medical Examines must be a 10245 Capital View Avenue 20910 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Be Completed by Specify 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Secretary Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Thomas Dwyer Mary Ellen Shav 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) John S. Parker / Executor 6404 Ivy Lane, Suite 400, Greenbelt, Maryland 20770 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removel from State 11-25-96 Brentwood, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Crematory 21. Signature of Furieral Service Lin Name end Address of FecilityHines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel lars disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed bunel-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest pug Due to (or es e consequence of) P.O. Box 68760, Physician/Medical the Due to (or es e consequence of) for use es deteched Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? is certificate has been signed by director, page 2 should be detected. 1 ☐ Yea 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital al or Attanding Physician: To sefter death.

If Director: After this certificated in by the funerel director, ps Be 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 1 Yes 2 4 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division 1 Maturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide filled in by 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours of To the Funeral Di 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(s) and menner as ateted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a, Certifier Medical completely 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) U who completed cause of deeth (Item 23e) (Type, Print) Rockville, Wargland 1/300 Jr. MD. 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State NOV 26 John Tavidson Randall Registrar

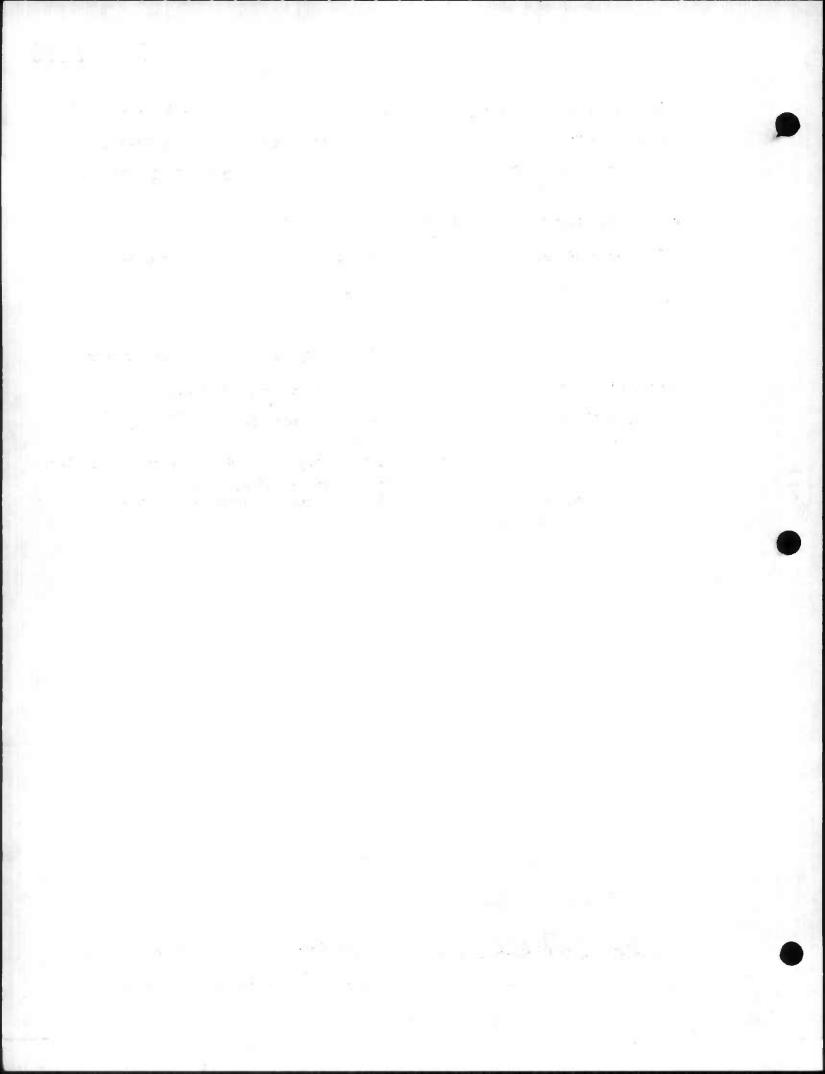
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

96 37216

| | | | | | | C | ertific | cate of | Death | | | Reg. No. | | | |
|--|------------------|---|---|------------------------|---------------|--------------------|--|---|------------------|------------------|---|---------------------------|------------------------------------|---|--------------|
| 4 4 5 | | 1. Decedent's Nama (First, M | liddle. La | ist) | | | | | | | 2. Date of Da | | | 3. Time | of Death |
| | sician edical | | a | Mo | 14 | Dec | al | | | | Nov | Nov 22 1996 8:35 F | | | 5 PM |
| | euicai miner | 4- 5- 40 44 44 41 41 | | ve street and nu | m <i>bar)</i> | | | | 4b. City, T | own, or L | ocation of Deat | | nty of Death | - | |
| 100 | | 6203 Melvern | Driv | /e | | | | | Bethe | sda | | Mont | gomery | , | |
| Fune | ral | 5. Social Sacurity Number | | Sax | 7. Age (In | yrs. last birthda; | | ndar 1 Yaar | If Under | 24 Hrs. | 8. Date of Bir (Month, Da | th | | | e or Foreign |
| Direct | | 041-18-8828 | | 1□M 2/23F | 80 | Yrs. | Mon | iths Days | Hours | Min. | May 23 | y, Year) | Conr | ntry) nectio | cut. |
| TO . | | Usual Residence of Decadent | | | | | | | | | , 1010 | | | 3 4 0 | |
| lanylan | | 10a. State 10b. County 10c. City, Town or Location | | | | | | | | | | | | 10d. insida | City Limits |
| the Maryla 28a-f show | oto | Maryland Montgomery Bethesda | | | | | | | | 1 ☐ Yas 2 ☐ | | | | | |
| F 22 F | jre. | 10e. Street and Numbar | | | | | 101 | . Zip Code | | | | 10g. Citizen | of What Cou | ntry? | |
| | Funeral Director | 6203 Melvern | 6203 Melvern Drive 20817 | | | | | | | | | Unite | d_Stat | 29 | |
| ive, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death w f Health and Mental Hygiene. The marked other than "natural", or theme 23a other traumatic event. | Je. | 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decadent of Hispanic Origin? (If Yes, specify Cuban, Mexican, Pue | | | | | | lgin? (Sp | pecify Yes or No | - 14.1 | Race - Americ | can Indian, | | | |
| or life | 13 | | | 1 ☐ Yes if Yes, Gir | 2 🐧 No | | | | | | o Moan, etc.) | | Black, White, etc. | | |
| 5-0020 72 hours after natural; or Ite | ò | 3 Widowad 4 □ Divo | 3 Widowad 4 □ Divorcad if Yes, Give Yaar or Dates: | | | | | | | | | Spe | Specify: White | | |
| 21215-0020 d within 72 hours af gjene. | Completed | 15. Dece (Specify only hi | dent's E | ducation | | 16a. Dac | 16a. Dacedant's Usual Occupation (Give kind of work done during most of work) | | | | | 16b. Kind o | f Business/In | dustry | |
| vithin ene. | g | Elemantary/Secondary (0- | | | | life. | Tuse retire | d) | I O WON | vii ig | • | | | | |
| d 21 filed w Hygien ther th | 5 | 12 | 12 3 executive secretary | | | | | | ry | | light | nt industry | | | |
| Maryland 42 should be file h and Mental Hy 7 is marked oths | Be | 17. Father's Name (First, Mid | | | | | | | | er's Nam | ne (First, Middla | Malden Sun | Sumame) | | |
| aryland 212: should be filed within nd Mental Hygiene. marked other than | 2 | Michael Giord | ano | | | | | | Gene | viev | ve D'onofrio | | | | |
| Alar 2 shc and le m | | 19a. Informant's Name/Raiat | | Type, Print) | | 19b. Ma | iling Add | Irass (Street | and Numb | er or Ru | ral Route Number, City or Town, Sta | | | Code) | |
| and and | | Patricia Kell | ogg | | | 2700 | Vir | ginia | Aven | ue, | NW #100 | 2 Wash | 20037 | , D. | |
| Baltimore, IV permit. Pages 1 and: Department of Health Important: If Item 27 any Injury or other tr | | 20a. Mathod of Disposition | | | | | | Ob. Piace of Disposition (Name of cametery, cramatory or other place) | | | | | Oc. Location - City or Town, State | | |
| Saltimore, semit. Pages 1 ar Department of Hea mportant: if Item; | | | 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) | | | | | | | | | | 1-24-96 Beltsville, Maryland | | |
| Baltin permit. Pa Departmen Important: | 9 | one superice of chia tory | | | | | | | | | 11 27 30 | DE L CSA | 11.10, | Maryi | anu |
| m gara | once | Rapp Funeral Services, P.A. | | | | | | | | | | | | | |
| V 83 | | 933 Gist Avenue, Silver Spring, Maryland 20 23a. Partl. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, Approximate | | | | | | | | | | | | 0910 | |
| Disconlate | | shock, or haart failure. | List only | ona cause on e | ach line. | 2001111 20110, 4 | | ouo or uya | ng, ovor ac | · our grao | or raspiratory a | 1001, | 1 | interval B | etween |
| Physicia /Medic | _ | Immediate Cause (Final | | | | | | | | | | | | | |
| Examin | _ | Immediate Cause (Final disease or condition resulting in death) a. cardiac dysrhythmia (sudden death) minu Due to (or as a consequence of: | | | | | | | | | | minu | res | | |
| | i i | | Due to (or as a consequenca of): | | | | | | | | | | | | |
| ped is | Examiner | ₽ b. | | | | | | | | | | | | | |
| y xecu n and al-tra | Xai | | | | | | | | | | | | | | |
| 68760, ifficate be ex g physician as the bunial | 4 | | | | | | | | | | | | | | |
| ox 68760, certificate be executed ding physician and ise as the bunat-transit | /Medical | | | | | | | | | | | | | | |
| Box (auth certification of the | 3 | | | | | | | | | | | | | | |
| death death deather | clar | | | | | | | | | | | | | | |
| that the death c | Physician | Part il. Other algnificant con | ditions c | ontributing to de | eath but not | resulting in tha | underlyi | ng cause giv | ven in Part | 1. | | lobacco use | | | |
| that the ed by | 급 | Parkinson | '< | Disease | 0 | | | | | | 10 | 1 Yes 2 No 3 Probably 4 U | | | |
| 0 2 50 | 0 | | | | | | | | 04: 144 | | | 24h Ware auto | | | |
| v require | Completed | | | | | | | | | | 24a. Was an autopsy performed? | | av | 24b. Ware autopsy findings available prior to completion of causa | |
| Hec e law has b | P. | | | | | | | | | | | | of | death? | Causa |
| Vital Risidan: The I | 000 | | | | | | | | 10 | ras 280 No | 1 1 | Yes 28 | No No | | |
| Of Vital Physician: Th Physician: Th ribis certificate rai director, pag | Be | 25. Was case refarred to med examiner? | 25. Was case refarred to medical 26. Place of | | | | | | e of Deal | th (Check only o | ne) | | | | |
| Of V Physic this ce tal dire | 2 | 1 ☐ Yes 2 🕱 No | | Hospitai: 1 🗆 I | npatient | 2 ER/Outpatie | ent 3 | DOA Oth | ner: 4 🗆 Ni | ursing Ho | ome 5₩ Resi | dence 6 🗆 | Othar (Specif | (v) | |
| | | 27. Manner of Death | | 28a. Data | of injury | 28b. Tima | of | 28c. Injur Wor | ry at | | 28d. Dascribe how injury occurred | | | | |
| ath. r: At | atic | 2 ☐ Accident inv | 2 Accident Investigation 3 Suicide 6 Could not be 28e Piece of Injury. At home farm street fectors office | | | | | | | No | | | | | |
| Z Z Z Z | 5 | | | | | | | | | | 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) | | | | mber, |
| D la sa para para para para para para para | Certification: | | | Dallan | ng, etc. (op | GUNYY | | | | | Ony of Yown, State) | | | | |
| Hospital 24 hours Funeral i | | 29a. Certifiar Certi | fying Ph | yaician: To the | best of my | knowladga, daa | th occur | red at the tir | ma, data ar | d place, | and dua to the | cause(s) and | manner as s | tated. | |
| LOIVISION To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | edicai | one) 2 Medi | | | | | | | | | | | (5) | | |
| To the Within 2 To the comple | × | 29b. Signature and Iitla of car | tifier | | | | | 29c. Licens | e number | | | 29d. Date sig | ned (Month, | Day, Year) | |
| | | 100 | 5 | 000 | 7 | 900 | | DZ | 344 | 3 | | Nov 23, 1996 | | | |
| / | | 30. Nama and address of pers | son who | completed caus | e of death (| item 23a) (Type | . Print\ | J 3. | - 11 - | | | 1000 | مر ح | 1/20 | |
| 5 | | 1 0 0 | laci | | | 309 Vie | | m:11 | Rd | 200 | kville, | m-1 | 20051 | | |
| | State | 31. Date filed (Month, Day, Ye | ear) | 32. R | egistrar's S | ignature | | | | ~~~ | 1 | 7.100 | 2001 | | |
| Regi | | NOV 2 5 | 996 | Jul | David | on-Bande | 00 | | | | | | | | |
| | | - 0 | 200 | | 1160 | -1 - 1 - 1 mg | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

37217 Certificate of Death

Physician /Medical **Examiner**

Funeral Director

the Menyland r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at deeth filed within 72 hours after of Hygiene.

Baltimore, Maryland 21215-0020 pemit. Pages 1 and 2 should be filled will Department of Health end Mental Hygienc Important: if Nem 27 is marked other tha any Injury or other traumatic event. **Physician** /Medical **Examiner** physician end the buriel-transit that the deeth certificate be executed P.O. Box 68760. Physician/Medicai 88 for use as ed by the a signed b Records, à The lew requires should ! page 2 certificate Division of Vital Hospital or Attending Physician: 24 hours after death.
 Funeral Director: After this certificalety filled in by the funeral director, to the funeral director. Be Certification: To Medical To the Hosp within 24 ho To the Fune completely f

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Daeth Month S. Dasher Mary November 21, 1996 8:22 PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 712 Cabin John Parkway Montgomery Rockville 5. Sociei Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign
Country) Months Hours 1□M 2⊠F Deys Yrs. 577-26-4235 18, 74 1922 Washington, DC Apr. Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☑ Yes 2 ☐ No Director Maryland Montgomery Rockville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 712 Cabin John Parkway 20852 United States Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: Was Decadent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 ☑ No Specify: à Specify: 3 ☑ Widowed 4 ☐ Divorcad White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decadent's Education (Specify only highest grede completed) 18b. Kind of Business/Industry Eiamantary/Secondery (0-12) College (1-4or 5+) Fellowship Technical Assistant U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumame) Be Cleveland Skinker Viola Virginia Graham 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Streat end Number or Rurel Route Number, City or Town, Stete, Zip Code) Susan D. Twilley/Daughter 4011 Dresden Street, Kensington, Maryland 20895 20b. Placa of Disposition (Name of cametery, cremetory or other place Nov. 25, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Parklawn Memorial Park Rockville, Maryland 21. Signeture of Funeral Servica Licansee

22. Neme end Address of Fecility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest,

Approximate Onset and Deeth Immadiete Ceuse (Finel Respiratory Failure diseese or condition rasulting in deeth) Due to (or es a consequence of): Examiner Interstitial Pulmonary Fibrosis Sequentielly list conditions, if eny, leading to immadiete cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Usual Interstitial Pneumonitis Due to (or es e consequença of) Desquamative Interstitial Pneumonitis Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown Completed

| | | | | 24e. Wes an autopsy performed? | 24b. Were autopsy findings evailable prior to completion of causa of deeth? |
|---|--|---|---|---|---|
| | | | | 1 ☐ Yes 2Ã No | 1 ☐ Yes 2X No |
| 5. Wes case referred to medical examiner? | | | 26. Plece of De | eeth (Check only one) | |
| 1 ☑ Yes 2 ☐ No | Hospitel: 1 ☐ Inpatient 2 ☐ | ☐ ER/Outpetient 3☐ D | OA Othar: 4 Nursing | Home 5 N Residenca 6 □Ot | her (Specify) |
| 7. Menner of Death 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident Investigation | 28e. Dete of Injury (Month, Dey Year) | 28b. Tima of Injury | 28c. Injury et Work? 1 Yes 2 No | 28d. Describe how injury occu | rred |
| 3 ☐ Sulcide 6 ☐ Could not be determined | | nome, ferm, street, factor | ry, office | 28f. Location (Street end Num City or Town, Stete) | ber or Rural Route Number, |
| 9a. Certifier 1∑ Certifying Ph (Check only one) 2 Medical Exer | ysician: To the best of my kno | owledge, deeth occurred ation and/or investigation | l et the time, deta and plac n, in my opinion, deeth occ | e, end due to the ceuse(s) and m currad at tha tima, date end plece, | anner as stated. , and dua to tha causa(s) |

29c. License number

4930 Del Ray Avenue, #301, Bethesda, Maryland

D26571

29d. Date signed (Month, Dey, Year)

November 22, 1996

State Registrar

31. Dete filed (Month, Day, Year) NOV 25

M.D.

29b. Signeture end title of certi-

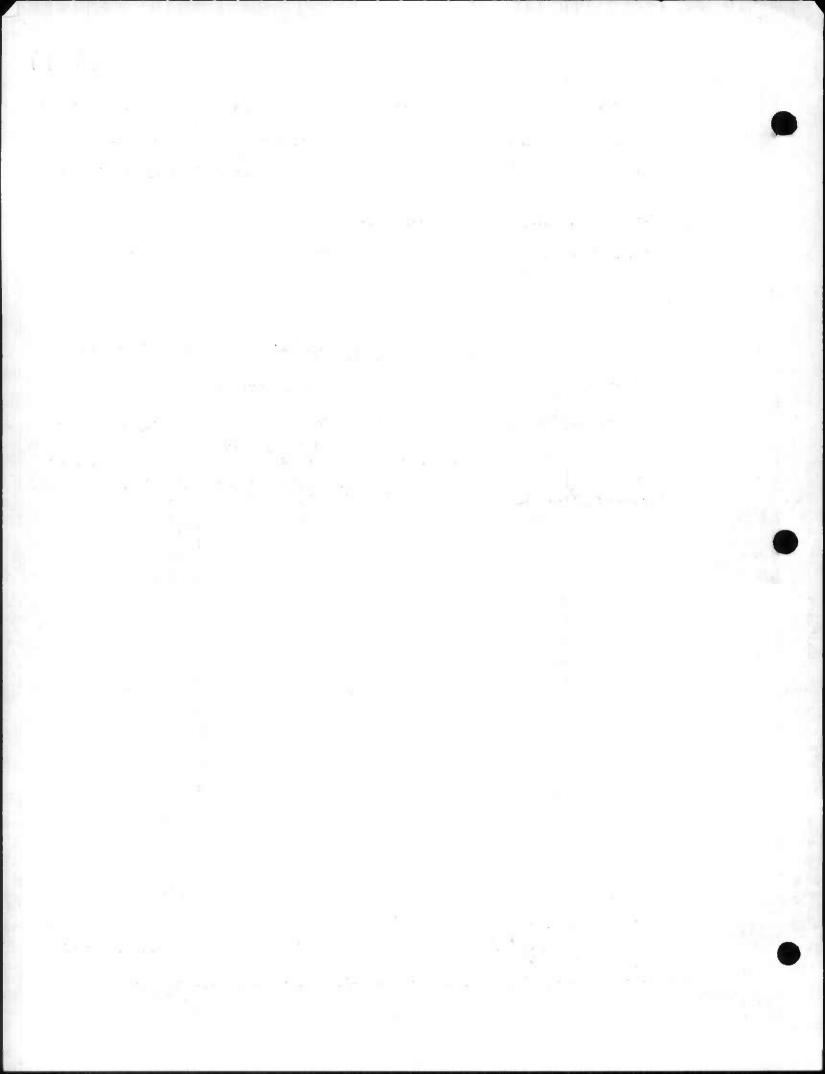
30. Name and address of

Irving Mizus,

32. Registrer's Signeture Scha Savidson Randoll

ause of death (Itam 23a) (Type, Print)

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Deeth **Physician** Month Ted 19, 1996 Junior ELLIS November 05:00 am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 306 East Third Street Frederick Frederick 8. Dete of Birth Month, Day, Yeer) Nov. 13, 1927 5. Social Security Number If Undar 1 Year | If Under 24 Hrs. 9. Birthplece (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** 15M 20 F Deys Hours 245-34-4952 69 North Carolina Yrs. **Director** Usual Residence of Decedant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inalde City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumatic event, it a Modical Examinar must be notified at Maryland Frederick Frederick 1 Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 306 East Third Street 21701 U.S.A. Funerai 12. Was Dacedent Ever in U,S. Armed Forcas? LAVes 2 □ No If Yes, Give Year or Detes 1 947–1951 13. Wes Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Race - American Indien, Black, White, etc. 72 hours efter 1 Never Married Married Baltimore, Maryland 21215-0020 Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: if Item 27 Is merked other than *permy Injury or other treumette event, if a Model. Elementary/Secondary (0-12) College (1-4or 5+) Self Employed Painter Painting Contractor 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Unknown Bessie 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Charlotte M. Ellis, Wife 306 East Third Street, Frederick, Md. 21701 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Resthaven Memorial Gardens, Nov. 21, 1996 Frederick, Maryland 21. Signetura of Funerei Service Licensea 22. Name and Address of Feclity Richard E. Keeney and Basford P.A. Funeral Home MOU255 106 East Church St., Frederick, Md. 21701

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest,

Approximately 100 and Approximete Interval Between Onsat and Daath **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical Arteriosclerotic Cardiovascular Disease Years Examiner Due to (or es e consequence of) Examiner physician and s the burial-transit that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es a consequence of): ettending p Part It. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? Diabetes Mellitus (Insulin-dependent) 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ The lew requires been si Completed 24e. Wes en eutopsy 24b. Were eutopsy findings performed? evellable prior to completion of ceuse of deeth? page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 AResidence 6 Other (Specify) Certification: To 1 Yes 2 No this 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation death. 2 Accident 1 Yes 2 No efter deat Director: 6 ☐ Could not be determined 3 Sulcida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours e 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the ceuse(s) end menner es stated.

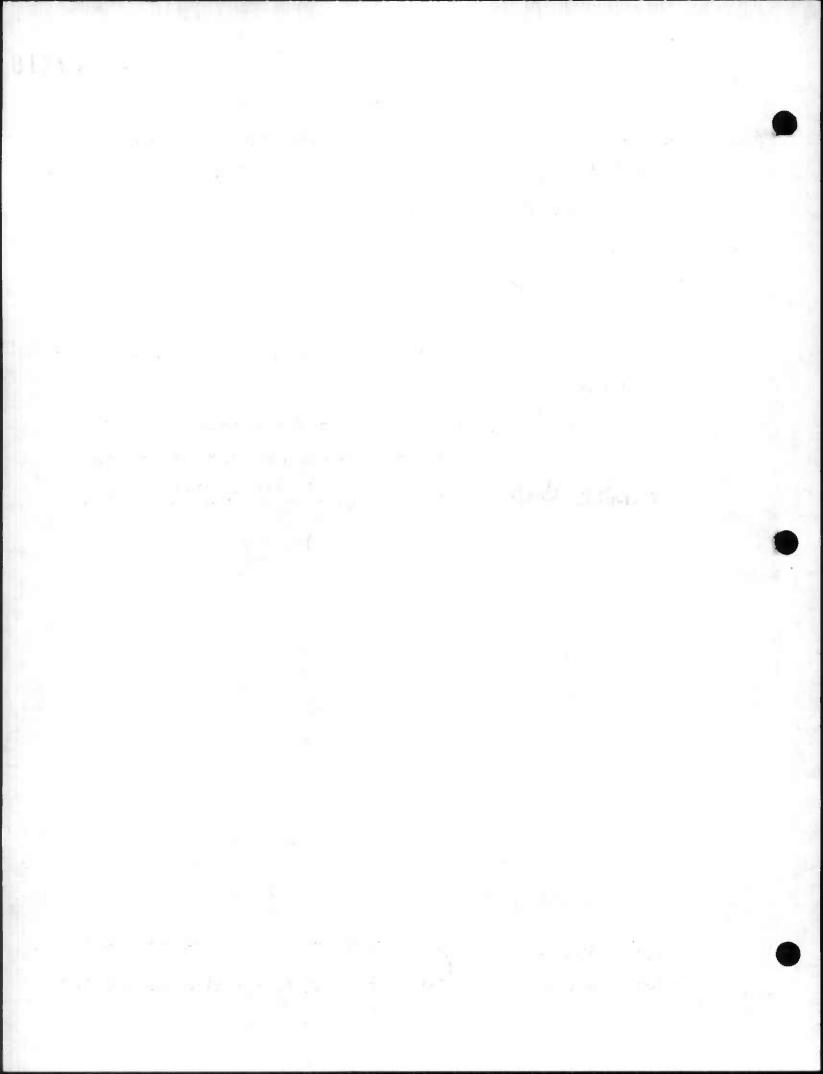
2 Medicat Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) end manner steted. Medical 29a. Certifiar within 24 ho To the Fune completely f (Check only one) 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) D35164 November 19, 1996 raccer 30. Name end address of person who completed cause of death (Imm 23a) (Type, Print) Andrew Zarick, Jr, M.D., 130 Thomas Johnson Dr, #5, Frederick, Maryland 21702

32. Registrer's Signature

DHMH 16 Rev 6/95

State Registrar

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner

Funeral

Director 28a-f show Director

the Maryland must be notified at ò Items 23a death filed within 72 hours after "natural", or Hygiene.

Funeral

þ

Completed

Be

Examiner

Physician/Medicai

þ

Completed

Be

2

Certification:

Medical

marked other Peges 1 and 2 should be 1 nent of Health and Mental permit. Peges 1 and 2 sh Depertment of Health and Important: If Itam 27 is m any injury or other traum

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the deeth certificate be executed the buriel-transit P.O. Box 68760. 98 USB Records, page 2 should certificate of Vital Attending Physician: nours efter deeth.

neral Director: After this y filled in by the funeral di After this Division 6 To the Hospital o within 24 hours eff To the Funeral Di completely filled in

1. Decedent's Name (First, Middla, Last) 2. Date of Death NOVEMBER 15,1996 5:00P.M CLAYTON EMERICK TYLER 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death UNIVERSITY HOSPITAL S.T.U. BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) ND M 2□ F Yrs. 214-96-3007 16 Aug 22,1980 MARYLAND Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Maryland HAMPSTEAD Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5024 MT. CARMEL ROAD 21074 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 112 Never Married 217 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Datas: 1 ☐ Yes 2 ☑ No Specify: Specify: 3 Widowed 4 Divorcad WHITE 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry HEREFORD HIGH Elementary/Secondary (0-12) College (1-4or 5+) SCHOOL STUDENT 10 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) CLAYTON R. EMERICK SUSAN HELM 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) CLAYTON R. EMERICK, FATHER 5024 MT. CARMEL RD, HAMPSTEAD, MD 21074 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2X Cremation 3 ☐ Ramoval from Stata 5 Other (Specify) 4 Donation CARROLL CREMATIONS 11/17 HAMPSTEAD, MD 21. Signature of Fineral Service Licensi 22. Name and Address of Facility ELINE FUNERAL HOME 934 S MAIN ST, HAMPSTEAD, MD 21074 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on each line. Approximate rval Rety Onset and Death Immediate Cause (Final disaase or condition resulting in death) e. HEAD AND NECK INJURIES Due to (or es s consequance of) Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causs of death? 1 ☐ Yes 2 ☑ No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? XXYes 2 No X Wes 2 No 25. Was case referred to medical 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 🗡 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ▼ Yes 2 No 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural

5 ☐ Pending invastigation

6 Could not be determined

11-15-1996UNKNOWN

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

STREET

1 Yes 2 No

AUTOMOBILE ACCIDENT

Location (Street and Number or Rural Route Number, City or Town, State) PLEASANT MEALTIMORE COUNTY MD. MEADOW BALTIMORE 1 Certifying Physicisn: To the best of my knowledge, death occurred at the time, dete end placa, snd due to the cause(s) and menner as ststed.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) snd menner steted.

(Check only one) 29b. Signatura and title of cartifier

2 Accident

4 T Homicide

29a, Certifier

29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Year) NOVEMBER 16,1996

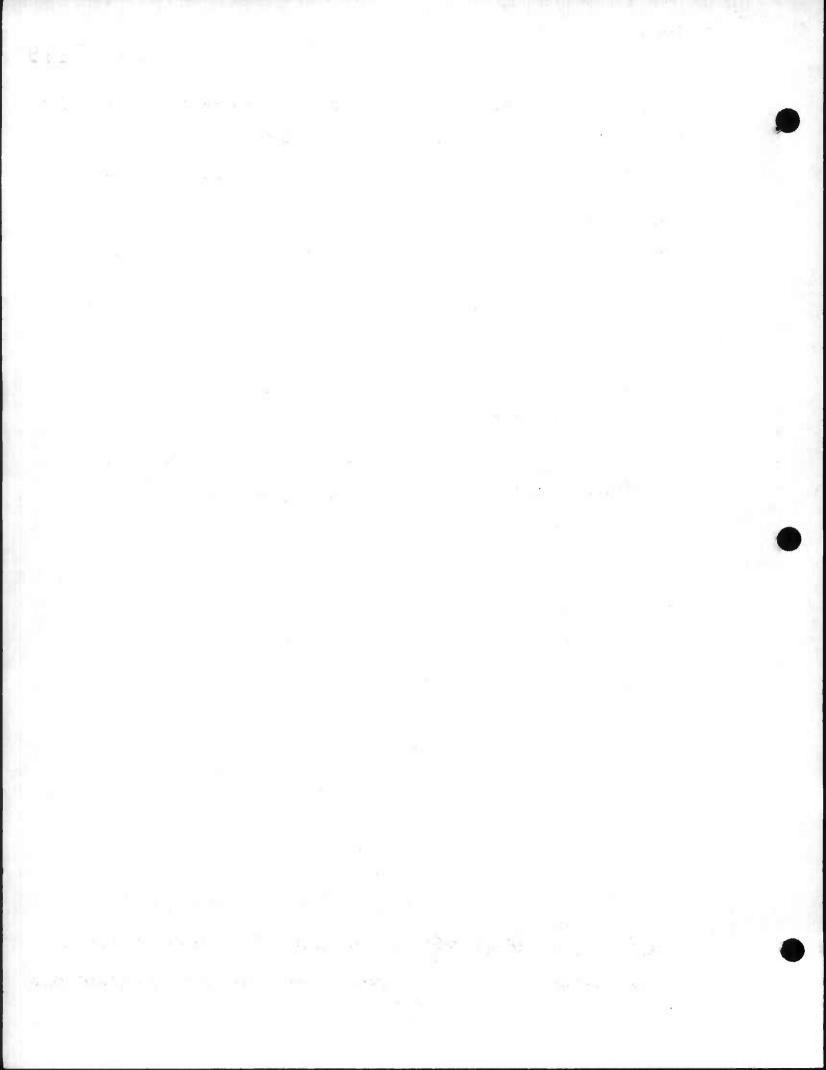
30. Name end eddress of person who completed cause of death (Item (Type, Print)

STEPHEN S. RADENTZ MD. 31. Date filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

State NOV 26 1996 Registrar

32. Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Manyland / Department of Health and Mental Hygiene Q.6.

| 7\ | , | #7 | 11/26/06 MDT N | | | Department of Certificate of | | Mental Hy | /giene | 6 | 3/220 |
|---------------------|---|----------------|--|--|--------------------------|---|---|---|--------------------------------------|---------------------------|---|
| A | nended | # / | , 11/26/96, MRT, N 1. Decedant's Nema (First, Middla, La | | | Certificate U | Dealli | 2. Date of D | Reg. No. | | 3. Time of Deeth |
| ı | Physici | | Bessie E | irl | | | | Month | Day | Year MSC | 510m |
| | /Medi Examir | | 4e. Fecility Nema (If not institution, giv | | | | 4b. City, Town, o | or Location of Dee | | | |
| | | | 5 PRingbrook | Advent | 57 | | Silvers | Spring | mor | ton | ney |
| | Funeral Director | | 203-90-0300 | 0 M 2 7. Age | 96 (In yrs. last bir | thday) If Under 1 Ye Months Day | | n. (Month, D | orth ay, Year) 0, 1899 | Coun | piace (Stata or Foraign ntry) inia |
| | pue * | | Usuai Rasidence of Decedant 10a, Stata 10b, County | | 10c. City, Tow | n or Location | | | | 1 | 0d. insida City Limits |
| | Marylen f show | to | Maryland Montgom | ery | | Spring | | | | | 1 ☐ Yas 2 ☑ No |
| | r 28a | Directo | 10e. Street and Number | | | 10f. Zip Code | 0. | | 10g. Citizan of V | What Coun | itry? |
| | th with | alD | 1735 Overlook Dr | ive | | 209 | 03 | | U | SA | |
| | eme | Funeral | 11. Maritei Stetus | 12. Was Decedent B Armed Forcas? | Ever in U,S. | 13. Was Decedent of if Yas, specify C | of Hispenic Origin? | (Specify Yes or Nerto Rican, atc.) | o- 14. Rec | e - Americ | |
| Maryland 21215-0020 | a within 72 hours effer deeth with the Maryland siene. Then "natural", or items 23a or 28a-1 show the Medical Example I must be notified at | by | 1 ☐ Nevar Marriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | 1 ☐ Yes 2 ☒ N If Yas, Giva Yeer or Detas: | lo | 1□Yas 2⊠N | | , | Specify | | |
| 5-0 | 72 h | etec | 15. Decedant's Ed (Specify only highest gra | ducation ida completed) | 16a. | Decedant's Usual Oct (Giva kind of work doi | cupation ne during most of w | rorking | 16b. Kind of Bo | usinass/Ind | dustry |
| 121 | filed within Hygiene. ther than " | Completed | Eiemantary/Secondary (0-12) | Coilega (1-4or 5 | +) | (Giva kind of work doi lifa. DO NOT usa ret Clerk | ired) | | Navy | 5 D | |
| d 2 | 高支電点 | | 17. Fathar's Nama (First, Middla, Last, | | | OTELK | 18. Mothar's N | ama (First, Middle | Bureau (| | rsonnel |
| lan | D 2 D 0 | To Be | William Hansford | | | | | Gouldin | | / | |
| ary | SEE | - | 19a. Informant's Name/Raiationship (| Type, Print) | 19b | . Mailing Addrass (Stre | | | ber, City or Town, | Stata, Zip | Code) |
| | | | Sarah Crooke / Fr | iend | 17 | 35 Overloc | k Drive, | Silver | Spring, | Mary1 | Land 20903 |
| ore | of Heal of Heal f item 2 r other | | 20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ | Damousi from State | 20b. Piace of cemetal | Disposition (Nama of y, crematory or other p | olece) | Data | 20c. Location - | | |
| Ĕ | Pages ment of P ant: If ite lury or of | | 4 Donation 5 Othar (Specif | | Arling | ton Nation | al Cem. | 12/4/96 | Arlingto | on, V | irginia |
| Baltimore, | permit. Pages Department of I Important: If the any Injury or of | | 21. Signature of Funeral Service Licer | 1500 | | 22. Name end Add | drass of FacilityHj w Hampshi | nes-Rina | 1df Fune | eral | Home |
| | 20240 | 0 | 114 | 1884/ | | Silver S | pring, Ma | ryland | 20904 | | |
| | Dhambaian | | 23a. Part1. Entar tha disaase, or com shock, or haart failura. List only | plicetions that ceusad ona causa on aach iin | tha daath. Do r a. | not antar tha moda of c | tying, such es card | ec or raspiratory | arrest, | | Approximata intarvai Between Onset and Death |
| | Physician /Medical | | Immediata Causa (Finat | | | Paris | \ m 4 = - | | | | 2/1 |
| П | Examiner | | disease or condition resulting in death) | a | Due to for es e | consequence of): | jug | | | il | 1071 |
| | D ≈ | ner | | | Dua to (or as a c | CM | | | | / | Yenn! |
| | icate be executed physician and s the burlel-transit | Examiner | Sequantially list conditions, if any, leading to immediate ceusa. Entar Undarlying | b | Dua to (or as a | consequence of): | | | | | |
| 68760, | be ey ician burle | | Cause (Disaasa or injury | C | | | | | | i | |
| 687 | | edical | that initiated evants resulting in death) Last | ľ | Due to (or es e o | consequence of): | | | | į | |
| Вох | death certifi e ettending od for use as | Z | | d | | | | | | | |
| | death | sicia | Part II. Other significant conditions of | ontributing to death bu | rt not resulting in | tha undarlying causa | givan in Part I. | 23b. Dld | tobacco use co | ntribute to | the cause of death? |
| 0.0 | thet the de ed by the e deteched t | Physician/M | | 16. in A | 28110 | | | | Y88 2 No | | bably 4 Unknown |
| | 8 5 8 | þ | | 14/4/1. | 110 | | | - | | | |
| of Vital Records, | e lew requires thet hes been signed b je 2 should be dete | Completed | | | | | | 24a. Wa peri | s an autopsy ormed? | COL | are sutopsy findings ailabla prior to mpletion of cause death? |
| <u> </u> | The ate h | Con | | | | | | 10 | Yas 20No | 10 | Yas 2□No |
| Vita | Physicien: The this certificate ral director, pag | Be | 25. Was cesa rafarred to madical axaminer? | Hospite! | | | | eath (Check only | ona) | | |
| O | G io | To. | 1 Yas 2 No | Hospitai: | | tpatient 3LI DOA | | Home 5 □ Ras | | | 1) |
| | ding h. After fune | tlon | 1- Neturai 5 ☐ Panding | 28a. Data of injur (Month, Day | | | njuryat Vork? □Yas 2□No | 28d. Describe | how injury occur | red | |
| Division | | fica | 3 ☐ Suicide 8 ☐ Could not b | 28a. Piece of Inju | ıry - At homa, fa | rm, street, fectory, offic | | | (Street and Numb | er or Rura | l Routa Number, |
| á | 구류는 | Certification: | 4 Homicida | building, afc | . (Specify) | | | City or To | wn, Stata) | | |
| | To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by | edical | 29a. Cartifiar (Check only one) | ysician: To the best of niner: On the basis of and mannar state | axamination end | , daath occurred at tha d/or invastigation, in m | time, data and pla y opinion, daath oc | ce, and dua to the | causa(s) and ma , data end place, | annar as st and dua to | ated. tha causa(s) |
| | To the Vithin 2 To the complex | Me | 29b. Signature and titia of certifier | | MA | 29c. Lice | anse number | 49 | 29d. Date signe | d (Month, | Day, Year) |
| , | ,/ | | 30. Name and address of who | completed cause of de | eath (Item 23a) (| Type, Print) | | | | 73 | 1770 |
| | 5 | | Michael Liebowitz | | | Hampshire | Avenue | #305. S | ilver Sp | rino. | MD 20904 |
| | Sta | te | 31. Date filed (Month, Day, Year) | 32. Registra | r's Signature | | | "303, 0 | | 61 | 20704 |
| | Registr | ar | NOV 26 1 | 996 Jul | ia Davidson | n-Mandall | | | | | |
| DH | MH 16 Rav 6/95 | 5 | 12.5 | Control of the contro | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene 96

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| | | | | | Certifica | ate of | Death | | Reg. No. | | 0 7 % | lue * |
|--|---------------------|--|---|----------------------------|--|------------------------|--|--|----------------------------------|--|---|----------------|
| Dhunio | 1 | 1. Decedent's Nama (First, Middle, Las | st) | | | | | 2. Date of Dec Month | ath Day | Year | 3. Tim= | if Directh |
| Physic /Medi | | Martin B. | Fallon | | | | | Novembe | er 23, | 1996 | 8:28 | FM |
| Exami | | 4a. Facility Name (If not institution, give | street and number) | | | | 4b. City, Town, or | Location of Death | 4c. Count | y of Death | | |
| | | Montgomery Genera | l Hospital | | | | Olney | | Mont | gomer | У | |
| Funeral Director | | 034-12-0397 | 75 | e (In yrs. Ia 76 | | r 1 Y s Days | | | h y, Year) 1920 | 9. Birthp Cour Nev | olace (Stata ntry) W York | or Foreign |
| the Maryland 28a-f show | | Usual Residence of Decedent 10a. Stata 10b. County | | 10c. City, | Town or Location | | | | | 1 | 10d. Insida (| Oity Limits |
| Ma Maria | cto | Maryland Montgo | nery | | Silve | Spr | ing | | | | 1 🗆 Yes | s 2⊠No |
| ± 6 € | Fe | 10e. Street and Number | | | 10f. | Zip Code | | | 10g. Citizen of | What Cour | niry? | |
| th w | 3 | 15115 Interlachen | Drive, Mu | tual | 20B | 2090 | 06 | | | U | JSA | |
| Maryiand 2.1.2.13-U020 Id 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. It is marked other than "natural", or items 23s or 28s-f show traumatic svent, the Modical Enaminer must be notified at | by Funeral Director | 11. Marital Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedant E Armed Forces? 1 12 Yas 2 1 N If Yes, Give Year or Datas: | Evar in U,S Io WW | | | Hispanic Origin? (S ban, Mexican, Puerl Specify: | pecify Yas or No o Rican, etc.) | 14. Ra Bio | ice - Americ ack, White, ify: Wh | | |
| 72 hours | | 15. Decedent's Ed | | | 16a. Decedent's U | sual Occu | pation | | 16b. Kind of E | 3usiness/in | dustry | |
| Z uic Z | Completed | (Specify only highest gra Eiamantary/Secondary (0-12) | | | (Give kind of life. DO NO) | work done use retin | during most of wo | rking | | | 100 | |
| filed within Hygiene. | E | Elamanially/Secondary (0-12) | College (1-4or 5- | +) | Attori | iev | | | U.S. Go | vernm | ent | |
| should be filed and Mental Hygis marked other umetic svsmt. | BeC | 17. Father's Name (First, Middla, Last) | | | | , | 18. Mother's Nar | me (First, Middle, | | | | |
| yian ould be Mental arked o | ToB | Martin Fallon | | | | | Nora Mu | ıllane | | | | |
| 2 should and Manual Man | - | 19a. Informant's Name/Relationship (| Type, Pnint) | | 19b. Malling Addr | ess (Stree | at and Number or Ri | | er, City or Town | n, State, Zip | Code) 7 | 0906 |
| md 2 sh aith and 27 is m | | Jean A. Fallon | | | | | chen Driv | | | | _ | |
| re, not the stand of Heelth tem 27 other tr | | 20a. Method of Disposition | | | ca of Disposition (/ | | | Date | 20c. Location | | - | ш |
| Deficiency of the page 1 or permit. Peges 1 or pepartment of Hee mportant: if item 5 or y injury or other bice. | | 1 Burlai 2 Cremation 3 - | | | | | Į. | 1/07/06 | | | | |
| rithme night | | 4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funeral Service Lices | | Metr | opolitan | | ass of Facility | 1/27/96 | Alexano | iria, | Virgi | .nia |
| permit. Peges 1 en Department of Heel Important: if Item 2 eny Injury or other other | | & comos & | abole | 7 | Franc 500 t | is J Jnive | . Collins | d.W. Si. | lver Sp | | | 0901 |
| Physician /Medical Examiner | | 23a. Part1. Enter the disease, or compandok, or heart failure. List only disease or condition resulting in death) | a. Vesto | who | John Mas a consequence | to |) | | | 1 | Approximatinterval Be Onset and | etween |
| death carificate be executed ettending physician and dor use as the bunal-transit | Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last | · Tsch | CONC Due to (or a | as a consequence of | LJOK De | xilby ea | | \$ | | 3 yes | gd gd |
| thet the death ce ed by the ettendidetached for use | by Physiclan/ | | | | | | | | | | | |
| the de | ysic | Part II. Other eignificant conditions co | entributing to death bu | it not result | ing in the underlyin | g causa g | iven in Part I. | 23b. Did 1 | obacco uee c | ontribute to | o the cause | of death |
| thet the ed by detac | Ph | Almora In | hana | | | | | 10 | Yes 2 No | 3 Prof | bably 4 |] Unknov |
| signed I | by | Tundy 4 20 | | | | | | | - | | | |
| OI VICAL DECOLUS, Physicien: The law requires the this certificate has been signed injector, page 2 should be | Completed | | | | | | | 24a. Was perfo | an autopsy med? | av | ere autopsy railable prior empletion of | to |
| e law hes b | pldr | | | | | | | | , | of | death? | Cause |
| The Land | 5 | | | | | | | 101 | rea 25 No | 10 | ☐ Yes 2 | No |
| ysician: The | Be (| 25. Was case referred to medical examiner? | | | | | 26. Place of Dec | ath (Check only o | ne) | | | |
| Physician: this certific | 2 | 1 ☐ Yas 2 ☐ No | Hospital: 1 Inpatier | nt 2DE | R/Outpatient 3 | DOA O | ther: 4 Nursing h | ioma 5 Rasid | dence 8 🗆 Ot | her (Specif | (y) | |
| After thi | | 27. Manner of Death 1 □ Natural 5 □ Pending | 28a. Date of Injur (Month, Day | y Year) 2 | 8b. Time of Injury | 28c. Inju | ury at | 28d. Describe I | now Injury occu | irred | | |
| Attending r death. | atlo | 1 ☑Natural 5 ☐ Pending 2 ☐ Accidant investigation | (Month, Day | , our, | М | | Yes 2 □ No | | | | | |
| al or Attending safter death. f Director: After d in by the lune | Certification: | 3 Suicide 8 Could not be determined | 28e. Place of Inju building, etc | ry - At hom . (Specify) | ne, farm, street, fac | ory, office | i. | 28f. Location (8 City or Tox | Street and Num vn, State) | ber or Rura | al Route Nu | m <i>ber</i> , |
| To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the lune | edical (| 29a. Certifler 1 Certifying Phyone) 2 Madical Exam | reician: To the best of iner: On the basis of and mannar stat | examinatio | edge, death occurr n and/or investigati | ed at the ton, in my | ime, date and place opinion, death occu | , and dua to the irred at the time, | causa(s) and n date and placa | nannar as si , and due to | tated. o the cause | (s) |
| within 2 To the comple | Me | 29b. Signature and title of certifier | 11- | 1 | | 29c. Licen | ise number | | 29d. Date aign | ed (Month, | Day, Year) | |
| ->-0 | | 101 1 | 10/11 | | | 17 | 1334 | V | lasen L | | 24 11 | 201 |
| X | | 20 Name and address of | where | and the | 12a) /T 5 : " | 000 | 100 | 1 | ruvend | 1 | 7) /7 | 176 |
| 10 | | 30. Name and address of person who | ompleted cause of da | atn (Item 2 | (3a) (Type, Print) | | 1 0 | 10 | 11 - | 11 | 200 | |
| | | 31 Date filed (Atomb Par Vana) | erg 405 | 10/ | UN G80 | get | sun 10 | Del | DESO | Q- | MIL) | |
| Sta | _ | 31. Data filed (Month, Day, Year) | 32 Registra | s Signatu | 18 ° 00 | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene

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| | Physici /Medic Examir | cai | 1. |
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| T | Funeral Director | | 5. |
| | 77 | | Us |
| | a-f show | ctor | 10 |
| | 23a or 28 | rai Dire | 10 |
| 0000 | permit. Pages 1 end 2 should be filled within 72 hours after death with the Maryland Department of Health and Mentel Phyllene. Important: if Item 27 is marked other than "natural; or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner (unit be notified at once. | To Be Completed by Funeral Director | 11 |
| 15- | in 72 h | olete | |
| 212 | with jene. | omp | |
| Baltimore, Maryland 21215-0020 | permit. Pages 1 and 2 should be filed with Department of Health and Mentel thygiene. Important: if Item 27 is marked other than any Injury or other traumatic event, the Mones. | ro Be C | 17 |
| Man | d 2 sho th end h 7 is ma traume | | 19 |
| nore, | permit. Pages 1 and 2 Department of Health e Important: if Item 27 is any Injury or other tre once. | | 20 |
| Baltir | permit. P Departme Importan any Injur. | | 21 |
| | | | 23 |
| | Physician | | |

Certificate of Death Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Naomi 4:20 AM November . Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Daath Laurel Regional Hospital Prince Georges Laurel If Undar 24 Hrs. Hours Min. 8. Date of Birth Month, Day Year)
July 11, 1904 if Under 1 Yaar Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplaca (State or Foreign Country)
Maryland 1 M 28 F Months Days 92 Yrs. 214-32-9318 sual Residenca of Decedent a. State 10b. County 10c. City, Town or Location 10d. insida City Limits MD Prince Geo. Beltsville MYas 2□ No e Street and Number 10f. Zip Code 10g. Citizan of What Country? 6155 Odell Road 20705 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxicen, Puerto Rican, etc.) Race - Amaricen Indian, Black, White, etc. Marital Status 1 ☐ Yes 2 ◯XNo If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Black 3 ₩idowed 4 Divorced 15. Decedent's Education (Specify only highest grede complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Domestic None Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) John H. Jones Mary J. Matthews e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William E. Jones (Brother) 6155 Odell Rd,, Beltsville, MD 20705 20b. Placa of Disposition (Neme of cemetery, crametory or other plece) a. Method of Disposition 20c. Location - City or Town, State 1⊠ Burlal 2 ☐ Cremation 3 ☐ Removal from Stata Arlington Nat'l Cem.11/26/96 4 ☐ Donation 5 ☐ Other (Specify) Arlington, VA Signature of Funeral Servica Licensea 22. Name and Address of Facility
SNOWDEN FUNERAL HOME, P.A. 20850 ROCKVILLE, MD 3a. Part . Enter the duesse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart plure. List only one cause on each line. Approximate Interval Betwe Onset and Death immediate Cause (Final disease or condition resulting in death) Examiner The law requires that the death cartificeta be executed buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Box 68760. physician Physician/Medical the P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. b 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate has 1□Yes 2□No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical Be 26. Piece of Death (Check only one) Hospitel: 1 □ ER/Outpatient 3 □ DOA 1 Yas 2 No 2 Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) this 27. Menner of Death Certification: 28b. Time of 28d. Dascribe how injury occurred 28c. injury at Work? After Natural 5 Pending death. 2 Accidant invastigation 1 ☐ Yas 2 ☐ No Director: in by the 3 Suicide 6 Could not be determined Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 24 hours after e Funeral Direc 4 Homicide Hospital edical 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the ceuse(s) and manner as stated.

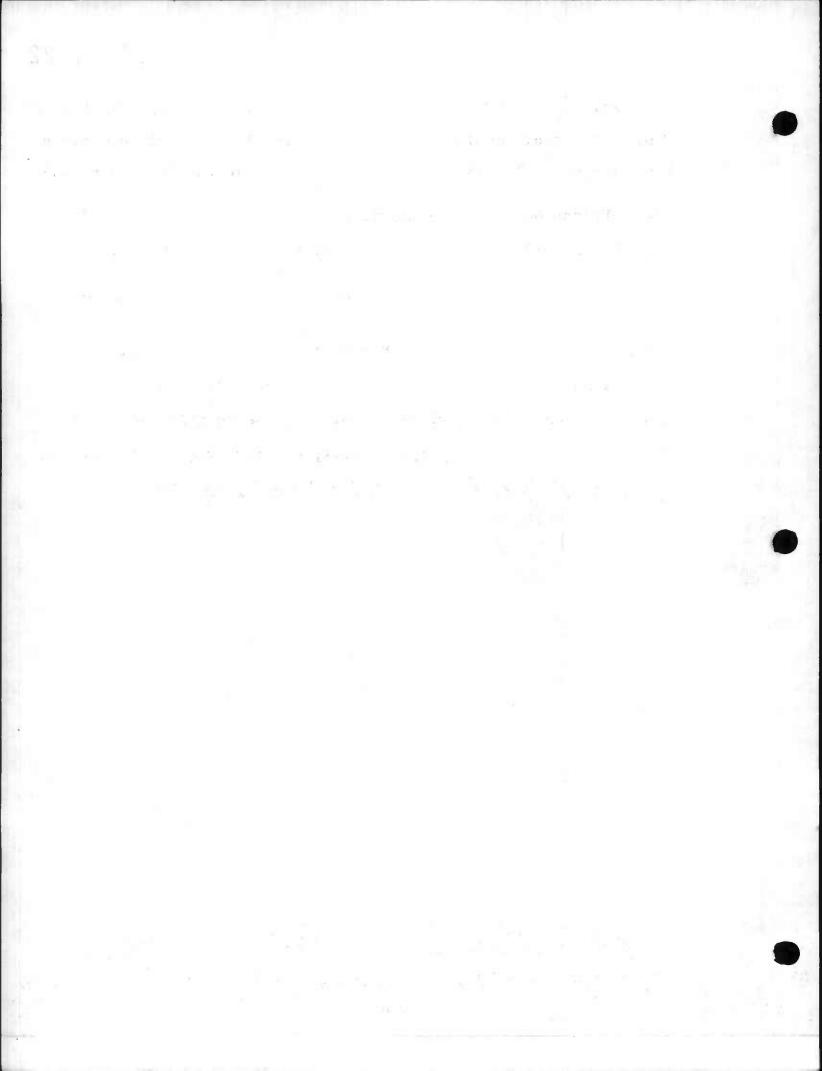
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete end plece, and due to the cause(a) and manner stated. pletaly To the I within 24 29b. Signatura and title of certifies 29c. Licansa number 30. Name and address of person MO (John

State Registrar

31. Date filed (Month, Dey, Year)

NOV 2 6 1996

Registrar's Signatura Davidson



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 334 Mill

Street

32. REGISTRAR'S HONATURE

Shin Davidson Revolution

Vasant Datta

NOV 1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a flex flexible flexible. Page 6 may be retained by the hospital or attending physician.

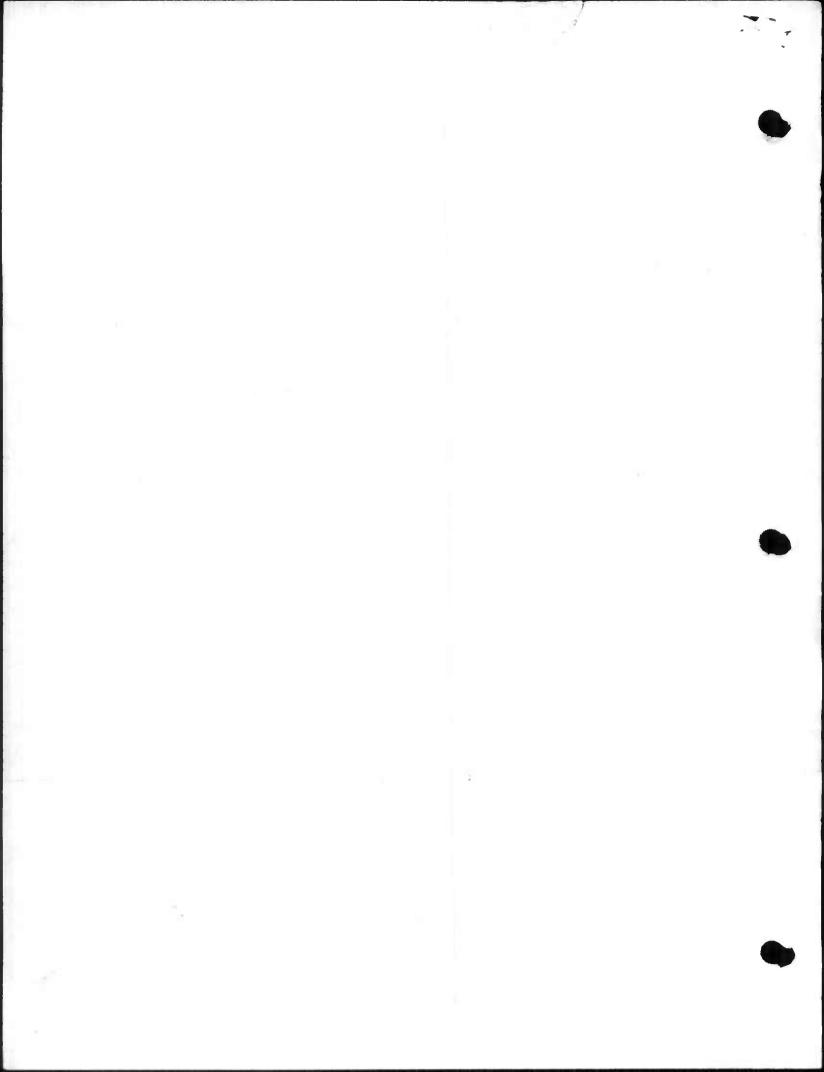
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

| | | | | | | | | | | 9 | 96 | 37223 |
|--------------------|--|--|--------------------------------|------------------|-----------------------------------|----------------|------------------------|-------------|---|---------------|-------------------------------|--|
| | 1 - FOR STATE REGISTRAR | STATE OF MA | | | | | EALTH A | | MENTAL HYGIEN REG. NO | | | |
| | 1. DECEDENT'S NAME (First, Middle, Lest) | Lena Ri | paltino | Grin | naldi | | | | 2. DATE OF DEATH DON'TH NOVEMber | 15. | 1996 | 3. TIME OF DEATH 6:20 A |
| 9 | 4. SOCIAL SECURITY NUMBER 082-07-0448 | 5. SEX | 8. AGE (In yrs. le | est birthday) | IF UNDER | 1 YEAR DAYS | IF UNDER 24 | HRS. | 7. DATE OF BIRTH (Month, Day, Year) June 7, 19 | | | PLACE (State or Foreign |
| J. | 9s. FACILITY NAME (If not institution, give at | | 07 | Tho. | | | | | | _ | | Italy |
| OR | Reeders Memor | | | | .96. CITY, | | Boons | | | | NTY OF DE | |
| ַל | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | | I as ass | | | | | | | | |
| DIRECTOR | | shington | | 10c. C11 | y, town o Boor | | | | | | | 10d. INSIDE CITY LIMITS? 1 XYES 2 NO |
| 7 | 10e. STREET AND NUMBER | | | | | 101 | ZIP CODE | | | 10a, CIT | | HAT COUNTRY? |
| FUNERAL | 141 South Main S | Street | | | | | 21 | 71 3 | | | U.S. | |
| B | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WA | YES 2 4 | RMED NO | 11 | f yes, spe | ENDENT OF scify Cuben, | Mexica | NIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.) | or No— | 14. RACE Black, Specify | - American Indian, White, atc. White |
| E | 15. DECEDENT'S EDUC (Specify only highest grade | | (0 | ECEDENT'S | work done d | | N sl of working | | 16b. KIND OF BU | SINESS/IN | DUSTRY | |
| COMPLETED | Elementary/Secondary (0-12) | College (1-4 or 5+) | | i Do NOT UE | , | ssis | tant | | Clothin | a de | sian | |
| Š | 17. FATHER'S NAME (First, Middle, Last) | | | | | | | R'S NA | ME (First, Middle, Meiden | | 329 | |
| DE C | Ralph Grin | naldi | | | | | | An | na Mandres | i | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | 19 | b. MAILING | ADORESS | (Street e | nd Number or | Rural I | Route Number, City or Tow | n, State, Zip | Code) | |
| | Mrs. Martha Kirk / | / Sister | / | 414 3 | Skyli | ne : | Drive | , F. | rederick, | Mary. | land | 21701 |
| | 20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) | | 20b. PLACE cometery, cu | AND DATE | of disposi ther place) Ceme | ter: | me of Y No | ov. | 0ATE 20c. LO | CATION - | City or Tow | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | Basto | d MC | 00021 | Ke | ene | | Ba | sford Fune ch St., Fr | | | Md 21701 |
| | 23. PART I. Enter the diseases, or c shock, or haert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) | List only Dne cause | e on each line | nio n | dan. | the mo | de of dying | g, suci | h as cerdiec or respi | ratory an | reat, | Approximate interval Between Onset and Death |
| CEMINICATION | Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST | | OR AS A CONSE | | | | | | | | | |
| PHISICIAN: MEDICAL | PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. **Description** **Des | | | | | | | | | | | |
| 2 | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN | | | | | | | | | | | |
| 5 | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER- | | | | | | | | | | | |
| 5 | 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Normaling Home 5 Residence 6 Other (Specify) | | | | | | | | | | | |
| | 27. MANNER OF CEATH 1 American 5 Pending | 28e. DATE OF IN (Month, Day, | | 28b. TIMI INJ | E OF URY M | 28c. INJU | | NO ON | 28d, OEŞCRIBE HOW I | NJURY OC | CURED | |
| 150 01 | 2 Accident Investigation 3 Suicide 6 Could not be determined | 28e. PLACE OF building, at | INJURY — At he c. (Specify) | ome, farm, s | street, facto | | | | 28f. LOCATION (Street a City or Town, Stete) | nd Number | or Rural Ro | oute Number, |
| COMPLETED | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER | | | | | | | | | | | and manner ee stated. |
| 2 | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | | | 29c. LICENS | SE NUM | IBER | 29d. DAT | E SIGNED (| Month, Day, Year) |
| 2 | 30 NAME AND ADDRESS OF PERSON WHO | COMPLETED CALLOR | 00.004544.455 | | | | | | • | | - 1- | 1, 116 |

Hagerstown, Maryland 21740/301-739-7100

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

37224

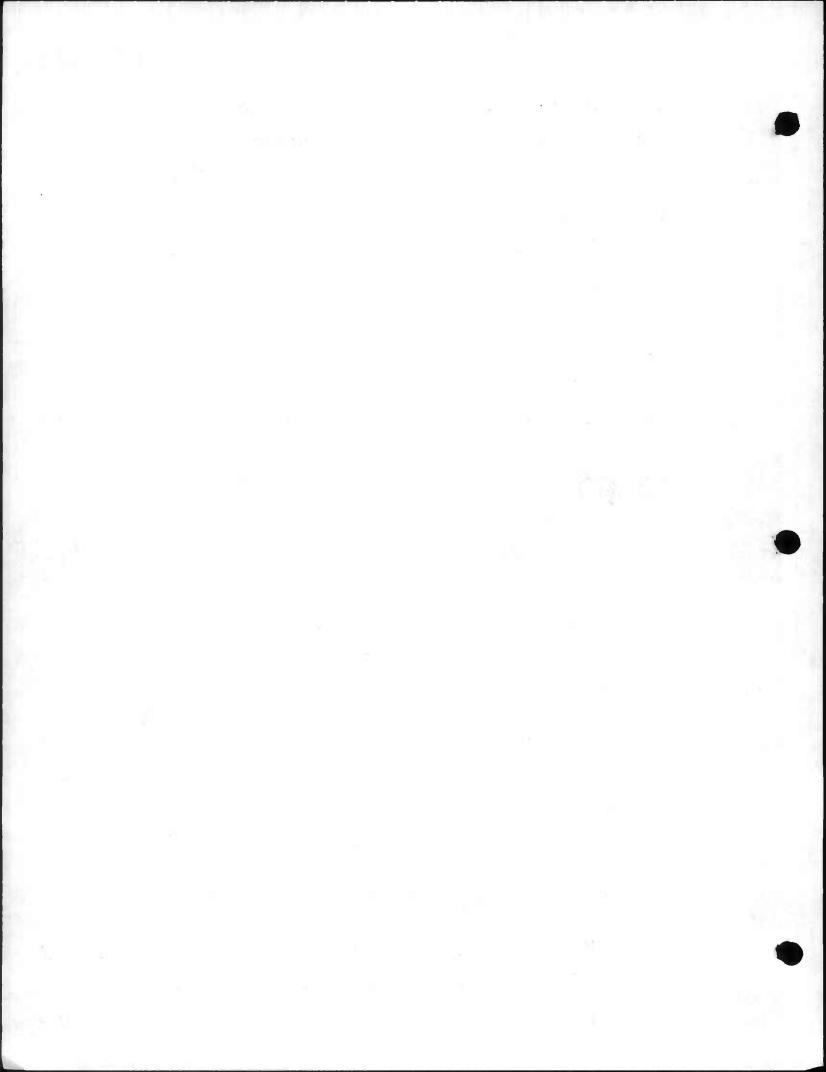
| П | Physic | ian | Decedent's Neme (First, Middle, La | | | | | | | 2. Dete of De Month | eth Dey | Yeer | 3. Time of Deeth |
|------------|--|------------------|--|---|--------------------------|-------------------|--|--------|---|---|-----------------------------------|--------------------------------------|---|
| J. | /Medi | | Melvin Triplett | | | | | | | Novembe | 1 26 | 1996 | 00:37 a |
| | Exami | ner | 4e. Facility Nema (If not Institution, giv | • | | | | 4 | b. City, Town, or Lo | | h 4c. Count | y of Deeth | |
| L | | M | Union Memorial | | | | W11 4 4 4 1 | | Baltimor | - | CIT | | |
| | Funeral Director | | 5. Social Security Number 6. S 212-14-8842 Usuel Residence of Decedent | ex 7. Ag X□M 2□F | ge (In yrs. last b 77 | Yrs. | if Under 1 Ye Months De | | if Under 24 Hrs. Hours Min. | 8. Dete of Bir (Month, De 3 / 1 0 / | ey, Yeer) | 9. Birthp Coun MAR | olece (Stete or Foreign otry) RYLAND |
| | fand | | 10e. Stete 10b. County | | 10c. City, To | wn or Loc | ation | П | | | - | 1 | 0d. Inside City Limits |
| | with the Maryland e or 28a-f show the notified at | Director | | RROLL | WES | TMI | NSTER | | | | | | 1 □ Yes 2 1 No |
| | 23e or 2 | | 10e. Street end Number 608 YORKMINSTE | R CT. | | | 10f. Zip Cod | | 8 | | USA. | | itry? |
| 020 | n 72 hours efter death with the Maryland "natural", or frems 236 or 28a-f show solical Evarianer must be notified at | by Funeral | 11. Meritei Status 1 Never Married 3 Widowed 4 Divorced | 12. Was Decedent Armed Forces? 1 X Yes 2 If Yes, Giva Year or Dates: | | . If | /as Decedent Yes, specify C ☐ Yes 2001 | Cube | spenic Orlgin? (Spen, Mexican, Puerto Specify: | ecify Yes or No Rican, etc.) | | ce - Americ eck, White, fy: WH | |
| 5-0 | 72 ho | ted | 15. Decedent's Ed (Specify only highest gre | lucation | 160 | Decede | ent's Usuei Oc | cupa | ation Juring most of worki | ina | 16b. Kind of E | Business/Inc | dustry |
| 21215-0020 | within ene. | Completed | Elementary/Secondary (0-12) 1 2 | College (1-4or | 5+) E | lifa. D | ONOT use re | tired, |) | | MANUFACTURING | | |
| Maryland | should be filed nd Mentai Hygi merked other umatic event, t | To Be C | 17. Fether's Neme (First, Middle, Last) JEF | FERSON D | . GALL | OWA | Y | | 18. Mother's Name | (First, Middle | | me) | |
| lan | d 2 should th end Mer 7 is marke traumatic | ľ | 19e. Informant's Neme/Ralationship (| Type, Print) | 19 | b. Mailing | Address (Str | eat e | and Number or Rure | i Route Numb | er, City or Town | , Stete, Zip | Coda) |
| | C 20 00 F | | E. MARIE GALLO | WAY -W | IFE 6 | 08 | YORKM] | [N | STER CT | .,WEST | MINSTE | ER, M | ID. 21158 |
| Baltimore, | Peges 1 en nent of Heeli nut: If Item 2 ury or other | | 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetlon 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify | | cemete | ery, creme | ition (Neme of etory or other BRANCH | plece | | Dete /30/96 | 20c. Location WESTM | | ER, MD. |
| Balt | permit. Peges Department of important: If I eny Injury or once. | | 21. Signatura George Saurice Licen | 560 | | | Name end Ad | | s of Fecility FJ | | R FUNE | | |
| 1 | Physician /Medicai Examiner | Examiner | 23a. Pert1. Enter the attseese, or compshock, or heer failure. List only Immediate Ceuse (Final disease or condition rasulting in deeth) | a. Carc | lio gen | consequ | Shock | | | | | | Approximate Interval Between Onset and Death A hrs 24hrs |
| Box 68760, | seth certificete be executed attending physician and for use es the buriel-trensit | clan/Medical Exa | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceusa (Diseese or Injury that initiated evants resulting in death) Lest | c. Chra | Due to (or es e | (SC) | hemic ence of): | | Heart | Dise | ase. | | 5 yrs. |
| P.O. | res thet the deeth signed by the atter be deteched for u | by Physician | Pert il. Other significant conditions co | | ut not resulting | In the unc | derlying cause | give | en in Pert I. | | tobacco use co Yes 2□ No | | o the cause of death? |
| Records, | aw requi | Completed b | J1 | | | | | | | 24e. Wes | en eutopsy rmed? | eve | ere eutopsy findings elleble prior to mplation of cause daath? |
| Ě | | Com | | | | | | | | 10 | Yes 2₽No | 10 | Yes 2☐Ho |
| Vita | Physicien: The this certificate and director, peg | Be | 25. Was case refarred to medical exeminar? | / | | | | | 26. Placa of Deeth | (Check only | one) | | |
| 0 | Physic this o | 2 | 1 ☐ Yes 2 ☐ No | Hospitel: 1 Inpatia | | utpatient | 3LI DUA | Othe | 4 LI Nursing Hor | na 5 Rask | denca 6 □Otl | har (Specify | 1) |
| ion | After fune | ation: | 27. Menner of Deeth 1 ☐ Matural 5 ☐ Panding 2 ☐ Accident Investigetion | 28e. Dete of Inju (Month, De) | ry y Year) 28b. | Time of Injury | 28c. Ir | | et 2 ? Yes 2 No | 28d. Describe | how Injury occur | rred | |
| Division | 2440 | Certification: | 3 Suicide 6 Could not be 4 Homicida determined | 28e. Plece of Injubuilding, atd | | arm, stree | et, fectory, offic | Ce | 2 | 28f. Location (City or To | | ber or Rura | l Routa Number, |
| | To the Hospital of within 24 hours e To the Funeral D completely filled in | edical C | 29a. Cartifier 1 Certifying Phy (Check only one) | rsician: To the best of lner: On the basis of and menner ste | examination er | e, deeth o | occurred et the estigetion, in m | e time | e, dete end placa, e inion, deeth occurre | and due to the ad et the tima, | ceuse(s) end m dete end placa, | enner as st and due to | eted. the cause(s) |
| | To th To th comp | Section 1 | 29b. Signeture end title of certifier | 1 | | | 29c. Lice | ense | number | | 29d. Date signe | ed (Month, L | Dey, Year) |

State Registrar

W. Belitaire 32. Registrer's Signeture

30. Neme end address of person who complated causa of deeth (Itam 23a) (Type, Print) Memorial Hospital Baltimore 21218 Union

Julia Davileor Radall



State of Maryland / Department of Health and Mental Hygiene 37225 Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Date of Death 3. Time of Death **Physician** Margare +M.G:les

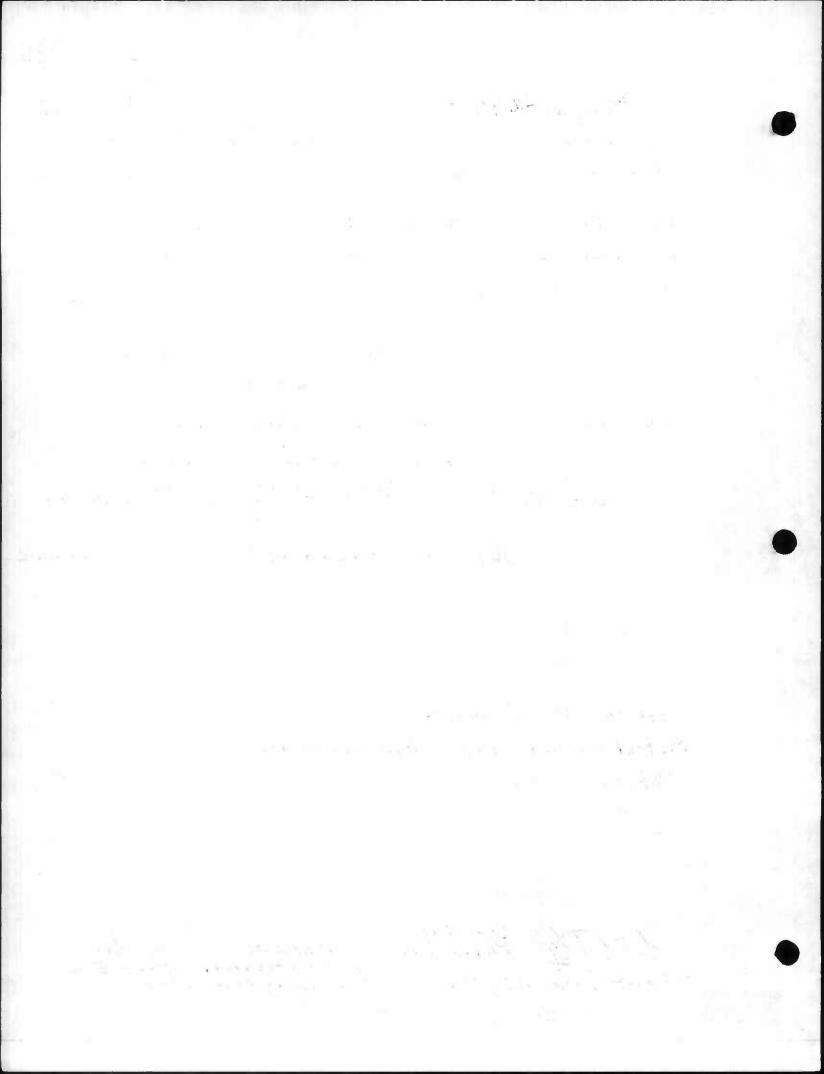
4a. Facility Nama (If not institution, give street end number) Month Year 11 09:00P /Medical 96 4b. City. Town, or Location of Daath 4c. County of Death Examiner Sacred Heart Home Hyattsville Prince George's 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, 7/1/06 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 □ M 2 🗓 F 024-24-6131 Yrs. Director 90 Massachusetts Usual Residence of Decedent with the Maryland 10b. County ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No N/AN/A Washington, DC 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2711 Terrace Road SE 20020 USA death v Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify. à Specify: 3 ☐ Widowed 4 ☐ Divorced White "natural" Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If Item 27 Is marked other than any injury or other traumatic event. Its Market and Injury or other traumatic event. Elementary/Secondary (0-12) College (1-4or 5+) Teacher Education 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Henry J. Giles Margaret Whitty 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) C. Hope Brown 1003 K Street NW, Washington, DC 20a. Mathod of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 11/29/96 Clinton, MD Resurrection Cemetery 21. Signature of Funeral Services 22. Name and Address of Facili Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Sil. Spg., MD 20901 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in deeth) Examiner Due to (or as a consequence of) The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last end Due to (or as a consequence of) P.O. Box 68760, ettending physician for use as the burie Physician/Medical He H Due to (or as a consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 donknown Records, Be Completed by 8 24b. Wara autopsy findings available prior to completion of cause of death? Japse, Hype-lipidemia 24a. Was an autopsy performed? certificate Leognth 1 Yas 2 No 1 Yes 2 No Division of Vital Hospital or Attending Physician: 24 hours efter death. 25. Was cese raferred to medicel axaminar? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this funerel 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 [Natural 5 Pending Investigation within 24 hours efter death.

To the Funeral Director: All completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) end menner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. edicai 29e. Certifier (Check only one) 29b. Signature and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) Ove -1 79 hysician D31001 completed cause of death (Item 23a) (Type, Print) 7500 Greenway Cafr. D. #430 Green belt, Md. 20770 31. Date filad (Month, Dey, Year) 32. Registrar's Signature State

Registrar

NOV 26

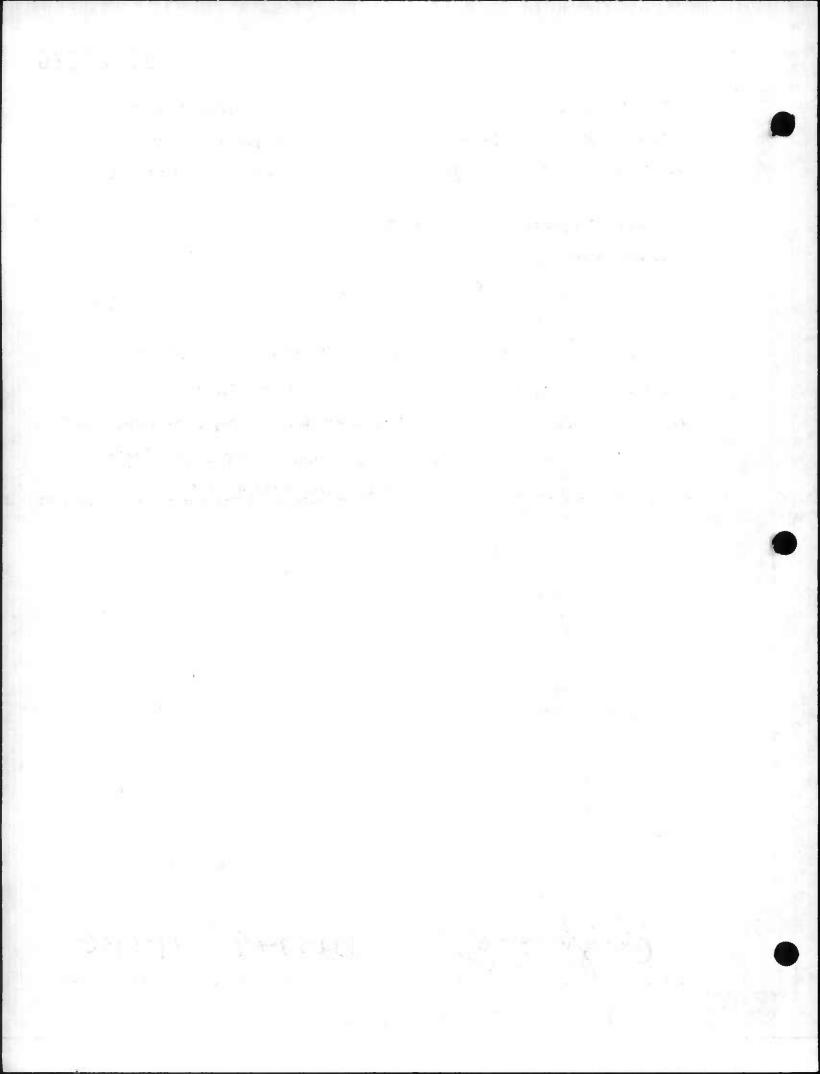
Tulia Davidson



State of Maryland / Department of Health and Mental Hygiene

| | | | | | C | ertifica | te of | | - Worker (1) | Reg. No. | 56 | 1220 |
|---|---------------------|--|--|-----------------------------|--------------------------|-------------------------------------|--------------------------|---|--|-----------------------------|-----------------------------|---|
| Physic | ian | Decedant's Nama (First, Middla, La | | | | | | | 2. Data of Do Month | Day | Yaar | 3. Time of Deat |
| /Medi | | Dwight Elder Gr | | | | | | | Novemb | | | 2:15 PM |
| Exami | ner | 4a. Facility Nama (If not institution, giv Carriage Hill S | | | | | | Silver : | | | unty of Death | |
| Funeral Director | | 577-60-4087 | Sax 7.A 1X□M 2□F | ga (In yrs. 93 | lest birtho | Month | ar 1 Yaar s Days | | Irs. 8. Data of Bi (Month, D July 6 | th ay, Year) , 1900 | 9. Birth Cou 3 Ohio | placa (Stata or Forantry)) |
| yland low | | Usual Rasidanca of Dacadant 10a. Steta 10b. County | | 10c. Cit | ly, Town o | r Location | | | | | | 10d. inside City Lin |
| the Marylar 28a-f show | ector | Maryland Montgom | ery | Sil | ver : | Spring | | | | | | 1 □ Yas 2 💢 |
| th with the 23a or 2 unit be n | I Dire | 10e. Street and Number 9701 2nd Avenue | | | | | Sip Coda 1910 | | | | of What Cou | * |
| filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show out, the Medical Examinal must be northed at | by Funeral Director | 11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowad 4 □ Divorced | 12. Was Decedent Armed Forces 1 ☐ Yes 2& If Yas, Giva Yaar or Datas: | ? | ,S. | | | lispanic Origin? an, Maxican, Pu Specify: | (Specify Yas or Narto Rican, atc.) |)- 14. | Raca - Aman Black, White | can Indian, atc. |
| 72 hou natura | ted t | 15. Decedant's E. (Spacify only highest gri | ducation | | 16a. De | ecedant's Us | ual Occup | ation during most of | warkina | 16b. Kind | of Businass/Ir | |
| il Hygiene. other than "r vent, the Med | Completed | Elamantary/Sacondary (0-12) | Collega (1-4or | 5+) | Th | a. DO NOT | usa retired | hysics | vorking | Unive | ersity | |
| e filec al Hyg other vent, | BeC | 17. Fathar's Nama (First, Middla, Last, |) | | | , | | | lama (First, Middle | *** | | |
| s 1 and 2 should be filed with! I Health end Mental Hygiene. Iem 27 is marked other than other traumatic svent, the M | Tol | Lorenzo Lackey Gr | | | | | | | nma Elder | | | |
| d 2 sho th end 7 is me traum | | 19a. Informant's Name/Relationship (Harry A. Calevas | Type, Print) | | | | | | Bethesda | | | |
| of Health item 27 other tr | | 20a. Mathod of Disposition | | 20b. F | | sposition (A cramatory o | | | De triesud | 20c. Local | ion - City or T | |
| Pages ment of I ant: If its ury or o | | 1 ☐ Burial 2) ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacif |]Ramoval from State (y) | 9 | | ake C | | | 11-25-96 | Belts | ville, and | |
| permit. Page Depertment or important: If i any injury or once. | | 21. Signatura of Funaral Servica Licar | nsaa | | | 22. Nama Rapp | and Addra | ss of Facility | ices. P. | | | |
| | | 23a. Part1. Enter the disaasa, or com shock, or haart tailura. List only | Dications that cause | d the deat | h Do not | 933 G | ist / | Avenue, | Silver S | pring, | Maryl | and 2091 |
| /Medicate be executed Titicate be executed | edicai Examiner | Immediate Causa (Final disease or condition rasulting in death) Sequentially list conditions, If any, leading to immediate cause. Entar Undarlying Causa (Disease or in jury that initiated evants rasulting in death) Last | b. UR(1 | Dua to (c | or as a cor | sequence of sequence of sequence of | 7 | INFE | ECTO1 | Y | | |
| death cert e attending ed for use | an/M | | d | | | | | | | | 1 | |
| 0 0 % | Physician/Medical | Part II. Other significant conditions of | ontributing to death to | but not ras | uiting in th | e undarlying | causa giv | an in Part I. | | tobacco us | • | o the cause of dea bably 4 - Unkn |
| been should | Completed by | | | | | | | | 24a. Was | an eutopsy ormed? | a | fara autopsy finding vailabla prior to empletion of causa deeth? |
| The law ate has page 2 | ошо | | | | | | | | 1 🗆 | Yas 2 X | | □Yas 2 No |
| | Be | 25. Was case rafarrad to madical examinar? | | | | | | | Daath (Chack only | ona) | | |
| Physician: this certific ral director, | 5 | 1 ☐ Yes 2 ☐ XNo | Hospital: 1 ☐ Inpati | | ER/Outpa | | | 4 Khi Mulaini | Home 5□ Ras | | | (fy) |
| nding ath. r: After e fune | Certification: | 27 Mannar of Death 1 Natural 5 Panding 2 Accident Invastigation | | ay Year) | 28b. Tim Inju | | 28c. Injur Wor 1 🗆 | yat k? Yas 2 □ No | 28d. Dascribe | how injury o | ccurred | |
| to the Hespital or Attend within 24 hours efter death To the Funeral Director: completely filled in by the | Certifi | 3 Suicida 6 Could not b 4 Homlcida detarmined | | jury - At he tc. (Specif | oma, farm | streat, facto | ory, offica | | | Streat and N wn, Steta) | lumber or Rui | el Route Number, |
| 24 hour 24 hour Funera etely fills | edical | 29a. Certifier (Check only one) 1 Certifying Ph | ysician: To the best ninar: On the basis of and mannar si | t axamina | wiedge, de tion and/o | ath occurre | d et the tin | ne, date end ple pinion, deeth o | ce, end due to the courred at the time, | ceuse(s) an deta and ple | d mannar as a | stated. o the cause(s) |
| ro un within Fo the | Me | 29b. Signature and title of certifie | and mained St | .0 | 7 | 2 | 9c. Licans | a number | | 29d. Data s | igned (Month, | Day, Year) |
| | | Jaser Fe | escore a | W) | | | Da | 534 | +4 | 11/3 | 25/9 | 16 |
| 8 | | | M.D., 241 | | | | 11200 | n Cilw | er Spring | M | .1 | 00004 |
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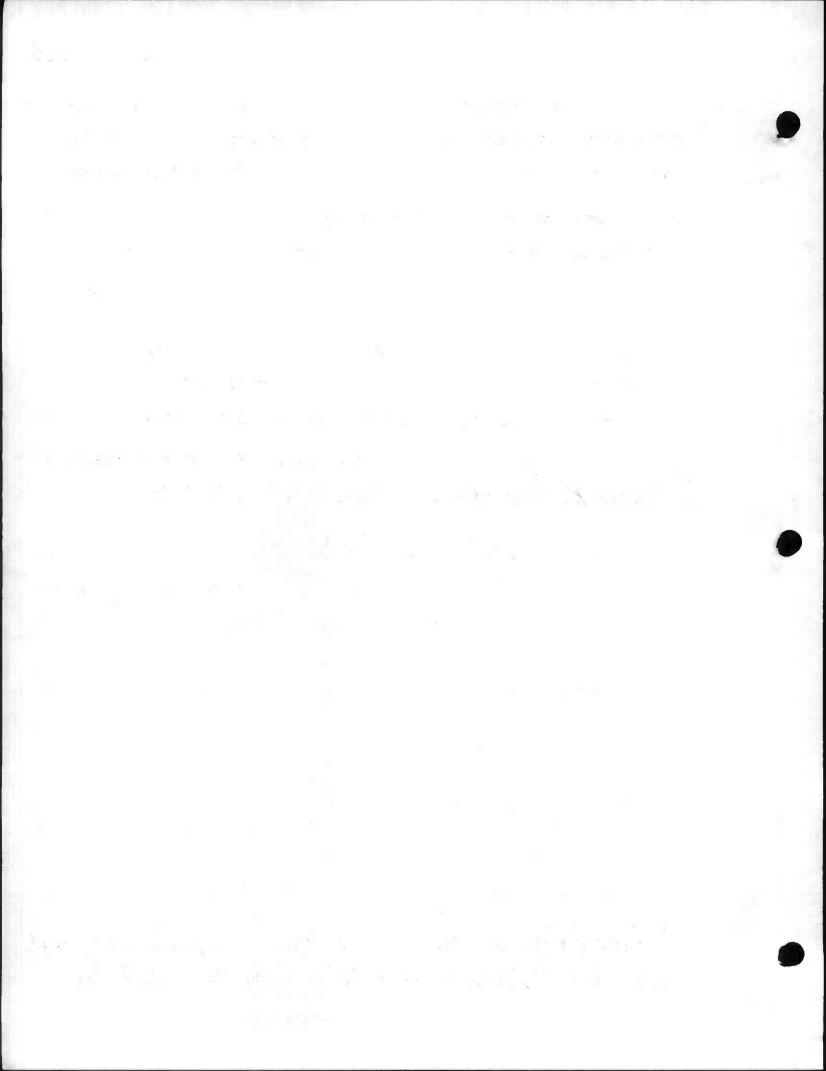
State of Maryland / Department of Health and Mental Hygiene 96 37227

| | | | | | | | Ce | rtificate | of of | Death | | | Reg. No. | | 0 1 | loss time 1 |
|---------------------|--|----------------|---|------------------------------|--|--|-----------------------------|--|----------------------|-----------------------------|----------------------|------------------------------------|----------------------------|--|-----------------------|---------------------------|
| | | | 1. Decedent's Neme (First | t, Middle, La | est) | | | | | | | 2. Dete of De | eth | | 3. Tir | me of Deeth |
| | Physici | | Walter | Edwa | rd | Gallag | her | | | | | Nov. 2 | 1, 19 | 96 Yeer | 6: | 45 AM |
| | /Medi Examir | | 4e. Fecility Neme (If not in | | | | SILCE | | | 4b. City, To | wn, or L | ocation of Death | 1 | ounty of Deet | | 13 111 |
| | ∟ Adiiii | ICI | Manor Care | | | | | | | Bethe | cha | | Mon | tgomer | *17 | |
| H | Funeval | | 5. Sociel Security Number | 6.5 | Sex | 7. Age (In yrs. le | st birthdev) | If Under | | | | 8. Dete of Birt | h | 0 | 3 | tete or Foreign |
| | Funeral Director | | 579-52-3031 Usuei Residence of Deced | | 180 M 2□ F | 86 | Yrs. | Months | Deys | Hours | Min. | (Month, Da Feb. 1 | y, Year) | | | tete or Foreign |
| | ahow show | | 10a. Stete 10b. | County | | 10c. City, | Town or Lo | cation | | | | | | | 10d. Insi | de City Limits |
| | The Mar 28a-f st notified | Director | Maryland M | ontgo | mery | Ве | thesd | a 10f. Zip | Codo | | | | 10- 04 | n of Whet Co | | Yes 2□ No |
| | ar death with the Maryland thems 23a or 28a-f show her must be notified at | rai Dir | 4960 Sentir | nel Dr | | | | 2 | 081 | | | | | USA | | |
| 050 | or its | by Funerai | 11. Maritel Status 1 Never Married 2 3 Widowed 4 Di | | Armed For | 2 No | | Wes Decede If Yes, speci 1 ☐ Yes 2 | | | | ecify Yes or No Rican, etc.) | | Reca - Ame Bleck, White Decify: Wh | | an, |
| 5-00 | natural, natural, | | 15. Do | ecedent's E | | 1544 | | dent's Usuel kind of work | | | t of work | ina | 16b. Klnd | of Business/ | | |
| Maryland 21215-0020 | Vitro | Completed | Elementery/Secondary | | College (1 | 4or 5+) | life. I | ornev | retire | d) | , | ""9 | Pri | vate I | Pract | ice |
| D | tal Hyg d other event, | C | 17. Fether's Neme (First, I | Middle, Last | | | | ,,,,,, | | 18. Mothe | er'e Nem | e (First, Middle, | Meiden Su | meme) | | |
| a | should be filed v and Mental Hygie i marked other t umatic event, it | To Be | Lawrence (1 | NMN) | Gallag | her | | | | Marg | | (1000) | | lan | | |
| 2 | 2 should and Mile ment | F | 19e. Informent's Neme/Re | | | IICI. | 19h Meilir | ng Address | Street | | | el Route Numbe | | | Zin Code) | |
| ž | 以三点是 | | | | | | | | | | | | | | | |
| e e | of Health Hem 27 other to | | Nancy Lee Ga 20e. Method of Disposition | | ier/wrre | 20b. Ple | ce of Dispo | sition (Nem | e of | | 403, | Bethes | | d . ZUE | | ite |
| 2 | nt of the state of | | 1 ☐ Buriel 2 💢 Crem | netion 3 [| | tete | | metory or oti | | | 1 - | - 1170 | | | | |
| Baltimore, | artmen ortant: Injury | | 4 Donetion 5 DO | | | Metr | - | tan C | | | | 1/22/96 | Alex | ., Vir | ginia | 1 |
| Ba | permit. Page Department of Important: If any injury or once. | | Imes | A A | 80 | \$ | D 2 | eVol 1 222 W: | Fund | eral l | Home Ave | ., N.W. | Wash | ., D.C | . 200 | 007 |
| | | | 23a Past1. Enter the dise | ese, or come. List only | plicetions that ca | fused the deeth. | Do not ent | er the mode | of dyi | ng, such es | cardiec | or respiratory e | rest, | | Approx | kimate il Between |
| ď | Physician | | | | | | | | | | | | | | Onset | end Death |
| 4 | /Medical | | immediate Cause (Finel disease or condition | | a. Pneum | onia | | | | | | | | | 1 da | v |
| п | Examiner | | resulting in deeth) | | a. Titoom | | es a consec | quence of): | | | | | | | | |
| | D # | ner | | | . Chron | ic Heart | t Fail | lure | | | | | | | 3 we | eks |
| | nd | Examiner | Sequentielly list conditions | s, | b | Due to (or e | | | | | | | | | | |
| o o | an a | m | Sequentielly list conditions if any, leeding to immedie cause. Enter Underlying | te | Artor | iosclero | atio I | Jeart | Die | 0250 | | | | i | Inde | finite |
| 68760, | death certificate be executed e attending physician and of for use es the burial-transit | edical | Cause (Disease or injury that initiated events resulting in death) Lasf | 1 | c. Altel | Due to (or a | | | DIS | ease | | | | | Inde | TIMEC |
| × | certifi nding use es | 2 | | | d | | | | | | | | | | | |
| Bo | atte | Cas | D. 111 OH | 1241 | | | | | | | | I see soil | | | | |
| P.O. | | Physician/ | Pert II. Other significant c | onditions o | ontributing to de | ath but not result | ing in the u | nderlying ca | use giv | /en in Pert I | | | | | | uss of death? |
| | requires that the death cent een signed by the attendin hould be detached for use | by Pt | | | | | | | | | | 10 | Y88 2 🔀 | No 3□P | robably | 4 Unknown |
| Records, | uires Qis r | 8 | | | | | | | | | | 24e, Wes | an autopsy | 24b. | Were auto | ppsy findings prior to |
| 9 | 2 00 | Completed | | | | | | | | | | perfo | med? | | completion | orior to n of cause |
| Re | e law hes t | E I | | | | | | | | | | | | | of deeth? | |
| ल | ician: The certificate h rector, page | | *** | | | | | | | | | | res 2 🕮 | Vo | 1 🗆 Yes | 2∐ No |
| Vital | Physician: The Lithis certificate heral director, page | Be | 25. Wes case referred to resembler? | nedicai | Hospitel: | | | | Oth | | | h (Check only o | | | | |
| to | this aldi | 7° | 1 ☐ Yes 2X No 27. Menner of Deeth | | 1 🗆 1 | · | R/Outpetler | | , | 4 (4) NI | irsing Ho | me 5 Resid | | | cify) | |
| 5 | Iling After fune | - Lo | 1 ☑ Neturel 5 □ | Pending | | f Injury 2 , Dey Year) 2 | 8b. Time of Injury | | c. Injui | | Na | 28d. Describe i | low injury o | ccurred | | |
| Sic | Attending r death. | cat | E C MODIODIN | Investigetion Could not b | | | | М | | Yes 2 | NO | 0011 | | | 10 | |
| Division | after after Direc | Certification: | 4 Homicide | determined | 28e. Plece bulldin | of Injury - At hom g, etc. <i>(Specify)</i> | ie, ferm, str | eet, fectory, | office | | | 28f. Location (S City or Tov | otreet and N vn, Stete) | /um <i>ber or H</i> i | irei Houte | Number, |
| | ital urs a rai D | | | | | | | | | | | | | | | |
| | To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral | edical | 29a. Certifier 1⊠ Co (Check only 2 Min one) | ertifying Ph edical Exar | nysician; To the l niner; On the ba end menn | sis of examinatio | edge, deeth n end/or inv | occurred e restigetion, i | t the tir in my c | me, dete en opinion, dee | d pieca, th occur | end due to the red et the time, | cause(s) an dete end pl | d manner as eca, and due | stated. to the car | u se (s) |
| | To th To th Comp | Z | 29b. Signeture end title of | certifier | | | | 29c. | Licens | se number | | | 29d. Date s | igned (Mont | h, Dey, Ye | ear) |
| | 1 | | 1 Oan | W. | Tron | In In | 0 | DC |)417 | 7 9 | | | Novem | mber 2 | 1. 10 | 996 |
| | 40 | | 30. Name and address of p | person when | completed cause | of deeth (Item 2 | (Type | | /4 L / | 7 | | | 110061 | WEL Z | ., | - |
| | 7 | | James J. Fo | ster, | M.D. 55 | 30 Wisc | onsin | • | , Cł | nevy (| Chase | e, Md. 2 | 20815 | | | |
| | Sta Registr | - 1 | NOV 2 7 | | Julia Julia | gistrer's Signetu | andelle | , | | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene 96

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| | | | | | | Cer | tificate of | Death | | | Reg. No. | | | |
|----------------------------|--|----------------|---|---|-------------------|----------------------|--|----------------------|------------|-----------------------------------|-------------|-------------|--------------|--|
| | Discont | | 1. Decedent's Neme (First, Middle, Le | est) | | | | | | 2. Dete of D | Deeth | | | 3. Time of Death |
| | Physic /Med | | WALDA M | . GEOR | GE | | | | | NOV. | 25 | | Yaar 1996 | 9:55 AM |
| | Exami | | 4a. Facility Neme (If not Institution, gir | ve street end number) | | | | 4b. City, To | wn, or L | ocation of Dec | | County o | | |
| 4 | | | SHADY GROVE A | DVENTIST | HOSPI | TAL | | ROC | KVI | LLE | | MOI | VTGO | MERY |
| Н | Funeral | г | | | e (In yrs. last b | - | If Under 1 Year | If Under | 24 Hrs. | | irth | | | ace (State or Foreign |
| Į, | Director | | 173-16-4305 | 1 M 20 F | 82 | Yrs. | Months Days | Hours | Min. | 8. Date of B (Month, L June | 20, 1 | 914 | Counti | bama |
| | pc , | 1 | Usual Residence of Decedant | | | | | | | | | | | |
| | anyla ahov | _ | 10a. Stete 10b. County | | 10c. City, To | | | | | | | | 10 | d. Inside City Limits |
| | 9 Mg | cto | MD Montg | omery | Ga | aith | ersburg | 3 | | | | | | 1 ☐ Yes 200 No |
| | or 2 | Director | 10e. Street end Number | | | | 10f. Zip Code | | | | 10g. Citiz | ten of Wi | het Counti | N3 |
| | th w 23a | a | 875 Diamond | Drive | | | 2 | 20878 | | | 1 | U.S. | .A. | |
| | ours effer death with the Marylan elf, or frems 23a or 28a-f show Examiner mart be notified at | Funeral | 11. Marital Status | 12. Wes Decedent Armed Forces? | Ever in U,S. | 13. W | Vas Decedent of H Yes, specify Cub | Hispanic Ori | gin? (Sp | ecify Yes or N | lo- 1 | | - America | |
| 0 | or It | | 1 ☐ Never Married 2 ☐ Married | 1 Yes 2 X | No | | ☐ Yes 2☑ No | | i, i dento | raican, etc.) | | | Bla | |
| 000 | | d by | 3 XWidowed 4 □ Divorced | Year or Detes: | | ' | L 165 280 NO | эрвину. | | | | Specify: | рта | CK |
| 21215-0020 | within 72 hours iene. 'then "neturel', The Wed cal Exe | Completed | 15. Decedant's E (Specify only highest gra | ducation ade completed) | 16 | e. Daceda (Give k | ant's Usuai Occup kind of work done O NOT use retire | oation during mos | t of work | ina | 16b. Kin | d of Bus | iness/Indu | istry |
| 121 | C | du | Elamantary/Secondary (0-12) | College (1-4or 5 | 5+) | | | d) | | 9 | | | | |
| | | | 12th | | | R | etail | | | | | Stor | | |
| E C | 8 E S | Be | 17. Father's Neme (First, Middle, Last, |) | | | | | | e (First, Middl | | Sumeme |) | |
| 7 | should be and Mental marked o | 2 | James Hayes | | | | | | Ben | nie B | ritt | | | |
| Maryland | 2000 | | 19a. Informent's Name/Ralationship (| ** | | | Addrass (Street | | | | | | | |
| | s 1 end f Health item 27 other tr | | Vernetta Hugh | es (Daug | - | | | ond D | r., | Gait | hers | our | J, M. | D 20878 |
| 0 | o to | | 20e. Mathod of Disposition 1 ☑ Buriel 2 ☐ Crametion 3 ☐ | Removal from State | | | iltion (Neme of etory or other ple | ca) | | Date | 20c. Loc | eation - C | ity or Tow | n, State |
| altimore, | permit. Pag Department Important: If any Injury o | | 4 □ Donetion 5 □ Other (Specif | | Gate | of | Heaver | n Cem | . 1 | 1/30 | Sil | ver | Spr | ing, MD |
| a | permit. Pa Departmen Important: any Injury pnce. | | 2) Signature of Funeral Service Idcer | nsee | 1 | | Name end Addre | | | | | | | |
| m | 805 8 8 | - 3 | CHELDSE KI | Juno | luc | S | NOWDEN OCKVILI | FUNE | RAL | HOME | , P. I | Α. | | |
| | | | 23a. Pert1. Enter the I sease, o com shock, or haart fillure. Let only | plications thet caused | the death. Do | not ente | r the mode of dylr | ng, such es | cardiac | or respiretory | arrest, | | 1 / | Approximate |
| | Physician | | snock, or naart milure. Lan only | / | 1 | , | The same of | | | | | | | Approximate Intervel Between Onset end Deeth |
| 9 | /Medical | | Immediate Causa (Final disease or condition | Ven | TYICU | lov | F. L. | r, 11a | 1 | 24/ | | | 1 | 1 who |
| | Examiner | | resulting in death) | | Due to (ores a | | | 11/14 | 110 | - 0 | , | | 1/1 | Inules |
| | | Je. | | A | 11/10 | 1/1 | 40 Car | 1.01 | | 1 sto | ction | | - | House |
| | outed | Examiner | Sequentially list conditions | b | Due to (or as a | - | 1 | 9/4/ | _ | -11/41 | CITO. | // | 1 | 70413 |
| ó | en er iriel-t | | Sequentielly list conditions, if any, leeding to immediata causa. Enter Underlying Ceuse (Disease or Injury | (0 | rongr | | Alta | 7 | 015 | 2956 | | | 1/ | Parc |
| 68760, | icate be executed physicien end s the buriel-transit | Ical | thet Initiated events resulting in deeth) Lest | c. | Due to (or es a | - | ence of): | 9 | 100 | -90C | | | / | cu's |
| 9 | certificate be executiding physicien end ise es the buriel-train | /Medical | resulting in death) Lest | | , | | _ | | | | | | İ | |
| Вох | | And | | d | | | | | | | | | | |
| | thet the death ed by the atten deteched for u | Physician | Pert II. Other significant conditions of | ontributing to death bu | it not resulting | In the unc | derlylng cause giv | en in Pert I | | 23h Die | I tohacco u | ise cont | ribute to t | he cause of death? |
| P.O. | thet the ed by th deteche | ,h | | | | | | | | | Yes 2 | | 3 ☐ Probe | |
| | | by F | | | | | | | | | , 100 | . 110 | | un, y contaioun |
| Ë | The law requires thet ate hes been signed to page 2 should be det | | | | | | | | | 24a. Wa | s an eutops | зу | | e autopsy findings |
| 00 | aw re | Completed | | | | | | | | peri | ormed? | | com | lable prior to pletion of cause eath? |
| E S | The lay ate hes page 2 | Ē | | | | | | | | | 4. | 1 | | C. |
| <u>a</u> | iclen: The | | 25. Wes case refarred to medical | | | | | | 14-733 | | Yes 21 | No | 10 | Yes P No |
| > | Attending Physicien: or death. ector: After this certific: by the funeral director, | o Be | examinar? | Hospital: | * ** | | a□ po₄ Oth | ar | | h (Check only | | | | / |
| ō | Phys r this eral d | - | 27. Mannar of Deeth | 1 ☐ Inpatier | | Time of | 3LI DOA | 4LI NU | | me 5 Res 28d. Describe | | | | |
| 5 | ding th. | tlor | Natural 5 Pending Accident Investigation | (Month, Dey | | Injury | 28c. injur Wor | k? Yes 2⊡1 | _ | 200. 200020 | now injury | 00001100 | | |
| Division of Vital Records, | or Attencafter death Director: 5 in by the | fica | 3 Suicide 6 Could not be | | ry - At home f | arm etre | | | | 28f Location | (Street and | Number | or Rumi I | Route Number, |
| 5 | after Direct | Certification: | 4 ☐ Homicide determined | building, etc. | (Specify) | arri, stro | ot, rectory, omca | | | | wn, State) | 14 dillioon | Of Fidings | loute (4umber, |
| | or the Hespital or Attending Physicien: within 24 hours after death. To the Funeral Director After this certific completely filled in by the funeral director, | | 29a, Certifier 100-Certifying Ph | ysician: To the best of | f my knowlada | o dooth | nouseed at the time | no data and | d min na | | | | | |
| | Fur etely | edical | (Check only 2 Medical Exam | niner: On the basis of end menner stat | examination ar | nd/or Inve | stigation, in my o | pinion, deat | h occurr | ed et the time | deta end p | oleca, an | d due to the | ed. ne cause(s) |
| | ithin of the | Me | 29b. Signature and little of certifier | 3 d d | > A4 | | 29c. License | e number | | | 29d. Date | signed (| Month De | v Vosr) |
| | F \$ F ō | | De Flinand 6 | (10) Jan | MAID | | D | 192- | 17 | | 1/00 | | , – | < 1001 |
| | / | - | , Ormand E | I W LUSTIL | <i>- 'y</i> | _ | <u> </u> | 117 | | / | NOTE | /11) be | 11 2 | 11776 |
| | 5 | | 30. Nema end address of person who o | complated dausa of de | ath (Item 23a) | (Type, P | rint) Alor | ical 1 | DA | by D. | 17 | V. | 110 | MI |
| | -01 | • | 31. Date filed (Month, Dev, Yeer) | 1V//SUN/ | r's Signature | 770 | 1 14641 | W/ L | 01/1 | VY. | 110 | LVVI | 116, 1 | 19 |
| | Sta Registr | | | 396 | a Davidso | 1-7Pm | delle | | | | 1 | | | |
| | 3 | | NOVEL | 330 | | | | | | | | | | |



November 22, 1996

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Dorothy November 22, 1996 Grant 4:35A. /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Mariner Health Care Laurel Laure1 Prince George's If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) Aug. 23, 1921 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stete or Foreign **Funeral** 1□ M XXF Months Days 378-12-1365 75 Vrs Toledo, Ohio **Director** Usual Residence of Decedent the Menylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits / is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Experience must be exitted at Prince George's Maryland Beltsville 1 ☐ Yes 2 XX Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1 3315 Dunnington Road 20705 United States e filed within 72 hours efter death val Hygiene.
other than "natural", or items 23 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Merried 2 Married YN Yes 2 □ No Baltimore, Maryland 21215-0020 TYes, Give Yeer or Dates: WWII 1 ☐ Yes XXNo Specify: þ Specify: White 3 ☐ Widowed 4 Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Housewife 12 Own Home 17. Father'a Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) 12 should be fill h end Mental H is marked oth Be Clyde В. Bower Ann Marie Stechman 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20904 19a. Informant's Neme/Relationship (Type, Print) permit. Pages 1 and 2 sh Depertment of Health end Important: If Item 27 is m any injury or other traum William C. Grant (son) 2141 Hidden Valley Lane Silver Spring, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 15☐8urial 2 ☐Cremation 3 ☐Removal from Stete 4 ☐ Donation 5 ☐Other (Specify) Maryland Veterans Cemetery 11/25/1996 Cheltenham, Maryland 21. Signiful 22. Name end Address of Fecility Donald V. Borgwardt Funeral Home, P.A. DOCT 4400 Powder Mill Rd. Beltsville, Maryland 20705 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause in each line. Approximate Interval Between Onset and Death Physician Immediate Ceuse (Final disease or condition resulting in death) /Medical Kar Examiner Due to (or es e consequence of) Examiner your The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last and Due to for as a Box 68760, attending physician for use es the burie uear Physician/Medicai signed by the at d be deteched fo Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen has certificate 1 ☐ Yes XX No 1 ☐ Yes → No or Attending Physician: effer death. Director: After this certifica Be 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospital: Other: Wursing Home 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 ☐ Residence 6 ☐ Other (Specify) funeral Certification: 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 XX atural 5 Pending 1 ☐ Yes 2\O\No Investigation 2 Accident the 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 Homicide To the Hospital of within 24 hours e To the Funeral D edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

William A. Warren, M.D. 321 Prince George Street Laurel, Maryland 20707 31. Date filed (Month, Day, Year) NOV 2 5 1996

32. Registrar's Signature who Davidson-Randall

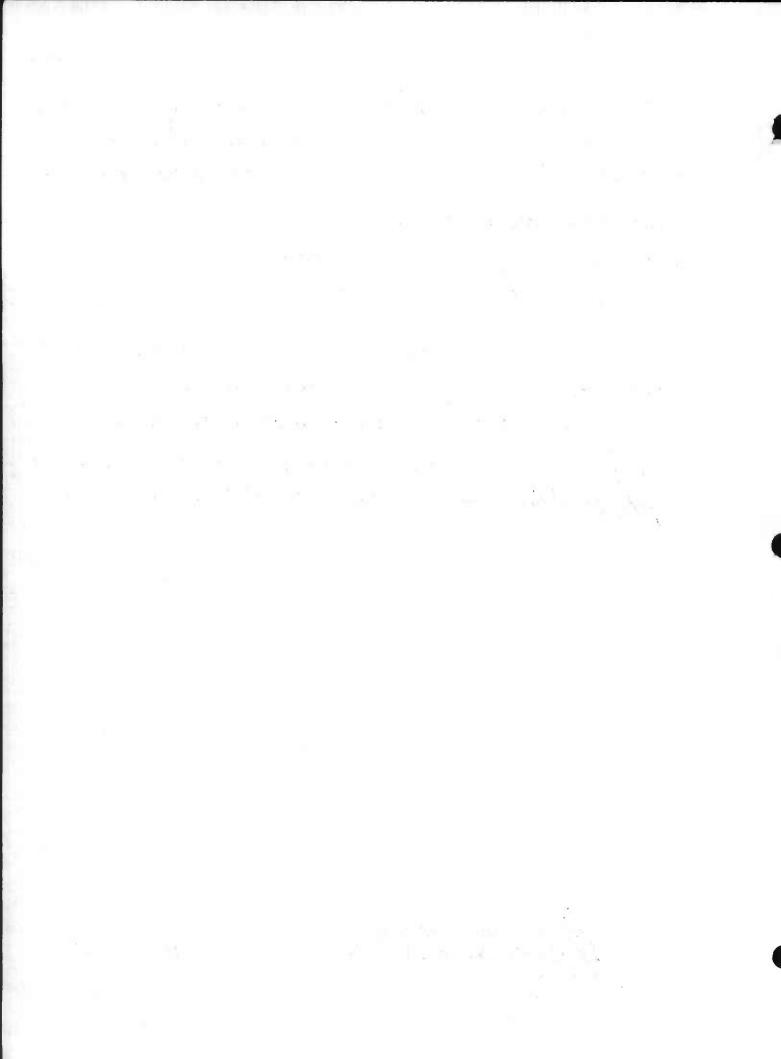
30. Name and address of person who completed cause of death (item 23e) (Type, Print)

DHMH 16 Rev 6/95



| | | Decedant's Nama (First, Mide | die, Last) | - | | 06 | ertificate of | Death | 2. Data of D | Reg. No | 0. | | 3. Time of Deati |
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| sicia | _ | 0 .) | Eugene | | (| Grit. | 1.1 | | Novemb | | 8, 19 | Voor | 6:05 PM |
| edic min | _ | 4e. Facility Neme (If not institution | | end numbe | er) | | | 4b. City, To | wn, or Location of Dae | - | c. County | of Death | |
| | | 2102 Hideout | Lane | | | | | | ellville | Pr | ince | Georg | e's |
| ral | | 5. Social Security Number | 6. Sex Ж□ м : | | Age (In yrs. | last birthday Yrs. | Months Days | If Undar: | Min. Jule 1 | irth ay, Year | 20 | 9. Birthplac | e (State or Fore Virgini |
| tor | | 233 17 1691 Usual Rasidenca of Dacedant | | | 28 | 115. | | | Jule 1 | 5 196 | 80 | West | virgini |
| 8 | | 10a. State 10b. Count | у | | 10c. Cit | y, Town or L | ocation | | | | | 10d. | inside City Lin |
| | ctor | Maryland Princ | ce Geor | ge's | Mit | chelly | ville | | | | | | 1 ☐ Yas 2 ☐ |
| | Directo | 10e. Street and Numbar | | | | | 10f. Zlp Coda | | | 10g. Ci | itizan of W | hat Country | ? |
| To a | | 2102 Hideout I | | | | | | 20716 | | | | JSA | |
| | Funeral | 11. Marital Status 1 ☐ Never Merried 2 ☐ Ma | Ar | med Force | | ,S. 13. | Was Decedent of I If Yas, specify Cub | dispenic Origen, Mexican | gln? (Specify Yes or N , Puerto Rican, etc.) | lo- | | - American k, Whita, ato | |
| | by F | 3 ☐ Widowed 4 ☒ Divorce | . If | XYes 2[Yas, Giva aar or Detes | | | 1 □ Yes 2 No | Specify: | | | Specify: | Whit | е |
| 100 | P | 15. Deceda | nt's Education | union. | | 16a. Dece | edant's Usuel Occup | pation | | 16b. F | Kind of Bu | sinass/Indus | stry |
| 1 | Completed | (Specify only high Elamantary/Secondary (0-12) | T | pietea) ollega (1-40 | or 5+) | | e kind of work done DO NOT use retire | auring mosi d) | or working | | | | |
| | Co | | | 2 | | Disa | oled | | | | | d Forc | es |
| | Be | 17. Fathar's Nama (First, Middle | | | | | | | r's Nama <i>(First, Middl</i> y N. Allen | | | e) | |
| | 2 | Robert K. Grif | | riot) | | 19h Mail | ing Address (Street | - | or or Rural Route Num | | | State Zin Co | ode) |
| 3 | | John J. Parred | | PRI |)) | | | | Mitchellvi | | | | ,00 |
| 2 | Ì | 20e. Mathod of Disposition | | | 20b. P | Place of Disp | osition (Name of ematory or other ple | | Deta | | | City or Town | , State |
| once. | | 1 Burial 2 Cramation | | al from Sta | ta | • | | • | 11-30-96 | Ale | xandı | ria, V | 'A |
| DUCE. | | 21. Signature of Vaneral Service | e Licensee | | 400173 | 2 | 2. Name end Addra | ss of Facilit | у | - | | | |
| 8 | | Vada 14 | They | | 100) 13 | J | .H. Eberw 433 White | ein Mo Pls 1 | ortuary La White P | ls., | MD 2 | 20695 | |
| | | 23s. Anti Enter the disease, of hock, or heart failure. Lis | or complication | s that caus | sed tha daat! n line. | | | | cardiac or raspiratory | | | | pproximata tarval Between |
| an | 1 | , | | | A 15 | | | | | | | 0 | nset and Deat |
| cal | | Immediata Causa (Final | | | | 0 | | | | | | 1 | |
| ner | - 1 | disease or condition resulting in death) | a | | AID | 20 | | | | | | | |
| | Je. | disease or condition resulting in daath) | 8 | | | or as a conse | equence of): | | | | | | |
| | sminer | resulting In death) | a | | Dua to (o | er as a conse | | | | | | | |
| | Examiner | resulting in death) Sequentially list conditions, if any, leading to immediate | a | | Dua to (o | | | | | | | | |
| | dical | resulting In death) | a | | Dua to (o | er as a conse | quance of): | | | | | | |
| | dical | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | 8 6 d | | Dua to (o | or as a conse | quance of): | | | | | | |
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| | dical | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | a | ng to death | Dua to (o | or as a conse | quence of): | ven in Part I. | | | 2. | | |
| THE CHILD DATE OF BEING DATE OF BRIDE | Physician/Medical | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | a | ng to death | Dua to (o | or as a conse | quence of): | ven in Part I. | | | o use con | ntribute to th | |
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| Parish and the control of the contro | Physician/Medical | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | of | | Dua to (o | or as a conse | quance of): quence of): undarlying cause gh | 26. Placa | 24a. Wa | Yee : s an auto formed? | 20 No | 24b. Wara eveila comp of dea | autopsy findir able prior to lation of cause ath? |
| | To Be Completed by Physician/Medical | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions. 25. Was case referred to medic examiner? 1 Yes 2 bits | al Hospita | al: 1 □ Inpa | Dua to (of | or as a conse | equance of): quence of): undarlying cause gh | 26. Placa ner: 4 □ Nu | 24a. Wa per 1 Cof Death (Check only rsing Home 5 Re | Yee :: san autoformed? Yas 2 Yone) | opsy No 6 □Othe | 24b. Wara eveila comp of dea | autopsy findir able prior to lation of cause ath? |
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State Registrar



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | | FOR |
|---|---|-----------|
| 1 | | STATE |
| ı | _ | REGISTRAR |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

| 1. DECEDENT'S NAME (First, Middle, Last) | 1.4 | | | | | | | | OF DEATH | AV | VEAD | 3. TIME OF DEATH | |
|--|---|--------------------------------------|----------------------|---|----------------------------------|--|---------------|--|---------------------------------|--------------------------|----------------------------------|--|--|
| ESTH | DIR | OPAL GAUL | | | | | Nov. 22, 1996 | | | 96 | 6:45 A . | | |
| 4. SOCIAL SECURITY NUMBER | 6. AGE (In yrs. les | IF UNDER 1 YEAR IF UNDER 24 I | | | | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTH Count | | IPLACE (State or Foreign | | | |
| 220-12-9912 | 1 M 2 T | 73 | YRS. | MONTHS | DAYS | HOURS | MIN. | 2/ | 10/19 | 323 We | | st Va. | |
| | a. FACILITY NAME (If not institution, give street and number) 1511 Ryan Road | | | | 96. CITY, TOWN OR LOCATION OF DE | | | | | | ec county of DEATH Harford | | |
| RESIDENCE OF DECEDENT | | | | | | | | 7.1.1 | | | 1100 | 104 101 0 | |
| | 0e. STATE 106. COUNTY | | | | Y, TOWN OR LOCATION | | | | | | 783 | 10d, INSIDE CITY LIMITS? | |
| 100. STREET AND NUMBER | Maryland Harford | | | | Fallston | | | | Late and the | | | 1 YES 2 ND | |
| 1511 R | d | | | 210 | | | | | | | U.S.A. | | |
| 11. MARITAL STATUS | IT EVER IN U.S. ARMED 13. WAS | | | | DECENDENT OF HISPANIC ORIG | | | RIGIN? (Specify Yes or No- 14. RA | | 14. RAC | ACE — American Indian. | | |
| 1 Never Merried 2 Merried 3 Widowed 4 Divorced | TYES 2 NO MR OR DATES | | | If yes, specify Cuben, Mexicen, 1 ☐ YES 2 ☐ NO Specify: | | | v: | | | Spec | k, White, etc. Hy: lCasian | | |
| 15. DECEDENT'S EDU (Specify only highest grade | JCATION e completed) | 16a. DE | 16a. DECEDENT'S USUA | | | IUAL OCCUPATION | | | 16b. KIND OF BUSINESS/INDUS | | | | |
| Elementary/Secondary (0-12) | | College (1-4 or 5 +) | | ive kind of work done du Do NOT use retired.) | | | | | | | | | |
| 8 | | | Waitre | | ess | | | | Food | | d | 3 | |
| 17. FATHER'S NAME (First, Middle, Last) James Ol | mar V | ellico | lligon | | | | | ME (First, Middle, Melden Surname) Pa M • | | McGlothin | | | |
| 19a. INFORMANT'S NAME (Type/Print) | V | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem | | 20b. PLACE | OF DISPOS | | | _ | - | · | 20c. LC | CATION - | City or To | own, State | |
| 4 Donetion 5 Other (Specify) | noval from State | Good | will | Cer | net | ery | | 11/2 | 5 Fal | lst | on. | Maryland | |
| 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | 1) 1/ | 7 | 22. NAME AND ADDRESS OF FACILITY | | | | | | | all and the second second | | |
| My Hyler | 1) Herelden Tunk TI | | | | | Kurtz Funeral Home, P.A. Jarrettsville, Maryland | | | | | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | с | O (OR AS A CONSE | | | | | | | | | | | |
| | d | | | | | | | | | | | | |
| PART II. Other algolificant condition | ne contributing to | death but not | reaulting i | In the un | iderlyin | ng cause | given in | Part I. | 24a. WAS AF PERFO 1 YES | RMED? | 24 | b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| 25. WAS CASE REFERRED TO MEDICAL | | | | | 26 P | LACE OF I | DEATH /C | heck only o | ne) | | | | |
| EXAMINER? | HOSPITAL: | ☐ ER/Outpatient : | 3 DOA | OTHER | ₹: | | | | - | | | | |
| 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Treatural 5 Pending Investigation Pending Investigation Pending Investigation Investigati | | | | | | | | | Factor | | | | |
| 3 Suicide & Could not be determined | 26s. PLACE building | OF INJURY At hi I, etc. (Specify) | ome, ferm, e | street, fact | ory, offi | in. | | 28f, LOC City | ATION (Street or Town, State | and Mumbe | e or Planel | Route Numbec | |
| 28s. CERTIFIER (Check only 2 MEDICAL EXAMP) 29b. SIGNATURE AND TITLE OF CERTIFIE | ER: On the basis of | SA COUNTY OF THE PARTY | | | | death occu | | e time, dete | | due to t | he cruse(| s) and manner se stated. 2 (Mounts, Day, War) 195572 25, 19 | |
| 30. WAME AND ADDRESS OF PERSON W | | USE OF DEATH (ITE | m zgaga | (bjet) | 84 | 幼 | 250 | R | m | 12 | LA | WD 2104 | |
| NOV 25 1996 | 32 REGIST | AR'S, SIGNATURE | Sall | | | rg o | 7.10 | | .,, | | 1-71 | 2015 | |

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Dey Yeer NOVEMBER 19, 1996 **Physician** STEPHEN ALLAN HATCH 10:15 P.M /Medical 4e. Fecility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** ANNE ARUNDEL ALEXIS DRIVE GLEN BURNIE, 304 If Undar 1 Year If Undar 24 Hrs. Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplece (State or Foraign Country) **Funeral** 1 M 2 □ F Months 030-38-7115 Director 46 12/18/1949 MASSACHUSETTS Usual Residence of Decedent death with the Maryland 10b. County 10c. City, Town or Location ral", or items 23a or 28a-f show Examiner must be nutified at 10d. Inside City Limits MARYLAND ANNE ARUNDEL Funeral Director GLEN BURNIE 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 304 ALEXIS DRIVE 21061 U.S.A. 12. Wes Decedent Ever in U.S. Amped Forces?5/7/1979 1 △ Yes 2 □ No If Yes, Give 3/31/1988 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. pemil. Pages 1 and 2 should be filed within 72 hours effer to Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or her any Injury or other traumatin even. 1 Naver Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2XX No Specify: Specify: WHITE Completed by 3 Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 NONE SECURITY TOYOTA 17. Fether's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Malden Surneme) Be FRANKLIN CHESTER HATCH THELMA M. COOPER 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ANGELIKA HATCH 304 ALEXIS DRIVE, GLEN BURNIE, MD (WIFE) 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) MARYLAND VETERANS CEM. CROWNSVILLE, MD 1996 21. Signature of Funeral Service Licensee 22. Nama and Address of Fecility SINGLETON FUNERAL HOME 23e. Pert1. Enter the disease, of complications that caused the deeth. Do not enter the moda of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one ceuse on each line. 1 SECOND AVE. S.W., GLEN BURNIE, MARYLAND 21061 Approximete Interval Between Onset and Deeth Physician /Medical Immediete Ceuse (Finel long concel disaese or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last and use es the burial-tra Due to (or es e consequenca of) P.O. Box 68760, certificate has been signed by the attending physician rector, paga 2 should be deteched for use as the buria Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tos 2 No 3 Probably 4 Unknown Division of Vital Records, ģ Completed 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en autopsy performed? 1 Yes 2 ₩ or Attending Physician: Be 25. Wes case referred to medical exeminer? RJZ 26. Piece of Deeth (Check only one) error Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 2 1 Yas 2₽No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA iours effer death.
neral Director: After this
y filled in by tha funeral di After this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28e. Placa of Injury - At home, ferm, straet, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours of To the Funeral D completely filled I 12 Exitiying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner es steted.
2 Madical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred et the time, date and plece, and due to the ceusa(s) end menner steted. 29a. Certifier Medical Attending Physician 29c. Licansa number Hemelone Service Walk DC 29b. Signature and titleyof certifian 29d. Date signed (Month, Day, Year) with DC # 21875 walder Reed Arm, Med Cen

dem-tology/oncology

32. Registrer's Signeture

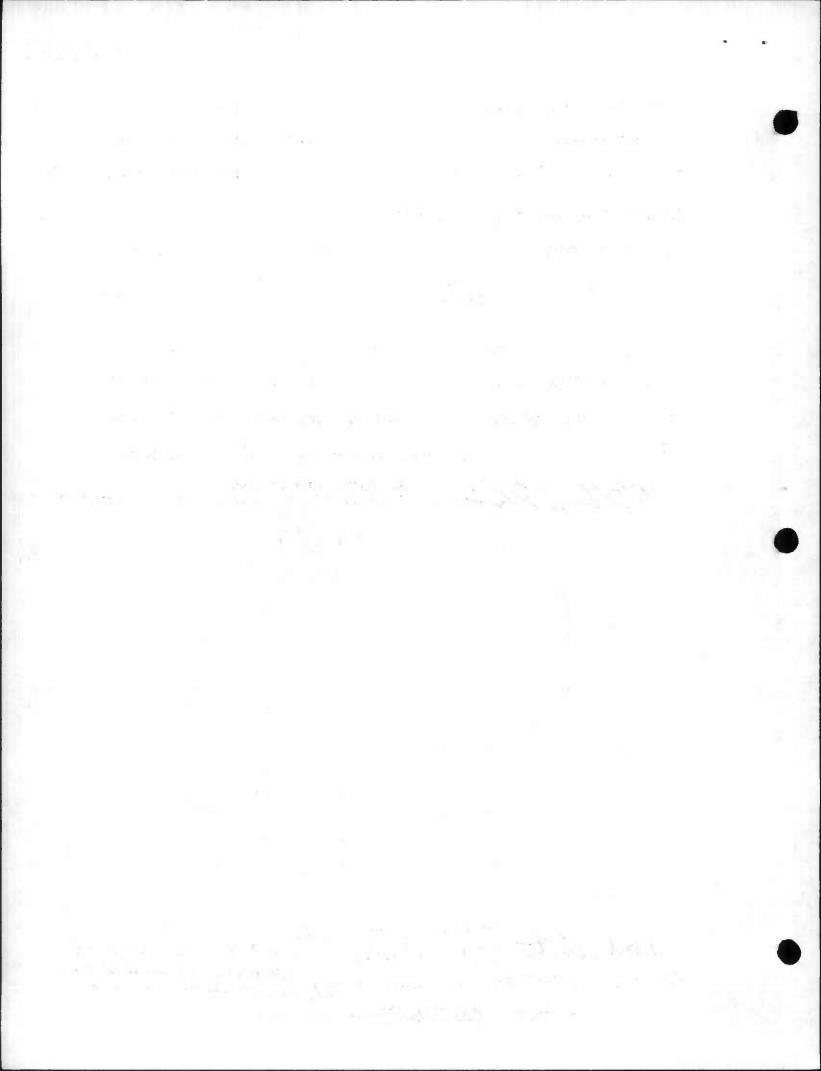
Julia Davidson-Randell

State Registrar Robert

31. Dete filed (Month, Day, Year)

J. Christiano.

DHMH 16 Rev 6/95



27222

| Physici | | 1. Decedent's Neme (First, Middle, L. | 131/ | | | | 2. Dete of Deet | th | | 3. Time of Death | | | |
|--|-----------------|---|---|---|---|--|---|---|---------------------------|--|--|--|--|
| /Medie | | RONALD | S. | | | rii | Nov Nov | Dey 1996 | | 11:19AM | | | |
| Examir | | 4e. Fecility Neme (If not Institution, gi | ve street end number) | | | 4b. City, Town, or | Location of Deeth | | | | | | |
| | | 29180 HOWELL | PT. RD | | | Trap | pe | Tall | oot | | | | |
| Funeral Director | | | Sex 1 M 2 □ F 7. Age (In yi | yrs. lest birthdey) Yrs. If Under 1 Yeer II Under 24 Firs. Months Deys Hours Min. | | | . (Month, Day, | 8. Dete of Birth (Month, Dey, Year) SEPT. 8, 1949 | | B. Birthpiece (State or Foreign Country) COLORADO | | | |
| yland | | 10a. Stete 10b. County | 10c. | City, Town or Lo | cation | | | 10d. inside City Limits | | | | | |
| Ba-f s | ral Director | MD TALBO | | | | 1 □ Yes 2√2 No | | | | | | | |
| 23a or 2 | | | | | | | | | izen of What Country? USA | | | | |
| De fled within 72 hours after deeth with the Maryland niel Hygiane. The Hygiane do other than "natural", or itema 23a or 28a-f show event, the Medical Examinal must be notified at | by Funeral | 11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. Wes Decedent Ever in Armed Forces? 1 Yes 25 No if Yes, Give Yeer or Detes: | | Wes Decedent of I I Yes, specify Cub I ☐ Yes 2 ☑ No | Hispanic Origin? (5 en, Mexican, Puel Specify: | ipecify Yes or No- lo Rican, etc.) 14. Rece - American Bleck, White, etc. Specify: ASIA | | | etc. | | | |
| within /z re ane. than "natur he Medical | Completed | 15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12) 1 2 | life. L | dent's Usuei Occup kind of work done DO NOT use retire | pation during most of wo d) | | 16b. Kind of Business/Industry GROCERY STORE CHA | | | | | | |
| Hygin Hygin | Be Co | 17. Father's Neme (First, Middle, Las | 2 | 112 | MUDANIA | 18. Mother's Na | me (First, Middle, M | | | LOKE CITIE | | | |
| should be and Mental I marked of | To B | SUMIJI HORII | - 100 | | | HIDEK | O MIZUGCHI | | | | | | |
| n and h and ls m rsum | | 19e. Informent's Neme/Ralationship CHRISTIE F. HO | | | | | Rural Route Number, City or Town, State, Zip Code) RD., TRAPPE, MD 21673 | | | | | | |
| Heal ther | | 20a. Method of Disposition | | | sition (Neme of netory or other ple | | | APPE, . 20c. Location - | | | | | |
| 0 0 - 5 | | MDBurial 2 □ Cremetion 3 [4 □ Donetion 5 □ Other (Speci | (y) SH | CEMETE | RY | 12-2 S | SHERWOOD, MD | | | | | | |
| permit. Peg Department Important: I any Injury o | | 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOLDER OF ST 200 S. HARRISON ST., EASTON, MD | | | | | | | | | | | |
| hysician /Medical Examiner | ner | 23a. Pent1. Enter the disease, or con shock, or heert feilure. List only immediate Cause (Finel disease or condition resulting in deeth) | . GUNS | | WON | / | c or respiretory error | est, | | Approximate intervel Between Onset and Death | | | |
| physician and strengist the buriel-transit | edical Examiner | b. Due to (or es e consequence of): if eny, laading to immediate causa. Enter Undertying Cause (Disease or injury that initiated evants Due to (or es e consequence of): | | | | | | | | | | | |
| ding Se as | Physician/Medi | resulting in deeth) Lest | d | (or es e conseq | derice or). | | | | | | | | |
| he etter | sici | Pert if. Other significant conditions | 23b. Did tobecco use contribute to the cause of death? | | | | | | | | | | |
| igned by the e | by Phy | | 1 🗆 Y | 1 Yes 2 No 3 Probably 4 Unknow | | | | | | | | | |
| peen s | Completed | | | | | | 24e. Wes e perform | n eutopsy ned? | eva | re autopsy findings illeble prior to npletion of cause leath? | | | |
| To the Hospital or Attending Physician: The lew within 24 hours effer death. To the Funeral Director: Affer this certificata has completely filled in by the funeral director, page 2 | | | | | | | 1 □ Y€ | s 2ENo | 1□ | Yes 2DINO | | | |
| | Be | 25. Was case referred to medical exeminer? | eth (Check only on | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Certification: | 3 Suicide 4 Homicide 6 Could not be datermined 28e. Plece of injury - At homa, ferm, street, lectory, offica building, etc. (Specify) How 9 (An) | | | | | | | | | | | |
| | edical | | | | | | | | | | | | |
| Within To the comp | ¥ | 29b. Signeture end title of certilier | se number | 29d. Dete signed (Month, Dey, Year) | | | | | | | | | |
| | | 1 Guly 1 | 16 Mike | Pop |) 3 | 1466 | | 11/2 | 6/96 | | | | |
| | | 30. Name and addrass of person who | complated cause of deeth (if | em 23a) (Type, | Print) | , | Lowe En | 1 | , | | | | |
| | | 1 1 21 | Siden to | 7 | 1/ 0.57 | <i>.</i> . | 1 8 1 | 20 1 - | an / - | | | | |

| | | | | | | Cert | tificate | e of | Death | | Reg. No. | | | |
|--|--|----------------|--|------------------------------------|---|-----------------------|--------------------|--|-------------------------------------|---|----------------------------------|---------------------------|--|--|
| | | | 1. Decedent's Nama (First, Middle, Las | | | | | | | 2. Deta of De | | | 3. Tima of Death | |
| н | Physic | | VERNON COL | 4MB45 | HIN | E5 | . 5 | IR. | | Nov | 13 / | 996 | 9:22 PM | |
| | _/Medi | | 4a. Facility Name (If not institution, give | | | | | | 4b. City, Town, or | | | | 7 | |
| | Exami | ner | | or control to the control of | | | | | | 200411011 01 00411 | | | | |
| | | | 210 Apples Churc | | | | **** | | Thurmont | | | deric | ζ | |
| н | Funeral | 10 | Social Security Number 6. Security Number | 9x 7. Age ∑M 2□F | (In yrs. last bir | ** | If Under Months | 1 Yaar Days | if Undar 24 Hrs Hours Min. | | h v. Year) | 9. Birthp Coun | lace (State or Foreign | |
| н | Director | | 213-24-8381 | M ZUF | 68 | Yrs. | | | 1100.0 | Jan 17, | 1928 | Mary | | |
| | D. | | Usual Residence of Decedent | | | | | | | | | | | |
| | ylan | | 10a. Stata 10b. County | | 10c. City, Tow | n or Loca | ation | | | | | 1 | 0d. inside City Limits | |
| | War War | Po | Maryland Frederic | k | Thurmon | n t | | | | | | | 1 ☐ Yes 2 No | |
| | \$ 28 B | Directo | 10e. Street and Number | | THULMO | | 10f. Zip | Code | | 1 | 10g. Citizen of | What Coun | try? | |
| | E O | | | | | | | | | | rog. Onzon or | ····at oour | .,, | |
| | d within 72 hours after death with the Mandan Jena. r than "natural", or itema 23a or 28a-f ehow The Medical Examiner must be notified as | ra | 210 Apples Church | | | | 788 | | | United | | | | |
| 5-0020 72 hours after death with the Maryland | ep | Funeral | 11. Marital Status | var in U,S. | 13. W | as Deced Yas, spec | ent of h | dispanto Origin? (S an, Mexican, Puer | pecify Yas or No to Rican, etc.) | | ce - Amaric | | | |
| 0 | afte or h | F | 1 ☐ Navar Merried 2 █ Married | 1 Ø Yes 2 □ No If Yas, Give | ∘ 1946– | 10 | ☐ Yes 2 | No. | Specify: | | Specify: white | | | |
| Maryland 21215-0020 | n 72 hours "natural", edical Exa | by | 3 ☐ Widowed 4 ☐ Divorced | Year or Datas: | 1949 | 1 | _ 103 Z | LEE INO | Specify. | | | | | |
| 9 | 2 h | Completed | 15. Decedent's Edu | ucation | 16a | . Decede | nt's Usua | i Occup | pation | | 16b. Kind of B | usinass/Inc | lustry | |
| 7 | nin 7 | ple | (Specify only highest grad | | (Give kind of work done during most of work life. DO NOT use retired) | | | | | ang | | | | |
| 7 | within ena. | E | Eiementary/Secondary (0-12) | College (1-4or 5- | | Farmer | | | | | self | | | |
| D | el Hygid other vent, p | | 17. Fathar's Name (First, Middle, Last) | | 1.0 | 41 mc1 | | | 18 Mother's Ne | na /First Middle | a (First, Middla, Maiden Sumame) | | | |
| ğ | T = 0 . | Be | | | | | | | TO. INCUITED S ING | na (rnst, mucha, | Melueri Surnai | 110) | | |
| × | should be and Mental marked o | 2 | Vernon C. Hines, | Sr | | | | | Lydia A | nn Beall | | | | |
| ā | ss t and 2 should of Health and Men item 27 is marks other traumatic | | 19a. Informent's Name/Relationship (T | ype, Print) | 196 | . Malling | Address | (Street | and Number or Ri | ural Route Numbe | er, City or Town | State, Zip | Code) | |
| | 1 and 2 Health em 27 I | | Margaret Long Hine | es/ WIFE | 21 | lO Ar | pples | s Ch | urch Roa | d. THurn | ont, MD | 2178 | 88 | |
| <u>5</u> | of the other | | 20a. Method of Disposition | | 20b. Placa o | f Disposit | tion (Nam | na of | | Dete | 20c. Location | | | |
| 2 | Pages nent of I int: If ite | | 1 ☐ Burial 2 K Cremation 3 ☐ I | | | | atory or ot | | 1 | | | | | |
| Baltimore, | permit. Pages Department of Important: If it any injury or o | | 4 Donation 5 Other (Specify, | | Hagers | - | | | | 11/14/96 | Hagers | town, | Maryland | |
| Ö | Depar Impor | | 21. Signature of Funeral Service Licans | 4 | | 22. I | Nama and | d Addra | ss of Facility Funeral | Homos D | Α. | | | |
| ш | 20599 | | PRO PR | Mari | Kan | | | | in Stree | | | 217 | | |
| | | | 23a. Part1. Enter the disease, or comp shock, or heart failure. List only of | lications that caused | the death. Do | not enter | the mode | a of dyle | ng, such as cardia | or respiretory e | rest. | 217 | Approximate | |
| | | | shock, or heart failure. List only o | ne cause on each ilne | θ. | | | , | | | | | Interval Between Onsat and Death | |
| | Physician /Medicai | | | | | | | | | | | | | |
| | Examiner | | immadlate Ceuse (Finel disaase or condition | GUN | SHOT | · U | Vou | IN | D- HA | EAD | | | SECONDS | |
| | Examine. | | resulting in death) | | Due to (or as a | conseque | ence of): | | | | | | | |
| | n = | ē | | | | | | | | | , | 1 | | |
| | tificate be executed g physician and as the burial-transit | Examiner | Sequentially list conditions | b | Due to for as e | CODSECUE | ence off: | | | | | | | |
| , | certificata be axecul ding physician and se as the burial-trar | EX | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): C. Due to (or as a consequence of): d. | | | | | | | | 1 | | | |
| 68760, | Sicia Dur | | | | | | | | | | | | | |
| 8 | phy s the | ğ | | | | | | | | | | | | |
| × | ding se as | M | | d · | | | | | | | | | | |
| 8 | Ç 3 | | | | | | | | | | | | | |
| | 0 0 8 | Physician | Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | 23b. Dfd | 23b. Did tobacco use contributa to the cause of | | | | |
| Ö | that the ed by th detach | h | | | | | | | 10 | | | | | |
| J. | | ру Р | | | | | | | | | | | | |
| Records, | - w D | | | | | | | | | 24a Was | an autopsy | 24h We | ere autopsy findings | |
| 5 | been s |) te | | | | | | | | perfo | med? | ava | aliable prior to appletion of cause | |
| 9 | 2 0 C | Completed | | | | | | | | | | | death? | |
| | 0 5 6 | | | | | | | | | 10 | res 2 No | 10 | Yes 201No | |
| Vital | | | 25. Was case rafarred to medical | | | | | - | OR Bloom of Day | ath (Chaok only) | | | | |
| 5 | Physician: this certific ral director, | o Be | examiner? | Hospitai: | | | | Ott | JAC: | ath (Check only o | | | , | |
| ō | £ 5 m | | 1 X Yes 2 No 27. Menner of Death | 1 L Inpatien | | | | A | 4 U Nursing F | ioma 5 Resid | | | () | |
| = | | O | 1 □Natural 5 □ Pending | 28e. Dete of Injury (Month, Day | Year) ! | Time of njury | 2 | Bc. Injui Woi | | | 8d. Describe how injury occurred | | | |
| 200 | Attending or death. ector: After by the fune | ati | 2 ☐ Accident investigation | М | 1 □ Yes 2 No G | | | SUN SHOT - HEAD | | | | | | |
| Division | | Certification: | 3 Suicide 4 Homicide 4 Homicide 4 Could not be determined 4 Homicide 4 City of Town, State) 286. Discation (Streat and Number or Rural Routs Number of Ru | | | | | | | | Routa Number, MD | | | |
| | d in die | ē | 4 Homicide determined building, etc. (Specify) HOME BASEMENT ZIOAPPLE CHURCH RD Thursman | | | | | | | | | THURMONT | | |
| | To the Hospital or within 24 hours after To the Funeral Director completely filled in | | 29a. Certifier 1□ Certifying Phy | sician: To the best of | my knowledge | . death o | occurred a | at the tir | me, date and place | | | | | |
| | Star 124 Person | edicai | | ner: On the basis of e | examination en | | | | | | | | | |
| | a a a a | Me | | | | | | | | | | d (Month | Day Vaarl | |
| | 7. ₹ T. 8 | | 29b. Signature and title of cartifier RRRoberts MD 29c. Licensa number D09867 | | | | | | | | | signed (Month, Day, Year) | | |
| | | | croper K | KKO | - CVI | 1 | | DU9 | 86/ | | NOV | 14 | 1976 | |
| | | - | 30. Name and address of person who co | | | | _ | | | | | | | |
| | | | Robert R.R. Robe | erts, M.D. | 7501-E | B McK | Kaig | Roa | d, Frede | rick, Ma | ryland | 21701 | 3319 | |
| | Sta | te | 31. Date filed (Month, Day, Year) | | | | | _ | | | | | | |
| | Registr | | NOV 1 8 | 1996 ▶ 8 | s Signature | War-W | ardall | K ' | | | | | | |

LINE TO LINE TO LANCE

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day Year November 12, 1996 HARRELSON 3:50 A.M. Catherine 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Frederick College View Nursing Center Frederick Months Days Hours Min. Min. March 3, 1900 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 New York 1 □ M 2 □ ¥ 96 Yrs. 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Tyes 2 No Rockville Montgomery 10f. Zip Code 10g, Citizen of What Country? 20853 14 Marlin Court U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married White 1 ☐ Yes 2 X No Specify: 3 X Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Etementary/Secondary (0-12) College (1-4or 5+) U. S. Government Secretary 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Louis Eichholz Mary Frances White 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Donald Harrelson / Son 14 Marlin Court, Rockville, Maryland 20853 20b. Placa of Disposition (Name of Date 20c. Location - City or Town, State 12, 1996 Smithsburg, Maryland 1 Burial 2 M Cremation 3 Removel from State Smithsburg Crematory Nov 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licenses 22. Name and Address of Fecility Keeney and Basford Funeral Home M00021 23a. Part 1. Enter the disease, or compliceting that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Interval Between on each line. PulmoNARY EDEMA 1044 Due to (or as a consequence of): PNEUMONIA 2 DAYS Due to (or es e consequença of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown DEMENTIA 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 2 NO 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) Ecertifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and menner as stated 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

29c. License number

D43091

29d. Date signed (Month, Dey, Year) 11-12-96

the Maryland 28a-f show 7 is marked other than "naturel", or items 23a or 28a-f shov traumatic event, the Madical Exprimer must be notified at filed within 72 hours after Hygiene. Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than eny Injury or other traumatic avant secure.

Physiclan

/Medical

Examiner

Funeral

Director

Lillian

5. Social Security Number

Maryland

10e. Street and Number

20a. Method of Disposition

Immediate Cause (Final

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last

1 ☐ Yes 2 No

27. Manner of Death

Naturel

2 Accident

4 Homiclde

(Check only one)

29b. Signature and title of cuiring

31. Date filed (Month, Day, Year) NOV 1 3 1996

3 Sulcide

29e, Certifier

diseese or condition resulting in death)

11. Marital Status

10a State

Director

Funeral

þ

Completed

Be

568-03-3246

Usual Residence of Decedent

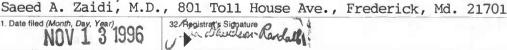
12

Physician /Medical **Examiner**

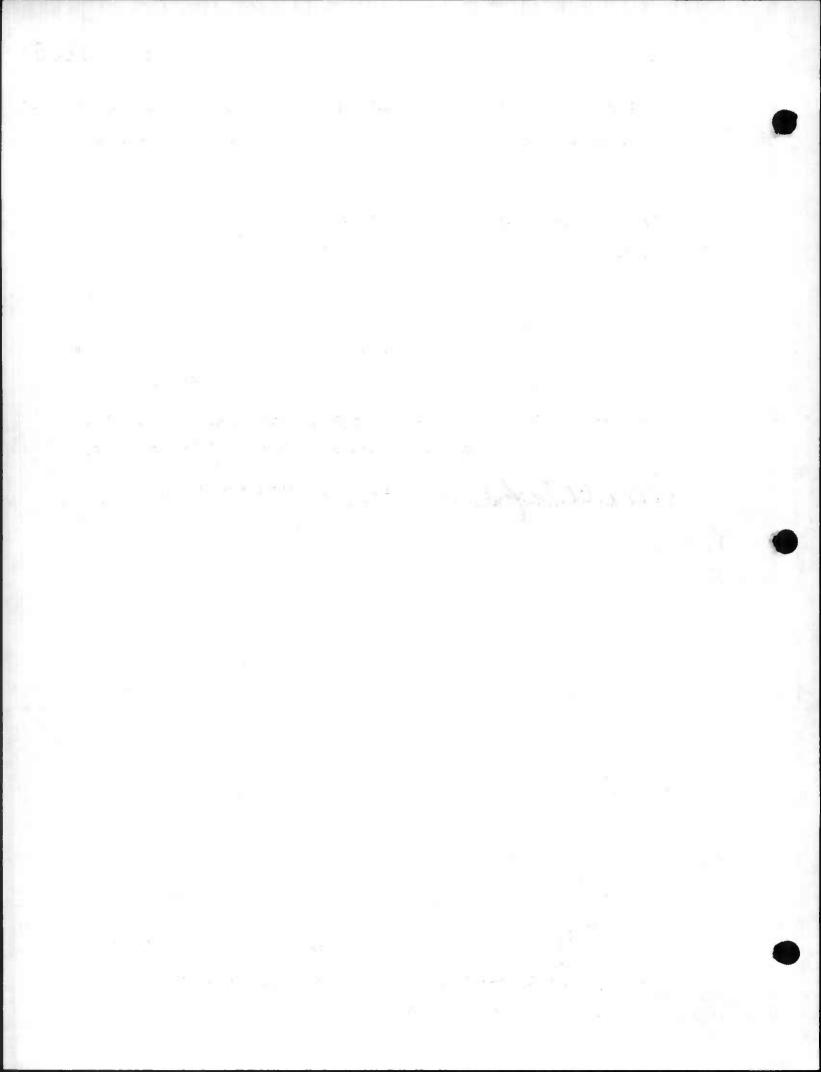
that the death certificate be executed and Box 68760, physician Physician/Medical ettending p P.0. 2 signed t þ Records, Be Completed cate hes l certificate Division of Vital

Hospital or Attending Physician: 24 hours after death. Funersi Director: After this certifica stelly filled in by the funeral director, p Certification: To To the Hospital or within 24 hours aft To the Funeral Di completely filled in Medicai

> State Registrar



30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

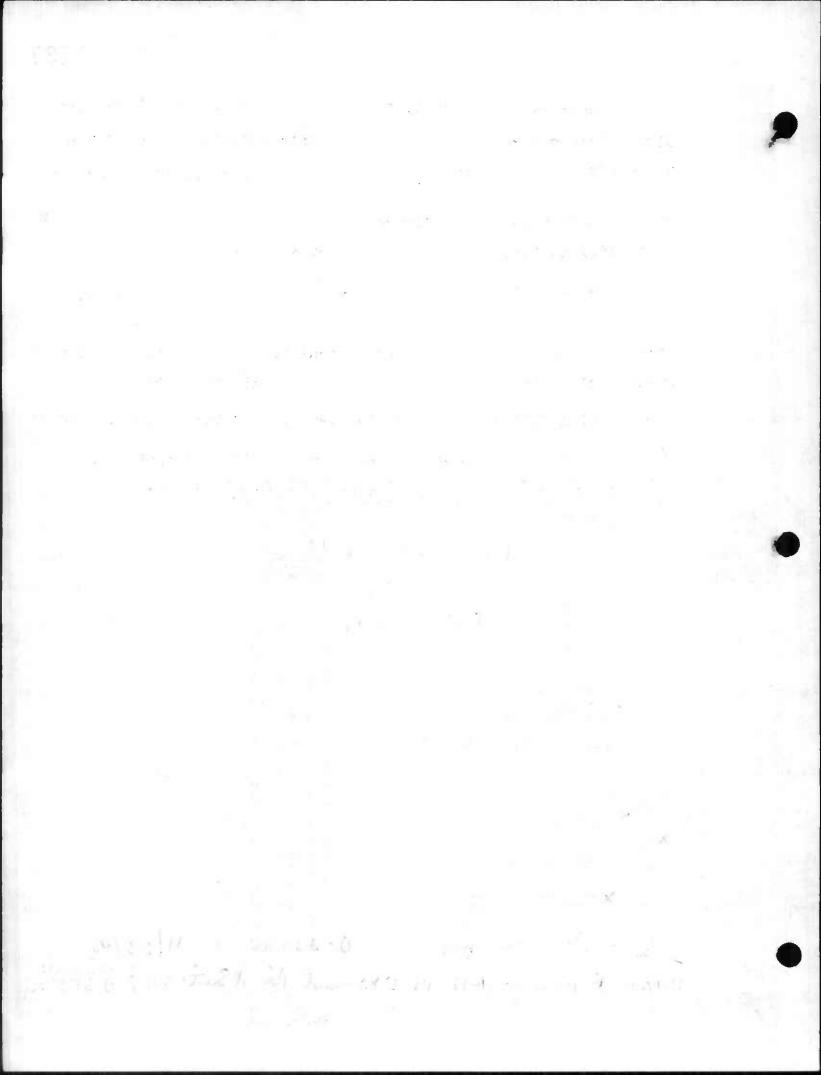
State of Maryland / Department of Health and Mental Hygiene 96 37236

| 100 | TI BUIL | | ITEM#5 PER F.H. FILM#G7 1. Decedent's Name (First, Middle, Las | | | | | of Death | 2. Dete of De | Reg. No. | | 3. Time of Death |
|---|---|----------------|--|---|------------------------------|---------------------------------|-------------------------------------|--|---|--------------------------------------|--------------------------------------|--|
| | Physici | | Richard | RAV | Hes | sele | Pesso | 20 | Novemb | er 23, 1 | Yeer 996 | 3:15 A.M. |
| | /Medio | | 4a. Facility Neme (If not institution, give | | | < | 1 | 4b. City, Town, or | | - | | |
| | | | Holy Cross Hospit | al | | | | | Spring | Mont | gomer | У |
| | Funeral Director | | -Z14-20-1462 A | x 7. Ag XIM 2□ F | a (In yrs. le 68 | ast birthday) Yrs. | If Undar 1 Ye Months Da | | . (Month, D | orth ey, Year) 3, 1928 | 9. Birthpl Count Penns | leca (Stete or Foreign try) sylvania |
| fland | show | | Usual Rasidenca of Decedent 10e. Stete 10b. County | | 10c. City | , Town or Loc | ation | | | | 10 | 0d. Inside City Limits |
| Mar | 28a-f st notified | ctor | Maryland Montgome | ry | Si1 | lver Sp | ring | | | | | 1 ☐ Yes 2 ☐ No |
| 6 | or 28 | Directo | 10e. Street and Number | | | | 10f. Zip Cod | е | | 10g. Citizan of | Whet Count | try? |
| N G | 23a | | 2109 Gatewood Pla | ce | | | 209 | | | | USA | |
| 020 rrs atter de | f, or items xaminer.n | by Funeral | 11. Marital Status 1 □ Navar Married 2 ☒ Married 3 □ Widowed 4 □ Divorced | 12. Was Dacedant Armed Forces? 1 ☐ Yas 2 ☑ If Yes, Give. Yaar or Dates; | | | /as Decedent of Yas, specify C | of Hispanic Origin? (: Suben, Mexican, Pua No <i>Specify:</i> | Specify Yas or Norto Rican, atc.) | o- 14. Rad Bla Specif | ca - Amarica ck, Whita, a y: W | |
| Maryland 21215-0020 | ahura Isal E | | 15. Decedant's Edi | ucation | | 16e. Deced | ant's Usuel Oc | cupetion | 77. | 16b. Kind of B | usiness/Ind | lustry |
| 215 thin 7 | Mad | Completed | (Specify only highast gred Elementary/Secondery (0-12) | (1-4or | 5+) | (Give A | ind of work do O NOT use ra | ne during most of wo tired) | orking | | | |
| 2 W M | ygion rt. the | Con | 12 | | | Pos | stal Wo | | | | | Service |
| and # 84 | Hall H ed off even | Be | 17. Fether's Neme (First, Middle, Last) | | | | | 100000000000000000000000000000000000000 | | e, Maiden Sumer | ne) | |
| Ly du | d Mor narke natic | 10 | Guy Hesselgesser 19e. Informant's Name/Reletionship (T | ima Paintl | | 10h Mailin | Address (Cts | | he Macur | - | Otata Wa | 0.41 |
| Ma | train a | | Joan Hesselgesser | | | | | eet end Number or F | | | | |
| ē - | Hern 2 other | | 20e. Method of Disposition | | 20b. Pl | ece of Dispos | Ition (Neme of etory or other) | od Place, | Dete | 20c. Location | | |
| OE Spe | At: If I | | 1 ☑ Burial 2 ☐ Cremetion 3 ☐ I 4 ☐ Donetion 5 ☐ Other (Specify, | | | | | | 11/26/96 | Silver | Sprin | ng, Marylan |
| Baltimore, | ortar injurit | | 21. Signature of Funeral Service Licens | | 1 | | | dress of Facility H | | | | |
| m & | Depa Impo any ii | | M. 1. J. G. | V/1 | | 1 | 1800 N | ew Hampsh: | ire Aven | ue | HELAI | nome |
| | 100 | - | Plutti Entar the diseese, if comp shock, or heert feilure. List only o | Ilcations thet ceused | the deeth. | . Do not ente | r tha mode of | Spring, Manager Manage | aryLand | 20904 errest, | | Approximate Interval Between |
| Ph | ysician | | arican, or neer reliate. List only o | ille ceuse on eech ii | | | ance | | | | | Onsat and Death |
| THE REAL PROPERTY. | Medical aminer | | Immediate Cause (Final disease or condition | | LUN | 9 | MICE | Y | | | 7 | 1 meniat |
| | 211111121 | * | resulting in death) | | Due to (or | as a consequ | ence of): | | | | 1 | |
| bed | - New York | Examine | | b. ———— | | | | | | | | |
| , | ician and burlai-trar | Exa | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying | | Due to (or | as a consequ | ience of): | | | | İ | |
| 68760, Monte be ex | physician i the burla | edical | that initiated events | c | Due to (or | es e consequ | ence of): | | | | 1 | |
| | O # | _ | resulting in death) Last | | | , | | | | | | |
| Box | attendir for use | an | | d | | | | | | | 1 | |
| O. Be | 22 | Physician/M | Pert II. Other significant conditions co | | | | derlying ceuse | given In Part I. | 23b. Did | I tobacco use co | ntribute to | the cause of death? |
| O. # | 5.5 | | Hyperosmolar | Keroac | 1005 | 15 | | | 1)2 | Yss 2□ No | 3 Prob | ably 4 Unknown |
| Division of Vital Records, or Attending Physician: The law requires t | been signed should be de | Completed by | | | | | | | 24a Was | s an autopsy | 24h We | re autopsy findings |
| 00 | | lete | | | | | | | perf | ormed? | con | nplation of causa |
| Rec The law | ate has page 2 | ф | | | | | | | 40 | Yes 20 No | | death? |
| tal | certificate has rector, page 2 | Be C | 25. Was cese referred to medical | | | | | 26 Place of De | eth (Check only | | 1 | Yes 2 No |
| of Vita | ding | ToB | axaminer? 1 Yes 2 No | Hospitel: 1 Inpatie | ent 2 E | R/Outpatient | 3□ DOA | Other | | idence 6 □Oth | ner (Specify | 1) |
| 0 1 | After this funeral of | | 27. Menner of Death 1 Naturel 5 □ Pending | 28a. Date of Inju (Month, De | | 28b. Time of | 28c. lr | njury at Vork? | | how Injury occur | | , |
| Vision | death. | Certification: | 2 ☐ Accident Investigation | 1 | | | | □Yas 2□No | | | | |
| Or All | T E | ŧ | 3 Sulcide 6 Could not be determined | 28a. Plece of Injuding, etc. | ury - At hon c. (Specify) | na, ferm, stre | et, fectory, offi | Ce | 28f. Location City or To | (Street end Numl own, Stete) | ber or Rural | Routa Number, |
| | Funeral Dir funeral Dir taly Illed in | ő | One Contiller Athensis | | | | | | | | | |
| To the Hospital of | within 24 hours To the Funeral completaly Illec | edical | 29e. Certifiar (Check only one) 1 Certifying Phy 2 Medical Exami | sician: To the best of nar: On the basis of end manner ste | examinetic | riedge, deeth on and/or inve | occurred et the estigetion, in m | time, dete end plac y opinion, deeth occ | e, and due to the urred et the time, | ceuse(s) and ma , dete end place, | anner as sta and due to | ated. the cause(s) |
| 65 | To the | Me | 29b. Signature and titla of certifier | C./ | neu. | 4.1 | 29c. Lice | ensa number | | 29d. Data signe | d (Month, L | Dey, Year) |
| | 0 | | Mule a. | & que | -, 1 | 47 | | D2/46 | 5 | 11-23- | 96 | |
| | 10 | 1 | 30. Name and address of person what co | ompleted gause of d | eeth (Item : | 23a) (Type. P | rint) A | | 0.0 - | | | . 1 |
| | | | 30. Name and address of person what co | IK AL & | 100 | Spling | My. | 10905 | STUCE, | A. SILVE | R, M | I.D. |
| 30. Name and address of person what completed cause of deeth (Item 23a) (Type, Print) 2/0/ Mrd (CAL Park H. DIVC Spling M.) 20902 BRUCE A. SILVER, M.D. State 31. Dete filled (Month, Dey, Year) NOV 2 6 1006 Fund Mandoon—Mandoon | | | | | | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene 96 37237

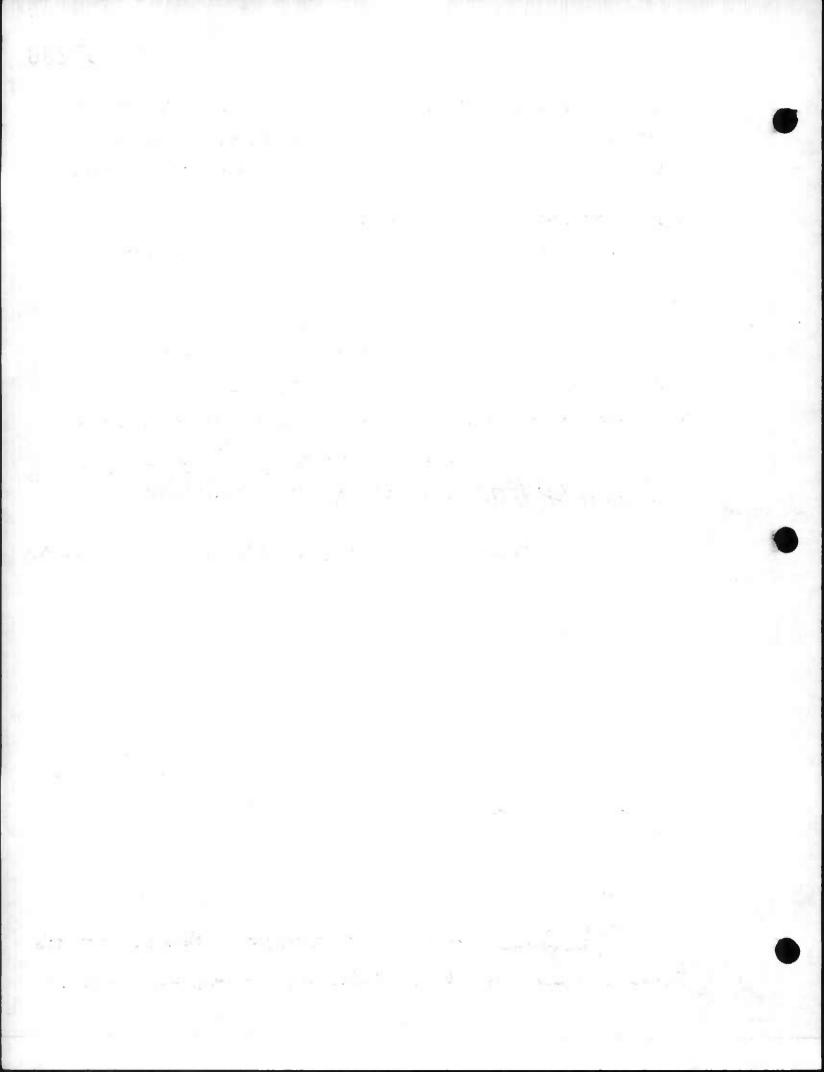
| | | | | | Cert | tificate c | of Death | 7 | | Reg. No. | | 01401 |
|--|------------------|--|---|--|-------------------------|--|-------------------------------|------------------------|--|----------------------------------|---------------------------------|--|
| Dh | | 1. Decadant's Nama (First, Middla, L | ast) | | | | | | 2. Data of De | ath | V | 3. Time of Death |
| Physic /Med | | Abrah | nam | Hill | , J | r. | | | Nov. | ſġ, | 1996 | 10:00 a. |
| Exam | | 4e. Fecility Nama (If not institution, g | iva street and numbe | 91) | | | | | ocation of Death | | ty of Death | |
| | | 3139 Fairland | | | | | 1 | | Spring | g M | ONTG | OMERY |
| Funera Director | _ | 220-26-4783 | Sax 120 M 2□ F | Aga (In yrs. last bii 68 | | If Under 1 Ye Months Day | | Min. | 8. Data of Bird (Month, Da Jan. 9, | 1928 | Cou | placa (State or Foreign ntry) ryland |
| pue » | | Usual Rasidance of Dacedent 10a. Stata 10b. County | | 10c. City, Tow | m or Locs | etion | | | | | | and include the Linear |
| e Maryle | ctor | MD Montgo | omery | | | r Spr | ing | | | | | 10d. Inside City Limits 1 ☐ Yas 2 ☑ No |
| permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mentel Hygiena. Important: if flem 27 is marked other than "natural; or items 23a or 28a-f show any Injury or other traumatic event, its Medical Examinating monitoring a and police. | Funeral Director | 10a. Street and Number 3139 Fairland | l Road | | | 10f. Zip Code | 20904 | | | 10g. Citizan o | What Coul | ntry? |
| dea | ner | 11. Maritel Status | 12. Wes Dacader Armed Force | nt Ever in U,S. | 13. W | as Dacedant of Yes, specify C | of Hispenic Or | rigin? (Sp | ecify Yes or No | | ca - Amark | |
| urs efte al', or li | by | 1 ☐ Navar Marriad 2€ Marriad 3 ☐ Widowad 4 ☐ Divorcad | 1 XYes 2 | | | ☐ Yes 2 🔼 N | | | rnoan, atc., | | ack, Whita, Ity: Bla | |
| n 72 ho natur | Completed | 15. Decedant's E (Specify only highest g | Educetion rade complatad) | 16a. | (Giva ki | ant's Usual Occ ind of work do O NOT usa rat | na during mos | st of work | ring | 16b. Kind of | Businass/In | dustry |
| withi ena. than | E | Elamantary/Secondary (0-12) | Collaga (1-4o | or 5+) | | ab Ted | , | ian | | Dent | of | Agricult |
| Hygi Hygi Sther | | 17. Fathar's Name (First, Middla, Las | t) | | | ab ice | | | a (First, Middla, | A | | Agricuit |
| Mentel Mentel Brked c | To Be | Abraham Hill | Sr. | | | | | | ie Lar | | | |
| and 2 sho raith and 1.27 is mi er traum | | 19a. Informent's Name/Ralationship Dora E. Hill | | | | | | | ral Routa Numbe Silv∈ | | | MD20904 |
| of He | | 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 | Damoual from Stat | a a a a a a a a a | f Disposit ry, crama | ition (Nama of | o/aca) | | Data | 20c. Location | - City or To | own, Stata |
| tment tant: | | 4 ☐ Donation 5 ☐ Other (Space | ify) | | - | ash. (| | | .1/25 | Adelp | hi, 1 | MD |
| Departiment Important | | 21. Signature of Feneral Service Lice | 10.10 | rous | | Name and Add NOWDE1 OCKVII | | | HOME, | P.A. | | |
| - | | 23a. Part1. Enter the diagram, or cor shock, or heart failure. List only | nplications that caus | ad tha daath. Do i | 2.00 | | | | | rast, | Approximata Intarval Between | |
| Physician | | MI - TANK CONTROL | ^ | | 1. | ~ | 20 | | | | | Onset end Death |
| /Medical Examiner | | Immediata Ceusa (Final disassa or condition rasulting in daath) a. Herpingstony fulling | | | | | | | | | | 10 min |
| | 9 | Duà to (or as a consaquance dr): | | | | | | | | | | 1. |
| dansit | Examiner | Sequentially list conditions. Dua to (or as a consequence of): | | | | | | | | | <u> </u> | u mo |
| lan an | Ex | Sequentially list conditions, if eny, laading to Immadlata ceusa. Entar Undartying | | Cala |). | CA | | | | | | 2 444 |
| entificate be executed ding physician and se as the bunal-transit | edical | Causa (Disaasa or Injury that initiated avants rasulting in daath) Last | C | Due to (or as a c | conseque | ance of): | | | | | | |
| Se di se | 3 | | d | | | | | | | | | 14-12 |
| the att | Physician | Part II. Other significant conditions | contributing to death | but not resulting Ir | tha und | larlying ceusa | givan in Pert | I. = | 23b. Did t | obacco uss c | ontributs to | o the causs of death? |
| ires thet the death co signed by the attend d be detached for us | by Ph | Metabal | ri Dis | orden | | reco | nde | my | 101 | Yss 2 No | 3 ☐ Prol | bebly 4 Unknown |
| law requires that the death as been signed by the atter 2 should be detached for | | ton | ultin | 60 | 20 | ran f | Lail | uno | | an autopsy med? | av | are autopsy findings ellebla prior to emplation of cause |
| 0 - 0 | Completed | | | | (|) | J | | | | of | death? |
| iclan: The certificate rector, per | Be Co | 25. Was casa rafarrad to medicel | | | | | 26 Diag | a of Doot | 1 ☐ Y | | 11 | Yas No |
| ysicle is cer direct | To B | axaminar? 1 ☐ Yas 2 ☑ No | Hospital: | tlant 2 ER/Ou | tpatiant | 3□ DOA | Wher: | | ma 5/2 Rasid | | har (Specif | (v) |
| fer th neral | | 27. Mannar of Death 1 Natural 5 □ Panding | 28a. Data of In (Month, D | jury 28b. T | ima of | 28c. In | | | 28d. Dascribe h | | | <i>''</i> |
| tendli Seath. Ior: A tha fu | cati | 2 Accidant Invastigation | A . | | | | ☐ Yas 2☐ | | | | | |
| or At effer Direct d in by | Certification: | 4 Hornicida datarminad | 20a. Place of It | njury - At home, fe atc. <i>(Specify)</i> | rm, straa | it, factory, offic | е | | 28f. Location (S City or Tow | Street and Num m, Stata) | ber or Rura | al Routa Number, |
| To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certification pletaly filled in by the funeral director, | edical C | 29a. Cartifiar (Check only one) Cartifying Pt | nysician: To the bas niner: On the basis and manner s | of examination and | , daath o | occurred at tha stigation, in my | tima, data ar opinion, das | nd place, ath occum | and dua to tha d ed at tha tima, d | causa(s) and m data and place | nennar as si , and dua to | lated. the causa(s) |
| Vithin To the | N. | 29b. Signetura end titla of cartifiar | And Mathel 5 | | | 29c. Lice | nse number | | | 29d. Data sign | ed (Month, | Day, Year) |
| - > - 0 | | | > | Mn | | n | -235 | 540 | | 11/2 | 13/4 | 16 |
| 12 | | 36, Nama and addrass of person who | complated causa of | death (Itam 23a) / | Type Pri | rint) | ^ | ^ ^ | 0 - | 10 | 101 | 0. 110 |
| 10 | | HUGH F 118 | W. Tit W | 40 14 | 50 | Rese | auch | Blu | rd Suit | \$310 | Min | 30850 |
| Sta | ate | 31. Data filad (Month, Day, Yaar) | 2 Rabis | war's Signature | 1.00 | | | | | , 5,0 | 1 013 | 40010 |
| Regist | rar | NOV 2 6 1996 | July Do | wedson-han | المالات | | | | | | | |



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

| Dhugie | | 1. Decadant's Nama (First, Middla, La | ist) | 4 | | Death | 2. Deta of Da | Reg. No. ath | 3 | . Tima of Deeth | | | |
|--|---|--|---|---|--|---|--|--|---|---|--|--|--|
| Physici | | FILEN RA | YANT H | ARDON | / | | Month / | Dey 7 | 1496 | 11:10 AM | | | |
| /Medic | | 4e. Facility Nama (If not institution, give | | | | 4b. City, Town, or Loc | | 4c. County | | 11.10 11 | | | |
| Examir | ier | Holy Cross Hos | | | | | | | | | | | |
| 5 | | 5. Social Security Number 6. 5 | | ge (In yrs. last bin | The second second second | Silver Spr | | | tgomery | | | | |
| Funerai Director | | | DH ME | | Yrs. Months Deys | Hours Min. | 8. Data of Bird (Month, Da Nov • 6 | y, Year) ,1916 | Country) Virgi | (State or Forei | | | |
| ryland | | 10e. Stata 10b. County | | 10c. City, Town | n or Location | | | | 10d. | Insida City Limi | | | |
| the Marylar 28a-f show | cto | Maryland Montgom | ery | S: | ilver Sprin | g | | | | 1□Yas 2∏N | | | |
| 4 th | Oire | 10e. Street and Number | | | 10f. Zip Coda | | | 10g. Citizan of V | What Country? | | | | |
| 1h wi | ai | 14702 Lindsey Lan | е | | 2090 | 6 | 1 | United S | States | | | | |
| ges 1 and 2 should be filed within 72 hours after death with the Maryland to f Health and Mental Hygiene. If flem 27 is marked other than "naturel", or items 23e or 28e-f show or other traumatic event, the Modical Evant | by Funeral Director | 11. Maritei Status 1 Navar Marriad 2 Marrled 3 XWidowed 4 Divorced | 12. Was Decedant Armed Forcas? 1 ☐ Yas 2 ☐X If Yes, Giva Yaar or Datas: | | 13. Was Decedant of If Yas, specify Cut | Hispanic Origin? (Spec en, Maxican, Puarto F Specify: | cify Yas or No lican, atc.) | 14. Rac Biad Specify | ck, Whita, atc. | | | | |
| hou | Pe | 15. Decedant's E | | 160 | Dacedant's Usuel Occu | netion | | 10h Kind of D | Whit | | | | |
| d within 72 hours afglene. Ir than "naturel", or the Medical Exam | Completed | (Specify only highast gra | ide completad) | 104. | (Give kind of work dona lifa. DO NOT usa ratire | during most of workin | g | 16b. Kind of Bu | usiness/indust | ry | | | |
| with ene. than | E | Elamentary/Secondary (0-12) | College (1-4or | 5+) | Hostess | 747 | | Food Se | 2000 | | | | |
| filed with Hygiene. ther than | | 17. Fether's Neme (First, Middle, Last |) | | nostess | 18. Mothar's Nama | /First Middle | | | | | | |
| d 2 should be file th end Mental Hy 7 Is marked othe traumatic event | o Be | Eppa H. Smith | | | | | | | | | | | |
| should and Men marke | 2 | 19e. Informent's Name/Raiationship (| Time (Print) | 106 | Mallian Address (Chro | Pearl Si | | - 0: * | ity or Town, Stata, Zip Coda) | | | | |
| d 2 s h en 7 is r traul | | Barbara Bryant Sla | | | | | | | | | | | |
| Health er Health er tem 27 is other trau | ŀ | 20a. Mathod of Disposition | aymake1/Dt | | 12 Bernard | Drive, For | | | | | | | |
| | | 1 ☑ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spacif | y) | | Disposition (Name of y, cramatory or other planatory or other planatory or other planatory) | 1 Park | | 20c. Location - Rockvill | Le, Mar | yland | | | |
| permit. Pa Depertmen Important: eny Injury | | 21. Signature of Funaral Sarvice Licar |) 1/- | M00348 | Rockville | ss of Fecility Robe, Inc., 300 Maryland | ert A. 0 W. Mo | Pumphre ntgomer | ey Fune cy Aven | ral Homue, | | | |
| Physician /Medical Examiner | er | 23a. Part1. Entar tha diseasa, or com shock, or haart failura. List only Immadieta Causa (Final diseasa or condition rasulting in death) | one ceuse on each li | Dua to (or as a c | unier | WETA | | | Inta | proximeta arval Batween sat and Death | | | |
| ificate be executed g physician end es the burial-transit | Examiner | Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events | b | Dua to (or as a c | consequance of): | | | | 1 | | | | |
| ficate be ex physician s the burial | edicai | | | | | | | | | | | | |
| 0 0 | ₽ | Cause (Disaasa or Injury that initiated events resulting in death) Lest | C | Dua to (or as e c | onsaquance of): | | | | | | | | |
| T 000 | | Cause (Disaasa or Injury that initiated events resulting in daath) Lest | d | Dua to (or as e c | onsaquance of): | | | | | | | | |
| T 000 | | Cause (Disagase or Injury that Initiated events resulting in death) Lest | d | | | van in Part I. | 23b. Dfd t | obacco use co | ntribute to the | cause of deat | | | |
| hat the death certified by the ettending deteched for use e | Physician/M | resulting in death) Lest | d | | | van in Part I. | 23b. Dfd t | -1 | ntribute to the | | | | |
| aw requires that the death certif is been signed by the ettending 2 should be deteched for use e | by Physician/M | resulting in death) Lest | d | | | van in Part I. | 1 🗆 ' | - 1 | 3 Probabl | y 4 Unkno | | | |
| e law requires that the death certif has been signed by the ettending je 2 should be deteched for use e | by Physician/M | resulting in death) Lest | d | | | van in Part I. | 1 🗆 ' | an autopsy med? | 3 Probabl 24b. Wara a evellab comple | y 4 Unkno | | | |
| The law requires that the death certife to the bas been signed by the ettending page 2 should be deteched for use e | Completed by Physician/M | Part II. Other significant conditions of | d | | | | 1 1 24a. Wes perfo | an autopsy med? | 3 Probabl 24b. Wara a evellab comple of deet | y 4 Unkno | | | |
| The law requires that the death certife to the bas been signed by the ettending page 2 should be deteched for use e | o Be Completed by Physician/M | Part II. Other significant conditions of the con | d | ut not resulting in | tha undariying causa gi | 26. Pleca of Daath | 1 24a. Wes perfo | an autopsy med? 'as 2 No | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya | uutopsy findings la prior to utlon of causa h? | | | |
| hysician: The law requires that the death certiful to the certificate has been signed by the ettending all director, page 2 should be deteched for use e | To Be Completed by Physician/M | Part II. Other significant conditions of the con | d | ut not resulting in | tha undariying causa gi | 26. Pleca of Daath her: 4 □ Nursing Hom | 24a. Wes perio | an autopsy med? 'as 2 No | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya | uutopsy findingila prior to | | | |
| hysician: The law requires that the death certiful to the certificate has been signed by the ettending all director, page 2 should be deteched for use e | To Be Completed by Physician/M | Part II. Other significant conditions of the con | d | ut not resulting in | tha undariying causa gi | 26. Pleca of Daath her: 4 □ Nursing Hom ry at 28 | 24a. Wes perio | an autopsy med? (as 2 No na) | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya | uutopsy findingila prior to | | | |
| ittending Physician : The law requires that the death certif death. ctor: After this certificate has been signed by the ettending y the funeral director, page 2 should be deteched for use e. | To Be Completed by Physician/M | Part II. Other significant conditions of the con | d | ut not resulting in ont 2 □ ER/Out ry y Yaar) 1r | tha undariying causa gi | 26. Pleca of Daath her: 4 □ Nursing Hom ry at rk? 1 Yes 2 □ No | 24a. Wes perfo | an autopsymed? (as 2 No na) lance 6 Othow injury occurrences and Number | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya ar (Specify) | y 4 ☐ Unknormutopsy findings la prior to stlon of causa h? | | | |
| ittending Physician : The law requires that the death certif death. ctor: After this certificate has been signed by the ettending y the funeral director, page 2 should be deteched for use e. | Certification: To Be Completed by Physician/M | 25. Was casa rafarrad to medical axaminer? 1 | d. ———————————————————————————————————— | ut not resulting in ont 2 ER/Out Ty Yaar) 28b. T Ir ury - At homa, far c. (Spacify) of my knowledga, axamination end | tha undariying causa gi | 26. Pleca of Daath her: 4 \sum Nursing Hom ry at rk? 1 Yes 2 \sum No 26 | 24a. Wes perfo | an autopsy med? as 2 No na) lance 6 Othorow injury occurring, Steta) | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya arr (Specify) red | y 4 Unkno | | | |
| he Hospital or Attending Physician: The law requires that the death certif in 24 hours after death. he Funeral Director: After this certificete has been signed by the ettending pletely filled in by the funeral director, page 2 should be deteched for use expetely filled in by the funeral director. | To Be Completed by Physician/M | 25. Was casa rafarrad to medical axaminer? 1 Yas No 27. Mannar of Deeth 1 Accident 3 Sulcide Gould not be datermined 29a. Cartiflar (Check only 2 Medical Exam | Hospital: 28a. Data of Inju (Month, Da.) 28a. Placa of Inju building, ato | ut not resulting in ont 2 ER/Out Ty Yaar) 28b. T Ir ury - At homa, far c. (Spacify) of my knowledga, axamination end | Ipatient 3 DOA Office 28c. Injury M 1 mm, streat, factory, office dath occurred at that it for invastigation, in my of 29c. Licens | 26. Pleca of Daath her: 4 Nursing Hom ry at rk? Yes 2 No | 24a. Wes perfo | an autopsy med? as 2 No na) lance 6 Othorow injury occurring, Steta) | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya arr (Specify) red anner as stated and dua to tha | y 4 Unknorutopsy findings la prior to tallon of causa h? s 2 6 | | | |
| ittending Physician : The law requires that the death certif death. ctor: After this certificate has been signed by the ettending y the funeral director, page 2 should be deteched for use e. | Medical Certification: To Be Completed by Physician/M | 25. Was casa rafarrad to medical axaminer? 1 Yas No 27. Mannar of Deeth 1 Adural Invastigation 3 Suicide Glould not be datermined 29a. Cartifiar (Check only one) 1 Medical Exam | d | ont 2 ER/Out Ty Yaar) 28b. T Ir Ury - At homa, far 2. (Spacify) of my knowledga, axamination end | tpatient 3 DOA Office DOA To DOA To DOA To DOA To DOA To DOA To DOA To DOA To DOA TO D | 26. Pleca of Daath her: 4 Nursing Hom ry at rk? 1 Yes 2 No 26 ma, date and place, er opinion, daath occurred se number | 24a. Wes perfo | an autopsy med? as 2 No na) ance 6 Othorow injury occurring, Steta) causa(s) and madata and piece, in | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya arr (Specify) red anner as stated and dua to tha | y 4 Unkno | | | |
| To the Hospital or Attending Physician: The law requires that the death certif within 24 hours after death. To the Funeral Director: After this certificate has been signed by the ettending completely filled in by the funeral director, page 2 should be deteched for use expensively. | Medical Certification: To Be Completed by Physician/M | Part II. Other significant conditions of axaminer? 1 | Hospital: 28a. Data of Inju (Month, Da) 28a. Placa of Inju building, atchiner: On the bests of and mannar sta | ut not resulting in ont 2 ER/Out ry y Yaar) 28b. T ir ury - At homa, far c. (Spacify) of my knowledga, axamination end | Ipatient 3 DOA Office DOA Type, Print) | 26. Pleca of Daath her: 4 Nursing Hom ry at rk? 1 Yes 2 No 26 ma, date and place, er opinion, daath occurred se number | 24a. Wes perfo | an autopsy med? as 2 No na) ance 6 Othorow injury occurring, Steta) causa(s) and madata and piece, in | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya arr (Specify) red anner as stated and due to tha | y 4 Unkno | | | |
| To the Hospital or Attending Physician: The law requires that the death certif within 24 hours after death. To the Funeral Director: After this certificate has been signed by the ettending completely filled in by the funeral director, page 2 should be deteched for use e. | Medical Certification: To Be Completed by Physician/M | 25. Was casa rafarrad to medical axaminer? 1 | d. ———————————————————————————————————— | ut not resulting in ont 2 ER/Out ry Yaar) 28b. T fr ury - At homa, far c. (Spacify) of my knowledga, axamination end ated. | Interpolation to the underlying cause given the underlying cause given the underlying cause given to the underlying to t | 26. Pleca of Daath her: 4 Nursing Hom ry at rk? 1 Yes 2 No 26 ma, date and place, er opinion, daath occurred se number | 24a. Wes perfo | an autopsy med? as 2 No na) ance 6 Othorow injury occurring, Steta) causa(s) and madata and piece, in | 3 Probabl 24b. Wara a evellab comple of deet 1 Ya arr (Specify) red anner as stated and dua to tha | y 4 Unknown untopsy finding la prior to allon of causa h? s 2500 | | | |

DHMH 16 Rev 6/95



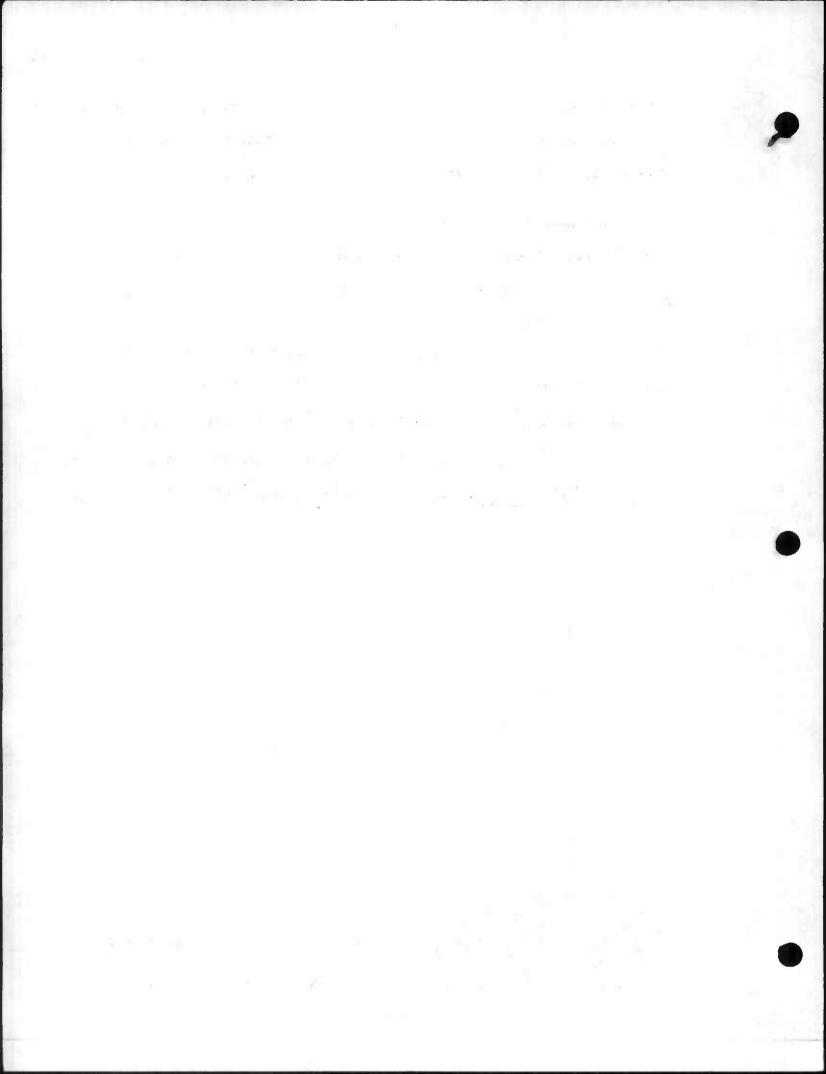
State of Maryland / Department of Health and Mental Hygiene 96 37239

| | | | | | | Ce | rtificate of | Death | | Rag. No. | | 0,400 | | | | |
|---------------------------|--|--|--|--|----------------|-------------------------|--|--|---|--|--|--|--|--|--|--|
| П | Dhami | | 1. Decedent's Neme (First, Middle, L | ast) | | | | | 2. Dete of De | eth | V | 3. Time of Deeth | | | | |
| ı | Physic /Medi | | Mary Rita Homan | ı | | | | | Novemb | er 25, | 1996 | 11:13 AM | | | | |
| | Exami | | 4e. Fecility Neme (If not institution, g | ive street end number | r) | | | 4b. City, Town, or | Location of Deeth | 4c. County | of Deeth | | | | | |
| Ė | | | Holy Cross Hos | pital | | | | Silver S | pring | Montg | omery | r | | | | |
| 8 | Funeral Director | | 5. Social Security Number 6. 084-12-9553 | Sex 7. A 1 □ M 2 🕮 F | ge (In yrs | : lest birthday Yrs. | Months Days | | 8. Dete of Bir (Month, De Aug. 1, | y, Yeer) | 9. Birthp Coun New | lece (State or Foreign try) York | | | | |
| | pu * | | Usual Residence of Decedent 10e. Stete 10b. County | | 100 0 | ity Town as I | ocation | | | | | | | | | |
| | sho | 5 | | | | ity, Town or L | | | | | 1 | | | | | |
| | the M | Director | MD Montgo: | mery | K | ensing | | | | | | | | | | |
| | ath with 23a or 3a or 3a | ral Dir | 10000 Brunswic | 7 | | | 10f. Zip Code 20910 | | | USA | Whet Coun | try? | | | | |
| 070 | d within 72 hours effer death with the Maryland plene. I than "natural", or Items 23a or 28a-f show the Medical Examiner must be nutried as | by Funeral | 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Deceden Armed Forces 1 Yes 2 If Yes, Give Yeer or Dates: | ? No | J,S. 13. | Wes Decedent of If Yes, specify Cul 1 ☐ Yes 2 🛱 No | Hispenic Origin? (S ben, Mexicen, Puert Specify: | pecify Yes or No o Rican, etc.) | | ck, White, | etc. | | | | |
| Maryland 21215-0020 | e filed within 72 ho el Hygiene. I other than "natu | Completed | 15. Decedent's 8 (Specify only highest g Elementery/Secondary (0-12) | Education rede completed) College (1-4or | 5+) | (Give | DO NOT use retin | e during most of wor ed) | | | | lustry | | | | |
| 42 | Hygie Ther Int, II | | 17. Fether's Neme (First, Middle, Las | e) | | Admin | istrative | e Assista | | | | | | | | |
| lan | S d d S | To Be | Joseph Valenti | | | | | | cGonigle | | ne) | | | | | |
| ary | S DE E | - | 19e. Informent's Neme/Reletionship | (Type, Print) | | 19b. Maili | ng Address (Stree | et end Number or Ru | rel Route Numbe | er, City or Town, | State, Zip | Code) | | | | |
| | alth e | | Anne Marie Gem | under | | 10903 | Old Coad | ch Road, | Potomac, | MD 20 | 854 | | | | | |
| Baltimore, | armit. Peges 1 end 2 Deartment of Health Important: If item 27 I | | 20e. Method of Disposition 1 Burial 2 □ Cremetion 3 [| | | cemetery, cre | osition (Neme of metory or other pla | | Dete | 20c. Location - City or Town, Stete | | | | | | |
| E | unit. Per unitmen prismt: Injury | | 4 Donetion 5 Other (Special Signature of Funeral Service Los | | G | | | | 11/29/96 | 10g. Citizen of Whet Country? USA Yes or Non, etc.) 14. Race - American Indien, Bleck, White, etc. Specify: White 16b. Kind of Business/Industry Education st, Middle, Maiden Sumeme) nigle ute Number, City or Town, State, Zip Code) omac, MD 20854 ete 20c. Location - City or Town, Stete 29/96 Silver Spring, MD neral Home, Inc. W., Sil. Spg., MD 20901 spiretory errest, Approximate Intervet Between Conset end Deeth 23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknown performed? | | | | | | |
| Ba | Dept Impo | | Moberta | Kam | 181 | F: | 2. Name end Addr rancis J 00 Unive | . Collins | Funeral | Home, | Inc. | 20901 | | | | |
| | Physician /Medical Examiner | | 23e. Pert1. Enter the diseese, or cor shock, or heert failure. List only Immediate Ceuse (Finel diseese or condition resulting in deeth) | | ovas | | Accident | | | 1001, | | Intervet Between | | | | |
| - | ed isit | edical Examiner | | Hyperl | ipid | emia | | | | | | | | | | |
| _6 | naecul n and al-trar | xar | Sequentielly list conditions, if eny, teeding to immediate | | | or es e conse | quence of): | | | | | | | | | |
| 260 | siciar siciar buni | Sal | ceuse. Enter Underlying Ceuse (Disease or trijury thet initieted events | c. Hypert | | | | | | | i | | | | | |
| ox 68760, | eath certificate be assecuted attending physician and I for use as the bunal-transit | ₹ | resulting in deeth) Lest | d | Due to (| or es e consec | quence of); | | | | | | | | | |
| . Bo | death se atter | sicia | Pert II. Other eignificent conditions | contributing to death t | ouf not res | sulting in the u | nderiving cause gi | iven in Pert I | 23b. Dld t | ohacco use co | ntributa to | the cause of death? | | | | |
| s, P.O. | that the ed by the detach | by Physician | Arthritis secon | | | | | | | ** | | | | | | |
| Division of Vital Records | aw requir ss been s 2 should | Completed | failure | | _ | | | | | | con | lleble prior to | | | | |
| E . | The law ate hes b page 2 s | Con | | | | | | | 101 | es 2 No | 1□ | Yes 22 No | | | | |
| /ita | Physician: The this certificate ral director, page | Be (| 25. Wes cese referred to medical exeminer? | | | | | 26. Ptece of Dee | th (Check only o | ne) | | | | | | |
| - | 5 00 | 2 | 1 ☐ Yes 2 💢 No | Hospitat: 1 🔀 tnpati | ent 2 | ER/Outpetier | nt 3 DOA | her: 4 Nursing H | ome 5 Resid | lence 6 🗆 Oth | er (Specify |) | | | | |
| ion | Attending P or death. | ation: | 27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident threstigation | 28a. Dete of tnju (Month, De | iry y Year) | 28b. Time of Injury | Wo | iryet ork?]Yes 2 □ No | 28d. Describe h | now trijury occur | red | | | | | |
| Divis | al or Attendests after deat | Certification: | 3 Suicide 6 Could not be determined | 28e. Plece of fn building, et | jury - At h | ome, farm, str | eet, factory, office | | 28f. Location (S City or Tow | | er or Rural | Route Number, | | | | |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral | 29e. Certifier (Check only one) 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end ptece, end due to the ceuse(s) end menner es stated. 2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end ptece, end due to the cause end manner stated. | | | | | | | | | | nted. the cause(s) | | | | |
| | To th withir To the | Me | 29b. Signature and Utier of certifier | my Lit | W LINE |) | 29c. Licens D4749 | | | | Dey Year 25, 1996 11:13 AM 4c. County of Deeth Montgomery Ger) 9. Birthplece (State or Foreign Country) 1921 New York 10d. tnside City Limits 1 Yes 220 No g. Citizen of What Country? USA 14. Race - American Indian, Black, White, etc. Specify: White 6b. Kind of Business/Industry Education iden Sumeme) City or Town, State, Zip Code) MD 20854 c. Location - City or Town, State ilver Spring, MD Home, Inc. 1. Spg., MD 20901 t. Approximate intervet Between Onset and Deeth Onset and Deeth Completion of cause of death? 2 No 3 Probably 4 Unknown acco use contribute to the cause of death? 2 No 1 Yes 22 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 2 No 2 No 1 Yes 2 No 2 No 2 No 2 No 2 No 3 Yes 2 No 2 No 1 Yes 2 No 2 No 1 Yes 2 No 2 No 2 No 2 No 2 No 3 Yes 2 No 2 No 3 Yes 2 No 2 No 1 Yes 2 No 2 No 1 Yes 2 No 2 No 1 Yes 2 No 2 No 2 No 2 No 3 Yes 2 No 2 No 1 Yes 2 No 2 No 3 Yes 2 No 2 No 1 Yes 2 No 2 No 1 Yes 2 No 2 No 3 Yes 2 No 2 No 1 Yes 2 No 2 No 3 Yes 2 No 2 No 1 Yes 2 No 2 No 1 Yes 2 No 2 No 3 Yes 2 No 2 No 3 Yes 2 No 2 No 3 Yes 2 No 3 Yes 2 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 4 No 3 Yes 2 No 5 No 3 Yes 2 No 5 No 3 Yes 2 No 6 Yes 2 No 7 No 3 Yes 2 No 8 No 3 Yes 2 No 8 No 3 Yes 2 No 8 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Yes 2 No 9 No 3 Ye | | | | | |
| | 0 | | 30. Name and eddress of person who | 0 | | | | | | | | | | | | |
| | / | | Barry M. Rubin, | M.D., 120 | 12 V | eirs M | ill Rd., | Wheaton, | MD 2090 | 6-4513 | | | | | | |

Jana Savidson-Randoll

Registrar

NOV 2 9 1996

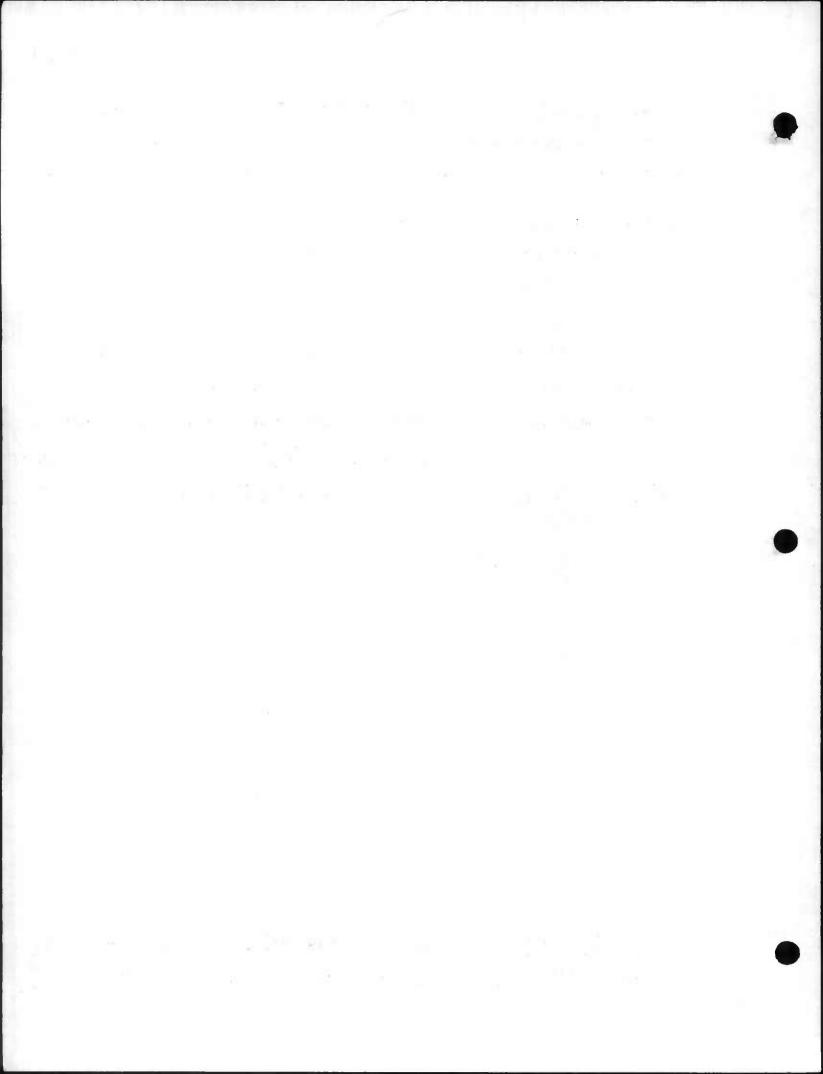


State of Maryland / Department of Health and Mental Hygiene 96

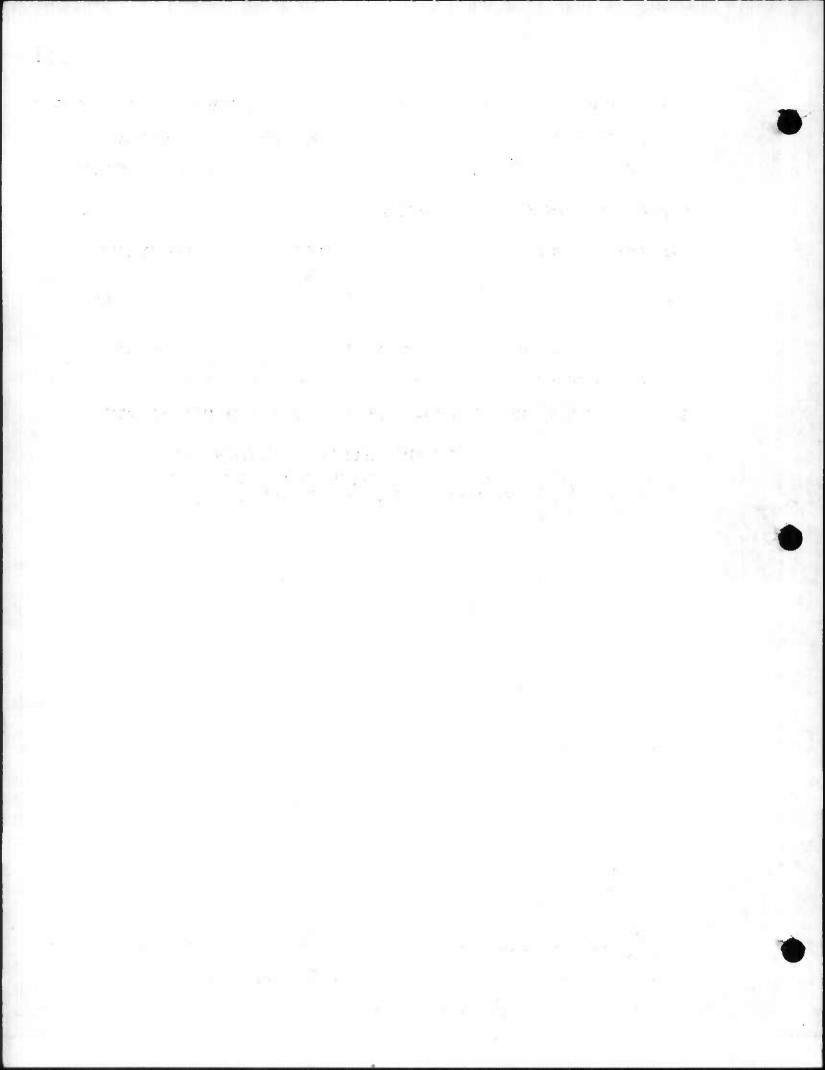
| | | | | | Cei | rtificate o | f Death | | Reg. No. | | |
|--|----------------|---|---|---------------------|-------------------------|---------------------------------------|-------------------------|---|-------------------------------------|---------------------------|---|
| Physici | | 1. Decedent's Nama (First, Middle, Las | , | DAVI | D | 408 | KINS | 2. Data of Month | Death Day | Year (991 | 3. Tima of Death |
| /Medio Examin | | 4a. Facility Nama (If not Institution, give | | | | | | wn, or Location of D | | unty of Death | |
| Examil | er | Montgomery Gener | | | | | | nev | | ontgome | erv |
| Funeral | | 5. Social Sacurity Number 6. S | | Age (In yrs. lest t | birthday) | If Under 1 Ye | ar If Under 2 | | Birth Dey, Year) | | - |
| Director | | 563-86-2215 Usual Residence of Decedent | ДM 2□F | 43 | Yrs. | Months Day | Hours | | Dey, Year) 1, 195 | | place (Steta or Foreign ntry) ifornia |
| death with the Maryland ms 23s or 28s-f show cmust be notified at | | 10a. State 10b. County | | 10c. City, To | wn or Lo | cation | | | | 1 | Od. Inside City Limits |
| with the Marylan a or 28a-f show be notified at | to | Maryland Montgom | erv | 01 | ney | | | | | | 1 ☐ Yas 2 ☑ No |
| 128 | Director | 10e. Street and Number | | | | 10f. Zip Code | • | | 10g. Citizen | of What Coun | ntry? |
| 23a | | 18308 Watercraft | Court | | | 20 | 832 | | Unite | ed Stat | es |
| Nems 2 | Funeral | 11. Marital Status | 12. Was Decede | ent Ever in U,S. | 13. V | Was Decedant o | Hispanic Orig | gin? (Specify Yes or , Puarto Rican, atc.) | No- 14.1 | Race - Americ | |
| 9 8 | by Fu | 1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced | Armed Force 1 X Yas 2 If Yes, Give Year or Date | | , | r Yes, specify Cl 1 ☐ Yes 2 🖾 N | | , Puarto Hican, atc.) | | Biack, White, socity: Whi | |
| 3.4 | | 15. Decedent's Ed | | | a. Deced | dent's Usuai Occ | cupation | | 16b. Kind o | of Businass/Inc | |
| an | Completed | (Specify only highast gra | da completed) | | (Giva | kind of work dor DO NOT use ret | ne during most ired) | of working | 100.71110 | 1 20011/2001110 | 2000.7 |
| the base | E | Elementary/Secondary (0-12) | College (1-4 | | | am Anal | | | U.S. | Govern | nment |
| II II II | O | 17. Father's Name (First, Middla, Last) | · · · · · · · · · · · · · · · · · · · | | 6- | | _ | r's Nama (First, Mid | dla, Maidan Sun | nama) | |
| and o | Be C | Gerald E. Hopkin | c | | | | 1 1 1 1 1 1 | othy Hans | | | |
| markad markad matic e | 2 | 19a. Informant's Name/Relationship | | 46 | No. Admillion | m Address (Chr | | r or Rural Route Nu | | 0 | 0-4-1 |
| 当 重 量 | | | | | | | | ourt, Oln | | | 20832 |
| Health am 27 ther tr | | Sheila Ann Hopkin 20a. Method of Disposition | S/WITE | 001 01 | of Disease | -101 | | | | on - City or To | |
| or in | | 1 St Buriai 2 ☐ Cremation 3 ☐ | Removal from Sta | ate cemei | tery, cren | netory or other p | Nov. | 25, 1996 | | | |
| ortant:) injury o | | 4 ☐ Donation 5 ☐ Other (Specify | , | Gate | of | Heaven | Cemeter | У | Silver | Sprin | g, Marylan |
| Departmen Important any injury once. | | 21. Signature of Funarai Service Licen | | M00198 | 73 | bert A. 300 Wes | D 1. : | T | al Home, | /Rockvi | ille, Inc. |
| | | 23a. Part1. Entar thy diseasa, or compshock, or hear failure. List only | olications that caus | sed the death. De | o not ente | Rockvil er tha moda of d | Le, Ma | ryland 2 cardiac or respirator | 0850-280 v arrest, |)5 | Approximate |
| ysician | | shock, or heart failure. List only | one cause on aac | h iine. | | | | | | | Interval Between Onset and Death |
| Medical | | immediate Cause (Final | | 0 | | | | Dis | n. c n | | H |
| aminer | | disease or condition resulting in death) | aa | indio | | | 4 | 11/3 | 50-26 | - 1 | 70 mins |
| | - a | | | Due to (or as | a conseq | uence of): | | | | | |
| nsit | Examiner | | b | | | 1 | | | | | |
| end al-tra | Xa | Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury | | Due to (or as | a conseq | uence of): | | | | į | |
| buri | | Cause (Disease or injury | C | | | | | | | | |
| ding physician end se es the burial-fransit | Medicai | that initiated events resulting in death) Last | | Due to (or as a | consequ | uence of): | | | | i | |
| ding se es | Me | | d | | | | | | | | |
| 6 3 | | | | | | | | | | | |
| hed | Physician | Part ti. Other algnificant conditions of | ontributing to deat | h but not resulting | in the ur | nderlying cause | given in Part I. | 23b. f | oid tobacco usa | contribute to | the cause of death? |
| 200 | 듄 | | | | | | | 1 | □ Yee 22TN | io 3 Prof | bably 4 Unknown |
| 5.8 | þ | | | | | | | | | | |
| been si should | Completed | | | | | | | 24a. V | /as an autopsy erformed? | ava | ere autopsy findings ailable prior to |
| 5 CA | | | | | | | | _ | | | mpletion of cause death? |
| pege | 0 | | | | | | | 1 | □Yes 2 N | 0 1[| Yas 2 No |
| certificate rector, per | Be | 25. Was case referred to medical | | | | | 28. Place | of Death (Check or | nly one) | | |
| is certific director, | 10 | examiner? Yes 2□ No | Hospital: 1 ☐ Inpe | atient 25 ER/C | Dutpetien | t 3 DOA | Wher | rsing Home SXIR | | Other (Snecif | iv) |
| eral la | | 27. Manner of Death | 28a. Date of I | niury 28b | . Time of | 28c. In | | | be how injury oc | | ,, |
| th. After fune | 흥 | Natural 5 Pending 2 Accident invastigation | | Day Year) | Injury | | /onk? □Yes 2□N | No | | | |
| otor y the | 1 Ca | 3 Suicide 6 Could not be | | Injury - At home, | farm, stre | eet, factory, offic | ea . | 28f. Location | n (Street and No | umber or Rurs | al Route Number, |
| a after | Certification: | 4 Homicide | building, | etc. (Specify) | | | | | Town, Stete) | | |
| within 24 hours after deeth. To the Funeral Director: After the completely filled in by the funeral | edicai | (Check only 25KMadicat Exam | Iner: On the basis | of examination a | ge, death and/or inv | occurred at the restigation, in my | time, date and | d place, and due to the tire | he cause(s) and ne, date and pla | manner as st | lated. the cause(s) |
| mple | Med | 29b. Signatura and title of certifier | and manner | atated. | | 200 Line | nse number | | 20d Date all | gned (Month, | Day Year) |
| F 8 | - | 255. Digitatura and title of certifiel | 1 | | | | | 4, | 230. Date all | ji ieu (monin, | bey, real) |
| | | - John | Lues | w w | 7 | 750 | 85 | 16 | NOC | 7.3 | 1 1996 |
| ,41 | | 30. Name and address of person who o | completed cause of | | | | | | ^ | | Son I |
| , | | cona c | da bo | x ' | 85 | N 81 | 5 cs co | uscw | HUR | 37 | e (Corder |

State Registrar 31. Date filed (Month, Dey, Year)
NOV 2 5 1996

32. Registrar's Signature



| | | | State of Ma | ryland / Dep Ce | artment ertificate | of H | ealth a Death | and Mental | | iene | 96 | 37241 |
|---|-------------------|---|--|--|--|--------------------|-----------------------------|--|-----------------------------|------------------------------|-------------------------------|--|
| Physic | an | Decedent's Neme (First, Middle, Last MARGUERITE | о С. | | A DM AN | | | 2. Date Mon NOVE | of Deeth | 1 | 1996 | 3. Time of Deeth |
| /Medi Examii | | 4a. Fecility Neme (If not Institution, give | street end number) | П | ARMAN | | | wn, or Location of | | 4c. Cour | 1996 ity of Death TGOME | |
| Funeral Director | | 5. Social Security Number 008 - 07 - 3255 Usuel Residence of Decedent | 7. Age | (In yrs. last birthdey Yrs. | if Under 1 Months | Yeer Days | If Under 2 Hours | Min. MAY | of Birth th, Dey 8, 1 | | 9. Birth | piece (Stete or Foreig intrv) MONT |
| the Maryland 28a-f show notified at | ctor | 10a. State 10b. County MARYLAND MONTGOME | | 10c. City, Town or L GAITHER | | | | | | | | 10d. Inside City Limits |
| with the Mary ta or 28a-f sh Libe notified. | I Director | 10e. Street end Number 301 RUSSELL AVENU | IF | | 10f. Zip C | | 0877 | | | g. Citizen o | | |
| 020 vrs after desth af, or items 23 Examiner, mus | by Funeral | 11. Marital Stetus 1 Never Merried 2 Married 3 Midowed 4 Divorced | 12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: | ver in U,S. 13. | Was Decede If Yes, specif | nt of Hi y Cuba | | in? (Specify Yes , Puerto Ricen, et | | 14. R | ace - Ameri leck, White | ican Indien, |
| Maryland 21215-0020 d 2 should be filed within 72 hours at th and Mantal Phygiene. 7 is marked other than "natural", or traumetic event, the Medical Exam | Be Completed | 15. Decedent's Edu (Specify only highest gred | cation le completed) College (1-4or 5+) | (Giv | edent's Usuai e <i>kind of work</i> DO NOT use | done o | ation luring most) | of working | 1 | OWN | | |
| /land old be file dental Hy rked oth file event | To Be (| 17. Fether's Name (First, Middle, Last) GUY ABNER CUSHN | 1 AN | | | | 18. Mother BERTI | r's Name <i>(First, M</i> HA MAY | | feiden Sume CKARD | eme) | |
| Mary nd 2 sho sith and 3 27 is ma r traums | | 19a. Informent's Neme/Relationship (7) SHIRLEY M. WELLMAN | | 19b. Maii -in-Law | ing Address (| Street e | end Number | RT, ROCK | Vumber, VILL | City or Tow | n, Stete, Zi | p Code) 53 |
| Baltimore, amit. Pages ta Mportant if Hen my Injury or othe anse. | | 20a. Method of Disposition 1 ☑ Buriei 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify) | | 20b. Placa of Disp cemetery, cre IVY HIL | metory or oth | er plec | | Dete 11/26/ | | LAURE | | |
| parmit. Pa Departmen Important eny Injury stros. | | 21. Signature of Funeral Service Licens | 1 Ba | ther 2 | MURIEL P.O. B | Addres H. | BARB1 | ER FUNER | AL H | IOME F. MD | 208 | 82 |
| Physician /Medical Examiner physician and physician and the principle and the principle and | Examiner | Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury | D | ue to (or as a conse | | | | | | | | Clays |
| is, F.O. BOX 68/60, es that the death certificate be evigned by the ettending physicien be detached for use as the buna | Physician/Medical | Cause (Disease or injury that initiated events resulting in death) Last | D. | e to (or as e conse | quence of): | | | | | | | |
| that the de detached detached | Physic | Pert II. Other elgnificant conditiona con | | 4 | | | | | | s 22 No | - | o the cause of death bably 4 Unknow |
| requir seen s hould | Completed by | addison's disease | z c | regestive | heart | 6 | aile | 240. | . Wes an perform | eutopsy led? | an cc | fere eutopsy findings reliable prior to impletion of cause deeth? |
| Or VICAL INECOMPRISE Physician: The law this certificate hes that director, page 2 s | Be | 25. Was cese referred to medical examiner? | | | | | | of Death (Check | 1 ☐ Yes | | 1 | ☐ Yes 2☐ No |
| or Attending Phy or Attending Phy sifer death. Director: After this in by the funeral c | Certification: To | 27. Menner of Death 1 Naturei 2 Accident 3 Suicide 4 Homicide | 28e. Dete of Injury (Month, Day) | - At home, ferm, st | of 280 | injury Work | 4421 Nur | lo 28f. Loca | cribe hov | w Injury occu | urred | al Route Number, |
| To the Hospital Within 24 hours of To the Funeral I | edicai C | 29e. Certifier (Check only one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certifying Physical Examination (Check one) 1 ☐ Certify | alcien: To the best of r ner: On the basis of en end menner state | caminetion and/or in | th occurred at evestigation, Ir | the time | e, date and inion, deeth | piece, and due to n occurred et the | o the cel | use(s) end n te end piece | nanner es a o, end due t | atated. the ceuse(s) |
| To the within To the compl | Z | 29b. Signeture and little of certifier | Han i | vo | t |)2; | number 9 1 | | 1 | | ber | 23, 1996 |
| 4 | | 30. Name and address of person who con David A. Blass 31. Dete filed (Month, Dey, Year) | mo 94 | 10 old G | eargeto | un | Rd. | Bethes | da | Md. | 200 | 814 |
| Sta Registra | e . | NOV 2 5 199 | 32. Registrar's | Signeture Davidson-Ran | delle | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene 37242

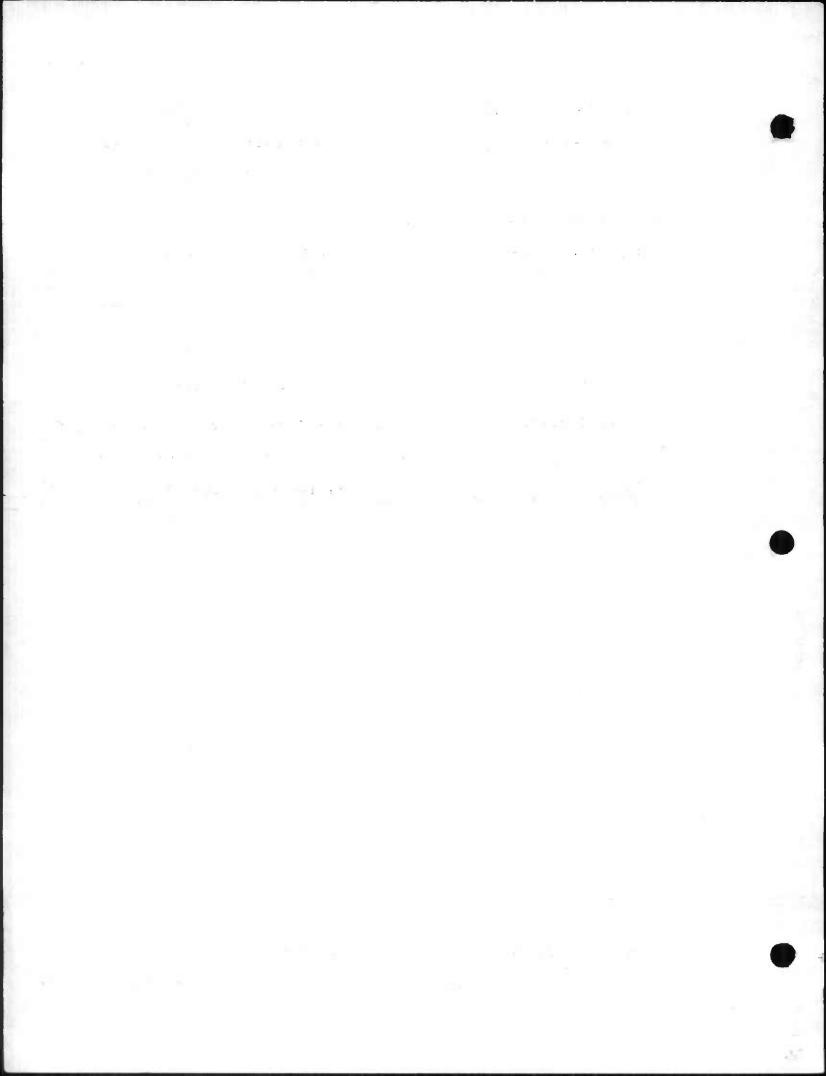
| | | | | Otate of Ivial | | rtificate of | | | g. No. | | | |
|------------|---|--|---|--------------------------------------|---------------------------------------|--|--|----------------------------------|--------------------------------------|-----------------------------|--------------------------------|--|
| | Physici | on | Decedant's Nama (First, Middla, La | st) | | | | 2. Data of Death Month | | ear 3 | 3. Time of Death | |
| | /Medic | | Mary Eliza | beth | Igleh | nart | | November | | | 1:00 PM | |
| 9 | Examir | | 4a. Facility Nema (If not Institution, give | e street end number) | | | 4b. City, Town, or | Location of Deeth | 4c. County of | Deeth | | |
| | | | 13234 Old Annapo | lis Road | | | Mt. Airy | | Frede | erick | | |
| | Funeral | | 5. Social Security Number 6. S | Пм 200 Е | In yrs. lest birthday) | If Under 1 Yes Months Days | | 8. Deta of Birth (Month, Day, | Year) 9 | Birthplace | e (Stata or Foreign | |
| 35 | Director | | 214-16-5341 | 2 M 2 Z | 82 Yrs. | | | May 3, 1 | | lary1 | and | |
| | pue * | | Uauai Rasidance of Decedant 10a. Stete 10b. County | 11 | Oc. City, Town or Lo | ocation | | | | 104 | Inside City Limits | |
| | /anyl | 5 | Manusland A A | | | | | | | | 1 ☐ Yas 2 ☐ No | |
| | the the | Director | Maryland Anne A | rundel | Davidsor | 10f. Zip Coda | | 10 | g. Citizen of Wha | et Countré | 2 | |
| | with w | ā | | | | 01 | | | | | | |
| | leath 23 | Funeral | 719 W. Central Av | 12. Was Decedant Eva | ar In U.S. 13. | 21035 Wee Decedent of | Hispanic Origin? (S | | United S | | | |
| | Her o | F | 1 □ Nevar Married 2 □ Merried | Armed Forcea? 1 ☐ Yes 2 X No | | If Yes, specify Cu | Hispanic Origin? (S ben, Mexican, Puert | o Rican, etc.) | | White, etc. | | |
| 070 | 1.0 P. | þ | 3K Widowed 4 □ Divorced | If Yas, Giva Yaer or Detas: | | 1□ Yas 2⊠ No | Specify: | | Specify: white | | | |
| 21215-0020 | filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Medical Examinet must be notified at | Completed by | 15. Decedant's E | ducation | 16a. Dece | dant's Usuai Occi | upation | | 16b. Kind of Business/Industry | | | |
| 218 | Med 7 | ple | (Specify only highast gra Elemantary/Secondery (0-12) | College (1-4or 5+) | (Giva lifa. | kind of work don- DO NOT use retir | upation e during most of wor red) | King | | | | |
| | d wit | TO. | 12 | 00110g0 (1 401 01) | house | ewife | | | self | self | | |
| pu | tal Hy d oth | Be (| 17. Fethar's Neme (First, Middle, Last, |) | | | 18. Mother's Nar | ne (First, Middle, M | aiden Surnama) | mama) | | |
| Maryland | s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 is marked other than other traumatic svent, the M | To | Earl Gordon Towns | hend | | | Myrtle | Winona | | | | |
| a | 2 sho and is m | | 19a. Informant'a Neme/Ralationship (| Type, Print) | 19b. Maili | ng Address (Street | et and Number or Ru | ıral Routa Number, | City or Town, Sta | ata, Zip Co | de) | |
| | 1 and Health em 27 ther tr | | Elizabeth Werner | | | | napolis Ro | 1., Mt. A | iry, MD | 2177 | 1 | |
| Ore | of H | | 20a. Method of Disposition 1 ☐ Buriel 2 Ă Cramation 3 ☐ | | 20b. Piace of Dispo cematary, cres | osition (Name of matory or othar pi | (aca) | Data 2 | 0c. Location - Cit | ty or Town, | State | |
| Ë | Peges ment of ant: If its ury or o | | 4 □ Donetion 5 □ Other (Specif | | Hagerstov | | tory | 11/13/96 | Hagersto | own, l | Maryland | |
| Baltimore, | permit. Peges 1 and Department of Health Important: If Item 27 any injury or other troonce. | | 21. Signature of Funarel Sarvica Licenses 22. Nama and Addrass of Fecility Stauffer Funeral Homes, P.A. | | | | | | | | | |
| Ш | 205 2 2 | | Kya Mi | Doice | | | sumtown P | | | /D 21 | 702 | |
| | | | 23a. Part1. Entay tha disaese, or com shock, or heart failura. List only | plications that cay od the | e death. Do not an | ar the moda of dy | ylng, such ea cardied | or raspiratory arra | st, | An | proximata arval Between | |
| N | Physician | | | | 1 | | | | | Or | nset and Death | |
| | /Medical | , | Immedieta Causa (Finai disease or condition | Real | at CV | A | | | | 1 | tranth | |
| | Examiner | | rasulting in deeth) | | e to (or as a consec | quance of): | | | | | | |
| | D = | Examiner | _ | , Seiz | ure he | slow | , 2° to | 也 | | | | |
| | ifficate be executed g physician and es the burlal-transit | cam | | | | | | | | | | |
| 50, | sian s | E E | Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaasa or Injury | 0 | | | | | | 1 | | |
| 68760, | Arysic the t | edical | thet initiated evants rasulting In daath) Last | Due | e to (or es a conseq | juence of): | | | | 1 | | |
| | ling p | | L | d | | | | | | | | |
| Box | attendin for use | Physiclan/N | | 0 | | | | | | | | |
| | the s | ysic | Part II. Other significant conditions of | ontributing to death but n | ot rasulting in tha u | ndarlying causa g | givan in Part I. | 23b. Did tot | acco use contri | bute to the | e cause of death? | |
| P.0 | that the de ad by the detached | | | | | | | 1□ Ye | 8 2 No 3 | ☐ Probab | ly 4 Unknown | |
| Records, | 8 8 8 | d by | | | | | | 045 Weeks | anana le | 24h Mara | autopsy findings | |
| Ö | v requir been s should | Completed | | | | | | 24a. Was an parform | | availal | ble prior to etion of cause | |
| 360 | has b | mpl | | | | | | | | of dea | th? | |
| a la | | | | | | | | 1 ☐ Ya | 2 No | 1 🗆 Y | ea 2 No | |
| Vital | Physician: The this certificate ral director, pag | Be | 25. Was case rafarred to medical axaminer? | Hospitai: | | | | th (Check only one |) | | | |
| of | 0 0 | To | 1 Yes 2 No | 1 U Inpatiant | 2 ER/Outpetier | I JU DOA | | oma 5 Residar | | | | |
| L | Ing F | lon | 27. Mannar of Death 1 Natural 5 □ Panding | 28a. Data of fnjury (Month, Day Y | ear) 28b. Tima o Injury | W | | 28d. Dascribe hor | w Injury occurred | | | |
| S | Attending or death. ector: After by the fune | 27. Mannar of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 28a. Data of fnjury (Month, Day Year) 28b. Tima of Injury at Work? 1 Year 2 No 28b. Injury at Work? 1 Year 2 No 28b. Injury at Work? 1 Year 2 No 28b. Injury at Work? 28b. Injury at Work? 28b. Injury at Work? 28b. Injury at Work? 28b. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28b. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? | | | | | | | | | 4-81 | |
| Division | of All offer Direction by | Ŧ | 4 ☐ Homicide datarmined | building, atc. (| | eet, factory, office | 9 | City or Town, | | or Hurai Ho | outa /vum <i>ber</i> , | |
| | pital praf | | 29a, Cartifiar 15 Certifying Ph | reference To the best of | - Landa de la desa | | | | | | | |
| | Hos Fun Fun | edical | (Check only one) 2 Medicaf Exam | yefclan: To the bast of m | amination and/or In | vastigation, in my | opinion, daath occu | red at the tima, de | use(s) and mann ta and pieca, and | er es steta d dua to tha | a cause(s) | |
| | To the Hospital or Attending Phywithin 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral | Me | 29b. Signetura and titla of certifiar | and manner steted | d. | 29c. Licar | nse number | 29 | d. Deta signed (/ | Month. Day | (, Year) | |
| | F ₹ ₽ 8 | | MID | F. | | חח | 1946 | | 11/121 | 81 | | |
| | ļ | | 20 Nama and address of | nomplated cause of dear | INh | U Z | 1177 | | 4. (1) | 16 | | |
| | | | 30. Nama and addrass of parson who | completed causa of daati | n (nam 23a) (Type, | AU A | 4- F | ir Eden | le mil | 21 | 711 | |
| | Sta | te | 31. Data filed (Month, Day, Year) | 32. Aggintrag's | Signature | איזענאי | 367 | | 3 - 1100 | LI | 10, | |
| | Registr | | NOV 1 8 199 | 6 Janah | water Rach | RP. | | | | | | |

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96

Mental Hygiene 96 37243

| | | | | Cen | tificate of | Death | | Reg. No. | | , , , |
|--|---------------------|---|---|------------------------------------|---|--|---------------------------------------|------------------------------------|-----------------------------|---|
| | | 1. Decedent's Neme (First, Middle, La | st) | | | | 2. Dete of De | | V | 3. Time of Deeth |
| Physic /Medi | | ARObsle | B. | Ja | unes | | Nov | Z G | Year 7 G | 0645 |
| Exami | | 4e. Facility Neme (If not institution, giv | a street end number) | | | 4b. City, Town, or | Location of Deat | h 4c. County | | |
| Funeral Director | | Anne Arundel 1 5. Social Security Number 6. S 5 2 9 - 2 2 - 0 8 7 3 | | | If Under 1 Year Months Deys | | 8. Dale of Bi | Anne ay, Year) 9,1907 | 9. Birthpl Count | leca (Stete or Foreign try) |
| | | Usuel Residence of Decedent | | | | | Deb Z | 7,1907 | Uta | I.II |
| death with the Maryland ms 23a or 28a-f show must be notified at | ctor | MD Anne A | | ,TownorLoc apoli | | | | | 10 | Od. Inside City Limits 1 Yes 2 No |
| or 28 | ire | 10e. Street end Number | | | 10f. Zip Code | 5 | | 10g. Citizen of \ | What Count | iry? |
| 23a Wi | ai | 931 Mastline D | rive | | 2 | 1401 | | USA | | |
| 5 2 2 | by Funeral Director | 11. Maritel Stetus 1 Never Merried 2 Married 3 XWidowed 4 Divorced | 12. Wes Decedent Ever in U, Armed Forcas? 1 December 2 No If Yes, Give Yaar or Detas: | lf. | ras Decedani of Yes, specify Cul ☐ Yes 2 1 No | Hispanic Origin? (S ban, Mexican, Puart Specify: | pecify Yas or No o Rican, atc.) | | e - America ck, White, e | etc. |
| 72 hours natural'. | ted | 15. Decedent's Ed | | 16a. Decede | ent's Usuel Occu | pation | etic s | 16b. Kind of B | usiness/Ind | lustry |
| within jiene. The Max | Completed | (Specify only highest gra Elementary/Secondary (0-12) 9 | Collega (1~4or 5+) | | emaker | during most of wor | King | Home | | |
| Ment Ment | To Be | 17. Fether's Neme (First, Middle, Last, Walter F. Bird | | | | 18. Mother's Ner | ne (First, Middle nda Chi | | ne) | |
| and and is ma | | 19a. Informent's Neme/Reletionship (| | 19b. Melling | Address (Stree | ot end Number or Ru | ıral Route Numb | er, City or Town, | Stete, Zip | Code) |
| 1 and 2 Health em 27 I | | Robert L. Jame | | 931 M | lastlin | e Drive | | | | |
| permit. Pages 1 and Department of Health Important: If Item 27 eny Injury or other tr once. | | 20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif | Ramoval from Stale | emetery, cremi | ition (Neme of etory or other pl City C | emetery | Dete 12-3-96 | 20c. Location - Midval | | |
| permit. Pages 1 ar Department of Hea Important: If Item; eny Injury or other once. | | 21. Signature of Funeral Service Licer | _ / | Ba | Neme and Addr | and Sor | ıs Fune | eral Ho | | 21146 |
| Dhusisian | | 23a. Pert1. Enler tha disaasa, or com shock, or heert feilure. List only | pilcation unit caused the death one cause on each line. | n. Do not enter | 5 Gov r the mode of dy | Ritchie ing, such es cardied | or respiratory | Severn irrest, | | Approximeta Interval Between Onset and Deeth |
| Physician /Medical Examiner | | Immediate Cause (Final disaase or condition resulting in death) | e. Accets | | | lise | | | - | 1 ceh |
| | ē | | Due to (o | r es e consequ | | <i>l</i> 10 | | | | |
| d ansit | Examiner | Secure tiethy liet and ditions | D | r es e consequ | | ronlung | | | i | 426 |
| an an rial-tr | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events | | | | dessous | | | 1 | 415 |
| eath certificate be executed attending physician and for use as the burial-transit | //Medical | Cause (Diseese or injury that initieted events resulting in deeth) Last | C | es e consequi | | | | | | |
| 4 0 6 2 | Physician | Pert II. Other significant conditions of | ontributing to death but not resu | ulting in the und | derlying cause g | iven in Pert I. | 23b. Dfd | tobacco use co | ntribute to | the cause of death? |
| requires that the death cer requires that the death cer seen signed by the attendin hould be detached for use | by Phys | | | | | | 1 🗆 | Yes 2⊡No | 3 Prob | ably 4 Unknown |
| 3 > 11 0 | Completed t | | | | | | 24a. Wes | an eutopsy ormed? | eve | ra autopsy findings vilable prior to inpletion of cause deeth? |
| The law ate has by page 2 s | ПO | | | | | | 10 | Yes 2010 | 1□ | Yes 2□ No |
| Physician: The lav this certificate has ral director, page 2 | Be (| 25. Wes case referred to medical examiner? | | | | 26. Plece of Dec | oth (Check only | one) | | |
| 5 m 5 | 2 | 1 Yes 2 No | Hospitel: 1 Inpatient 2 | ER/Outpetiant | 3□ DOA O | ther: 4 Nursing H | ome 5 Res | idenca 6 □Oth | er (Specify |) |
| To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral | | 27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation | | 28b. Time of Injury | 28c. Inju Wc M 1 | uryet ork?]Yes 2 ☐ No | 28d. Describe | how injury occur | red | |
| To the Hospital or Attending R within 24 hours after death. To the Funeral Director: After completely filled in by the funer | Certification: | 3 Suicide 6 Could not be determined | 28e. Pleca of Injury - At ho building, etc. (Specify | me, ferm, stree | et, fectory, office | | 28f. Location (City or To | (Street end Numb wn, State) | er or Rural | Route Number, |
| To the Hospital or within 24 hours afte To the Funeral Director completely filled in | edical | 29a. Certifier (Check only one) | ysician: To the best of my knowniner: On the basis of exeminet end mennar steled. | vledge, deeth o ion end/or inve | occurred et the t estigetion, in my | ime, dete and plece opinion, deeth occu | , end due to the rred et the time, | cause(s) end ma dete end plece, | anner es sta end due to | ated. the cause(s) |
| To th To th | Me | 29b. Signeture end title of certifier | VIII ser | 7 | 29c. Licen | se number | | 29d. Data signe | d (Month, L | Jey, Year) |
| , | | 30. Nems end eddress of person who To Luc D: To ck 31. Dete filed (Month, Dey, Year) | completed cause of death (Item | 23a) (Type, P | rint) | Phu, 4 | la te | Marolo | , Ro | 120/01 |
| Sta Registi | | 31. Dete filed (Month, Dey, Year) | 32. Registrer's Signer | ture | unda 00 | 4 | -0, | 7000 | | |
| ricgisti | | NUV Z I | 1270 June Da | viacon-17 | - Indoo | | | | | |

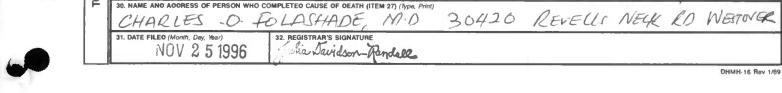


TO BE COMPLETED BY FUNERAL DIRECTOR

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| 꾶 | 是 | P | |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Flours after death. Page 6 may be retained by the hospital | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State heart of health and Mental Hyriene prior to burial cremation or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |
| | | | |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| | | | | | | | | 96 | 3 | 7244 |
|---|---------------------------|--------------|-------------------|----------------|-------------|-------------------|--|----------------|------------------------|--|
| FOR | STATE OF N | ARYI AN | D / DEPAR | TMENT (| OF HE | AITH AND | MENTAL HYGIEN | | | 1677 |
| 1 - STATE REGISTRAR | ,,,,,,, | | CERTIF | | | | REG. NO | | | |
| 1. DECEDENT'S NAME (First, Middle, Last) | 01/00 | -(| | | | | 2. DATE OF DEATH MONTH D | AY. | YEAR | TIME OF DEATH |
| FRED JA | CKSO | γγ | | | | | 11 / | 5 9 | 6 6 | 230/ M |
| 10 11 | SEX | | s. last birthday) | IF UNDER 1 1 | | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | 0 | . BIRTHPLA Country) | ACE (State or Foreign |
| 215-20-19401 | ØM 2 □ F | 6 | YRS. | MONTAS L | DAYS | MIN. | 12/17/ | 29 | SC | - |
| 9a. FACILITY NAME (If not institution, give street | | | | | | LOCATION OF DI | | | Y OF DEAT | |
| EASTERN CORRECTIO | SWAL 1 | NS71 | Miller | ME | 570 | OVET | MAKYLAN | SOM | ERSI | ET |
| RESIDENCE OF DECEDENT | | | 10c. CIT | Y, TOWN OR | LOCATIO | N . | | | 100 | d. INSIDE CITY |
| MARYLAND SOME | P.CE- | 7 | WI | | | 0 | | | | LIMITS? |
| 40. OTDEET AND MINISTER | | | | - , - | 1 | IP CODE | | 100 CITIZE | | T COUNTRY? |
| UNKA | SOWN | PRI | OR TO | ECI | | 187 | / | 110 | C | TIZEN |
| <u> </u> | . WAS DECEDEN | | | | | DENT OF HISPAI | / NIC ORIGIN? (Specify Yes | or No - 1 | 4. RACE — | American Indian. |
| 1 Never Married 2 Married | FORCES? 1 | YES 2 | ₩ NO | Il y | yes, speci | | in, Puerto Rican, etc.) | 1 -2 | Black, W Specify: 1 | hite, atc. |
| 3 Widowed 4 Divorced | # 120, dive i | DATE OF DATE | | , | , , , , , | M NO Specif | AHRICAN A | MERION | Specify. | DHAC. |
| 15. DECEDENT'S EDUCATE (Specify only highest grade com- | ON poletedi | 16 | n. DECEDENT'S | | | | 16b. KIND OF BU | SINESS/INDUS | STRY | |
| | College (1-4 or 5 | +) | life. Do NOT us | | ring most | or working | | | | |
| uN | | | Fa | rm Woi | rk | | Agric | ultur | e | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | 1 | 18. MOTHER'S NA | ME (First, Middle, Maiden | Surname) | | |
| Felix Jackson | | | | | | | ia Jackson | | | |
| 19e. INFORMANT'S NAME (Type/Print) | | | | | | | Route Number, City or Tow | | | |
| Fred Jackson | | _ | | | | | rlock, Md. | | | |
| 20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal | Irom State | cemeter | ACE AND DATE | ther place) | | | | CATION — CI | | |
| Donailon 5 □ Other (Specity) | | > S | andtow | | | 4 | 11/22/93 | Hills | sboro | , Md. |
| 21. SIGNATURE OF FUNERAL SERVICE LICENS | | | | | | ie Smit | h Funeral | Home | | |
| 1/2 4 | | | |]] | P.O. | Box 16 | 87, Easton | , Mar | yland | 21601 |
| 23. PART I. Enter the diseasee, or com shock, or heert failure. List | | | | | | | | | | Approximeta |
| IMMEDIATE CALISE (Finel | | | | | | 2 | 100 - | | | Onset and Daath |
| disease or condition resulting in death) | CALI | 010 p | OULN | loN. | AK | Y | ARRES | 7 | | |
| | DUE TO | (OR AS A CO | NSEOUENCE O | f): | | | 0 120 | | | |
| Sanuaratativ ties constates 6 | NETI | ASTA | TIC (| ARCI | NO | MA | OF PRE | STA | 76 | |
| Sequantielly list conditions, if any, leading to immediate | DUE TO | (OR AS A CO | NSEOUENCE O | F): | | | | | | |
| CAUSE (Disease or Injury | | | | | | | | | | |
| that initieted events resulting in deeth) LAST | DUE TO | (OR AS A CO | NSEQUENCE O | F): | | | | | | |
| d | | | | | | | | · | | |
| PART II. Other aignificant conditions c | ontributing to | death but i | not resulting | in the unde | erlying | ceuse given in | | | | ERE AUTOPSY FINDINGS |
| N | ONE | | | | | | PERFO | | CO | MILABLE PRIOR TO OMPLETION OF CAUSE DEATH? |
| | | | | | | | | | | YES 2 JHO |
| DID TOBACCO USE CONTRIB | JUTE TO CA | USE OF I | DEATH YI | S 🗆 N | 0 1 | UNCERTAL | ND | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | 26. | PLACE OF DEA | | | | | | | |
| | OSPITAL: | ER/Oulpatie | nt 3 🗆 DOA | OTHER: | | 5 🗌 Rasidenca | 8 D Other (Specify) | PRISO | N | |
| 27. MANNER OF DEATH | 28a. DATE OF (Month, D | | 28b. TIM | E OF 2 | Bc. INJUF | RY AT | 28d. DESCRIBE HOW | INJURY OCCU | PRED | |
| 1 Natural 5 Pending 2 Accident Investigation | 5 | 1/A | | -1 1 | | S 2 NO | NA | | | |
| 3 Suicide s Could not be | 28a. PLACE C | of INJURY — | At homa, farm, | straet, lactor | y, offica | | 28I. LOCATION (Street City or Town, State | | r Rural Route | e Number, |
| 4 Homicide determined | | | | 10/1 | 4 | 6~ | , | | | |
| 29e. CERTIFIER Check only 1 CERTIFYING PHYSICIAL | N: To the best of | my knowledg | e, death occurr | ed at the tim | ne, deta ar | nd place, and due | to the cause(s) and ma | nner as stated | 1. | |
| one) 2 MEDICAL EXAMINER: C | | | | | | | | | | nd manner as stated. |
| 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | | 1: | 29c. LICENSE NU | MBER | 29d. DATE | ŞIGNED (M | onth, Day, Year) |
| Charleso Hans | . 8 | M.C |) . | | | D 50 | 759 . | 11/ | 16/9 | 76 |



30420

REVELLS NECK LD WESTONER

State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

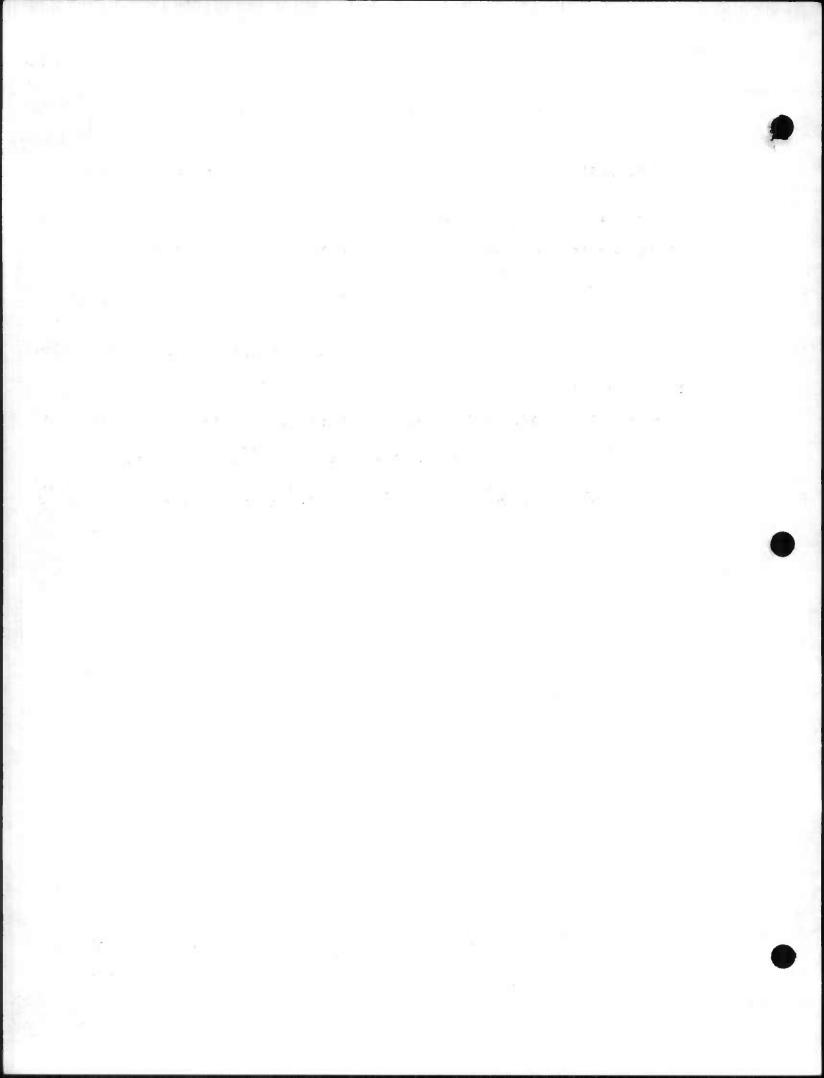
37245

| | | | | | | | Cei | TITICATE OF | Death | 7 | | Reg. No. | | |
|--|-------------------|------------------|--|---------------------|-------------------------------------|---|------------------------|--|----------------|------------|---------------------------------------|---|--------------|--|
| Dh | .cieio: | | cedent's Name | e (First, Mido | lle, Last) | | | | | | 2. Date of Do | | Vaca | 3. Time of Death |
| | ysicia: 1edica | | LONIA | | EDITH | JE | NKINS | | | | NOVEME | Day BER 25,1 | Year QQ6 | 2:00 PM |
| | amine | 4 | cliity Name (h | f not institutio | on, give street and | | | | 4b. City, To | own, or L | ocation of Dee | th 4c. Count | y of Deeth | LZ.UU FII |
| | | | MONTGO | MERY G | SENERAL H | OSPITAL | | | OLN | FV | | MON | TGOME | DV |
| _o Fune | eral | 5. Soc | ial Security N | umber | 6. Sex | 7. Age (In yrs. | last birthday) | If Under 1 Year | r If Under | 24 Hrs. | 8. Dete of Bi | rth | | place (State or Foreig |
| Direc | - | 220 | -34-28 | 64 | 1 □ M 2 🗷 F | 80 | Yrs. | Months Days | Hours | Min. | 8. Dete of Bi (Month, D APRIL I | 6. T916 | TENY | NESSEE |
| TO | | Usuei | Residenca of | Decedent | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 120022 |
| with the Maryland a or 28a-f show | 4 | 10a. S | State | 10b. County | 1 | 10c. Cit | y, Town or Lo | cation | | | | | | 10d. Inside City Limit |
| the Marylar r 28a-f show | Tiger 1 | Mar | yland | monto | omery | G | AITHER | SBURG | | | | | | 1 ☐ Yes 2 ☑ N |
| 1 the | DOI 1 | 100. 5 | treet and Nun | nber | | | | 10f. Zip Code | | | | 10g. Citizen of | What Cou | ntry? |
| th with | 3 3 | 6 | 810 LA | YTONSV | ILLE-OLN | EY ROAD | | | 20882 | | | UNITED | | |
| eath 2 | | 0 | rital Status | | | ecedent Ever in U | S 13 V | | | inin2 /Cr | anifu Van ar N | | | can Indian, |
| ter dea | ă l | 5 1 | Never Marrie | ad 2□ Mar | Armed | Forces? s 2 ⊠No | i | Wes Decedent of Yes, specify Cub | oan, Mexicar | n, Puerto | Rican, etc.) | Ble | ck, White, | |
| 5-0020 72 hours effer netural; or he | | | Widowed | | If Yes | Give | 1 | □ Yes 2 No | Specify: | | | Specia | fy: Idl- | ITE |
| 72 hours | | Eler 17. Fa | | | nt's Education | 54165. | 16a Deced | lent's Usual Occu | nation | | | 16h Vind of 5 | | |
| 21215-0020 d within 72 hours ef piene. r than "netursi", or | STORY S | <u> </u> | (Speci | ify only highe | st grade complete | | (Give | kind of work done OO NOT use retire | during mos | st of work | king | 16b. Kind of E | ousiness/in | dustry |
| within than | | Eler | nentery/Secon | ndary (0-12) | O ^{College} | (1-4or 5+) | | EMAKER | ,,, | | | OWN | HOME | |
| should be filed of Mental Hyginmarked other | | 17. Fa | ther's Name (| First. Middle. | Last) | | | | 18 Moths | or's Nam | A (First Middle | , Malden Sumai | | |
| Maryland d 2 should be file th and Mental Hy 7 is marked othe | à | MA | URICE | | | | | | MARY | | | NTERS | 110) | |
| y ich | E C | | A | | | | | | | | | | | |
| 2 2 2 2 | | 100 | | | ship (Type, Print) | | | g Address (Stree | | | | | | |
| pemit. Pages 1 and Depertment of Health Important: If item 27 | | | URICE | | KINS / SI | ON | | B-B FING | ERBOAR | RD R | | NROVIA, | MD. | 21770 |
| To The Part of The | 5 | | Burial 2 | | 3 Removal trop | | emetery, crem | sition (Name of natory or other pla | ace) | į | Date | 20c. Location | - City or To | own, State |
| Pan | À i | | ☐ Donation | | | | YTONSV | ILLE CEM | FTFRY | 7 | 1/30/96 | LAYTON | SVILL | F MD |
| permit. Pages 1 s Department of He Important: If item | ouce. | 21. Si | gneture of Fur | neral Service | Licansee | | 22 | Name and Addre | ess of Fecili | ty | | | JYLLL | L 9 _ 1.1D • |
| 20 2 2 | 8 | | mu | rel | H 15 | auher | MI | JRIEL H. | BARBE | ER F | UNERAL | HOME MA | DVI AN | D 20882 |
| | | 23e. i | Part1. Enter th | e disease, or | complications the only one ceuse or | t caused the deatt | h. Do not ente | . 0 . BOX | 5038, | LAY | TONSVIL | LE, ITA | KILAN | |
| Physici | an | | hock, or heer | t tailure. List | only one cause or | each line. | | | _ | - | o. roopilatory c | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Approximate intervel Between Onset and Death |
| /Medic | _ | | diate Ceuse (F | | Riz | 1. + fa | . 1_0 | Pariela | DN | 41- | Hemorri | Rapic | - | 10010 1. 21 |
| Examin | ner | diseas | e or conditioning in deeth) | 1 | a. Tuy | 174 | mpec- | Panela uence of): | - 1 | . 1 | P | 0 | - 1 | 1000 pg |
| -11 | a la | 5 | | | | Due to (o | r es a conseq | uence of): | V | N-Y | acti | | | |
| petr list | Framiner | | | | b | | | | | V | | | i | |
| certificate be executed ding physician end issees the buriel-transit | | Seque if any, | ntially list con leeding to Im- Enter Under (Disease or I | ditions, mediate | AL | Due to (or | as a concedi | vempe of): | 1,0 | | | | į | |
| fficate be expression of the burie | | | (Disease or I | lying njury | C | The and | 120 | VINIU | ds, | ~ | | | į | |
| cate phys | n/Medical | resuiti | tiated events ng in death) L | ast | | Due to (or | as a consequ | ienca of): | | | | | | |
| certific n certific anding p | 2 | | | | d | | | | | | | | i | |
| | a de | | | | - 0. | | | | | | | | 1 | |
| | Physicia | Part II. | Other eignifle | cant condition | ons contributing to | death but not resu | alting in the un | derlying cause gi | ven in Part I. | | 23b. Dld | tobacco use co | ntributa t | the causs of death |
| at the d by the etache | 4 | | 14 | | 1000 | n'as | | | | | 10 | Yes 2 No | 3 Pro | bably 4 Unknow |
| and se the | 2 | | VIV | yju | pour | The same | | | | | | | | |
| necolds, he law requires the law signer and been signer. | 8 | | | | | | | | | | | an autopsy | | ere autopsy tindings |
| S be shown | i e | | | | | | | | | | репо | ormed? | 00 | sliable prior to mpletion of cause |
| The lay ate has page 2 | Completed | | | | , | | | | | | | | | death? |
| ician: The certificate rector, pag | ŭ | | | | | | | | | | 1 🗆 | 1 | 1[| Yes 2 No |
| Physician: this certific ral director, | Be | -7.1 | s case reterre | | Hoenital: > | | | Orl | hor: | | h (Check only o | | | |
| Physician: The this certificate ral director, pa | | - | Yes North | 10 | | | ER/Outpatient | 3LI DOA | | | | denca 6 □Ott | | y) |
| After funer | Certification: | 27. Ma | nper of Death Natural | 5 Pendin | g (Mo | e of Injury onth, Day Year) | 28b. Time of Injury | 28c. Inju Wo | | | 28d. Describe | how injury occur | red | |
| l or Attending efter death. Director: After din by the fune | cat | 2[| Accident Sulcide | investig | | | | M 1 🗆 | Yes 2□ | No | | | | |
| or Attended blactor: | 1 | 40 |] Homicide | determ | ined 286. Plac | ca of Injury - At ho ding, etc. (Specify | me, tarm, stre | et, factory, offica | | | 28f. Location (City or To | Street and Numb | ber or Rure | I Route Number, |
| is is of the leading | 0 | | | | | | | | | | | o i simoli | | |
| To the Hospital or within 24 hours effe To the Funeral Dir completely filled in | Cal | 29a. C | ertifier : | Cartifyin | g Physician; To th | e best ot my know | vledge, death | occurred at the til | me, date en | d placa, | and due to the | cause(s) end ma | anner as s | tated. |
| he H in 24 he F | edical | | ne) | : Medical | Examinar: On the and ma | nner stated. | on and/or inve | estigation, in my o | opinion, deet | th occurr | ed at the time, | date and placa, | and due to | the ceuse(s) |
| To the Com | Σ | | gnature end ti | tie of certifier | | | | 29c. Licens | | U.S. | | 29d. Dete signe | d (Month, | Dey, Year) |
| - | | | Wil | kins | ~ J= | Ninal | 2 | D 45 | 528 | 5 | | Novem b | er 20 | 1996 |
| 2 | | 30 No | | | | | 22a) (Tree 5 | | | | | | |) |
| 12 | | DI | R. W. | NIN | who completed cau ALA, 1811 | PRINCE | ∠ов)(туре,Р ГРЦТІТ | D DDINE | OLNE | V N | ND 200 | 22 | | |
| | CACA | | e filed (Month | | | Registrar's Signat | | I DIVIVE | , ULNE | . 1 , 1 | IU. 200 | 32 | | |
| | State istrar | J Da | | 2 7 199 | E Lo | | | | | | | | | |
| negi | isti at | | 1104 % | <u>פטוי פ</u> | o Jun | Davidson | -Manage | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene

96

| | | | | Ce | rtificate of | Death | F | Reg. No. | | |
|----------------------------|---|----------------|---|---------------------------------------|---|---|---|-----------------------------------|---------------------------------------|---------------------------------------|
| | Dhyele | ian | 1. Decedent'a Name (First, Middle, Last) | | | | 2. Date of Dea Month | nth Day _ | Year _ 3. Ti | ime of Death |
| | Physic /Medi | | ponnie d rell | enbe | enh | | Novemb | 07 | 1996 | 16:50 |
| | Exami | ner | 4a. Facility Name (If not Institution, give street and number) | | | 4b. City, Town, or | 010 | Λ | 1/1 | 1 |
| | | | AAMC | | If Under 1 Year | If Under 24 Hrs | - 1 - | Anr | | unde |
| н | Funeral Director | | 5. Social Security Number 6. Sex 7. Age (in y. 217-50-8661 1 1 M 2 F 48 | rs. last birthday) Yrs. | Months Days | Hours Min. | (Month, Day | 1948 | 9. Birthplace (S Country) M D | itate or Foreign |
| | | | Usual Residence of Decedent | | | | Aug 6, | 1940 | II D | |
| | ylend | | 10a. State 10b. County 10c. | City, Town or Lo | ocation | | | | 10d. Ins | Ide City Limits |
| | Mer and an analysis | ctor | MD Anne Arundel An | napoli | S | | | | 10 | Yes 25 No |
| | 章 50 mm | Director | 10e. Street and Number | | 10f. Zip Code 2 1 4 | . 0.1 | | 10g. Citizen of \USA | What Country? | |
| | 23a | rail | 1218 Ramblewood Drive | | | | | | | |
| | er de | Funeral | 11. Marital Status 12. Was Decedent Ever in Armed Forces? | U,S. 13. | Was Decedent of I If Yes, specify Cub | Hispanic Origin? (S an, Mexican, Puer | Specify Yes or No- to Rican, etc.) | 14. Rac Blac | e - American Indi ck, White, etc. | ian, |
| 20 | 72 hours after death with the Meryland natural", or items 23a or 28a-1 show dicel Examiner must be notified at | by F | 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: | | 1□Yes 2Ñ No | Specify: | | Specify | Whit | e |
| 9 | 72 hours "natural", | 8 | 15. Decedent's Education | 16a. Dece | dent's Usual Occup | nation | | 16b Kind of B | usiness/Industry | |
| 21215-0020 | C * 0 | Completed | (Specify only highest grade completed) | (Give | kind of work done DO NOT use retire | during most of wo | rking | 100.14.10.01.01 | aon lood in ladon y | |
| 212 | d within plens. r than " | EO. | Elementary/Secondary (0-12) College (1-4or 5+) | Dept. | of Fis | scal Se | rvice | State | of Ma | ryland |
| pu | be filed that Hygle d other event, it | Bec | 17. Father's Name (First, Middle, Last) | · · · · · · · · · · · · · · · · · · · | | | me (First, Middle, | | ne) | |
| yla | 2 should be end Mental is marked o | To | Joseph Dicey | | | Edna | Hoffma | n | | |
| Maryland | d 2 should th end Mer 7 is marke traumatic | | 19a. Informant's Name/Relationship (Type, Print) George Kellenbenz/husband | | ng Address (Street | | | | | 21401 |
| | 드등이노 | | | 141 | Ramble Ramble | емоод р | | | | |
| JOL | 50 5 | | 1 Burial 2 CCremation 3 Removal from State | cemetery, cres | natory or other pla | | Nov 25 | | City or Town, St | |
| Baltimore, | | | - Zoomanii o Zomo (opeany) | | remator | | 1996 | Balti | more, | MD |
| Ba | permit. Departments any injugance | | 21. Signature of Funeral Bervice Licensee | Ва | 2. Name and Addre arranco | and So | | | | 1146 |
| | | | 220 Days Estate the disease of the state of | | 95 Gov. | | | | | |
| | 0 | | 23a. Part1. Enter the disease, or complication that caused the deshock, or heart failure. List only one course on each line. | eath. Do not ent | er the mode of dyl | ng, such as cardia | c or respiratory ar | rest, | Interv | oximate ral Between t and Death |
| | Physician /Medicai | | Immediate Cause (Final | į. | 0 1. | 1 + | | | 1 | |
| | Examiner | | disease or condition resulting in death) | erebro | | tastase | 5 | | | week |
| | | ē | Due to | (or as a consec | | | | | 7 | 10000 |
| | icate be executed physician and s the burial-transit | Examiner | Sequentially list conditions. | (or as a consec | , , | | | | - / | VNSI |
| Ó, | e exe ian ar uriaH | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury | uts th | on | | | | (0 | month |
| 68760 | hysic the b | dica | | (or as a conseq | uence of): | | | | | 1100/1 |
| ox 6 | certificate be executed nding physician and use as the burial-transit | √Medical | d | | | | | | | |
| 80 | - 5 3 | ian | | | | | | | | |
| o | es that the death igned by the atte be detached for | Physician | Part ff. Other significant conditions contributing to death but not r | | | ven in Part I. | | | ntribute to the ci | suse of death? |
| ٥. | that ed b dete | | Chronic Obstructul | Pulm | 01019 1 | Jugease | 1,20 | /ee 2□ No | 3 Probably | 4 Unknow |
| ds | The law requires ate has been sign page 2 should be | d by | | | | | 24a. Was a | an autopsv | 24b. Were aut | opsy findings |
| OS | v require been si should | lete | | | | | | med? | | on of cause |
| Re | The lay ate has page 2 | Completed | | | | | 101 | es 2 No | of death? | |
| ta | | 0 | 25. Was case referred to medical | | | 26 Place of De | ath (Check only o | 10 | 1 🗆 Yes | 2UN0 |
| 2 | Physician: this certific ral director, | To B | examiner? | ☐ ER/Outpatier | nt 3 DOA Oth | her | dome 5 ☐ Resid | | er (Specify) | |
| 0 | g Ph er thi | | 27. Manner of Death 28a. Date of Injury | 28b. Time of | | | 28d. Describe h | | | |
| Ö | Attending or death. ector: After by the fune | atlo | 2 Accident investigation | injus y | | Yes 2□No | | | | |
| Division of Vital Records, | offer death. Director: After in by the funer | Certification: | 3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of fnjury - Al building, etc. (Spe | home, farm, str | eet, factory, office | | 28f. Location (S City or Tow | | er or Rural Route | Number, |
| Ω | htal o | | | | | | | | | |
| | Hosp 24 ho Fune fely fi | edical | 29a. Certifier (Check only one) (Check | nowledge, death nation and/or In | n occurred at the til vestigation, in my o | me, date and place opinion, death occu | e, and due to the durred at the time, d | ause(s) and me date and place, | enner as stated. and due to the ca | use(s) |
| | To the Hospital or Attending Physicien: within 24 hours effectedly. To the Funeral Director: Affer this certific completely filled in by the funeral director, | Mec | one) and manner stated. 29b. Signature and title of certifier. | | 29c. Licens | se number | | 29d. Date slone | d (Month, Day, Y | ear) |
| | F > F 8 | | State CAHANI) | | 5 | 0751 | | | | |
| | | | 30. Name and address of person who completed cause of death (It | om 22a) /Turr- | Drint) | 0136 | | | w 23 | |
| | | | | Riva | Boad | # 202 | Anna | Polis | COM | 1401 |
| | Sta | te | 31. Date filed (Month, Day, Year) 32. Registrar's Sig | | 11000 | | , , , , , | | | , 1 - 1 |
| | Registr | | NOV 27 1996 Julia Sais | dam Pan | laps. | | | | | |
| DHI | MH 16 Rev 6/9 | 5 | 0 | 1 | | | | | | |



3. Time of Death

5:40 PM

1X Yes 2 □ No

Approximate Interval Between Onset and Death

1 ☐ Yes 2 ☐ No

28. Piace of Death (Check only one)

25. Was case referred to medical examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

1 Yes 2 No 27. Manner of Death 5 Pending 1 Naturei Investigation 2 Accident

6 Could not be determined 3 Suicide 4 Homicide

28a. Date of Injury (Month, Day Year) 28b. Tima of

28a. Placa of Injury - At home, farm, street, tactory, offica building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

28d. Describe how injury occurred

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

1 Yes 2 No

🖒 Csrtifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and piece, end due to the cause(s) and manner stated.

29b. Signatura and titia of certifiar

29e. Certifier

(Check only one)

29c. Licensa number D08944 29d. Data signed (Month, Day, Year)

30. Name and address of person who complete cause ot deeth (Item 23e) (Type, Print)

G.M. MARTIN C. SHAKGEL

3720 FARLAGUT AVE KENSINGTON, MD

State Registrar

31. Date tiled (Month, Day, Year) NOV 26

32. Registrar's Signeture Julia Davidson-Randelle

certificate

this After thi

To the Hospital or Attendir within 24 hours after deeth. To the Funeral Director: Al completely filled in by the fu

deeth.

director,

Be

Certification: To

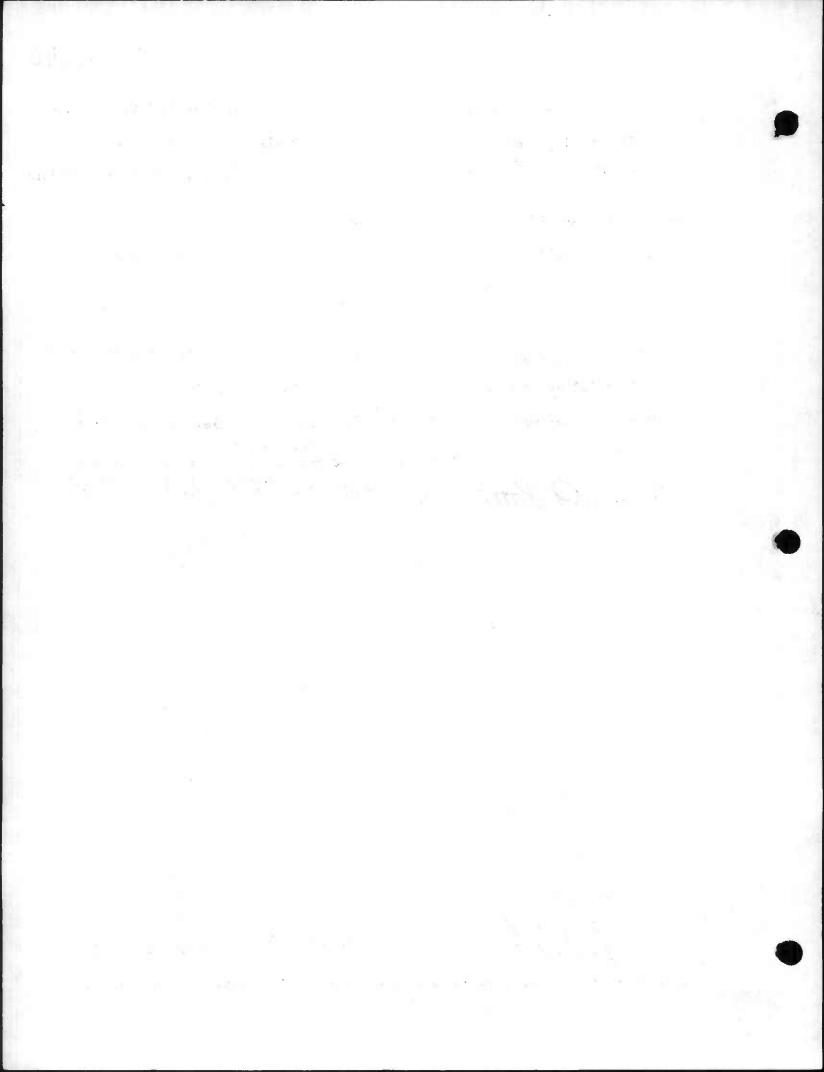
Medical

Division of Vital or Attending Physicien:

er 5 m - Ala - er ±m Mary and State

State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | Certific | cate of | Death | | Reg. No. | | 31240 |
|--|--|---|---|---|--|--|---|--|---|---|---|
| Physician | 1. Decedent's Name (First, M | Middle, Last) | | | | | | 2. Date of De Month | | Year | 3. Time of Death |
| /Medical | В | eatrice l | R. Klis | е | | | | | er 26,1 | | 8:55 P.M |
| Examiner | 4e. Fedility Name (If not insti | tution, give street e | nd number) | | | | 4b. City, Town, or Lo | ocation of Death | 4c. Count | y of Death | |
| | Rockville Nu | | | | | | Rockville | | | gomer | У |
| uneral irector | 5. Sociel Security Number 277–34–5837 | 6. Sex 1 ☐ M 2 | | ln yrs. lest bii 9 | Yrs. If U | nder 1 Year ths Deys | | 8. Date of Bird (Month, Date of Bird) July 1 | h y, Year) 7,1907 | Cou | place (Stete or Foreigntry) ch Carolin |
| > | Usual Residence of Deceder | | | 0- 04- 7- | - 1 - 1 | | | | | | |
| short and | | | 1 | | n or Location | | | | | | 10d. Inside City Limi |
| Ba-r | Maryland Mon | tgomery | | | Rockvi | lle | | | | | 17∏ Yes 2□N |
| 23a or 2 | 1 Stevenage | Circle | | | 10f | Zip Code 208 | 50 | | 10g. Citizen of United | | |
| tiem 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Examiner must be notified at To Be Completed by Funeral Director | 11. Maritel Stetus 1 Never Married 2 | Married 1 If Y | s Decedent Evened Forces? Yes 20 No es, Give | er in U,S. | | ecedent of I specify Cub as 2 1/2/No | Hispanic Origin? (Spoan, Mexicen, Puerto | ecity Yes or No Ricen, etc.) | 14. Ra Bla Specia | ce - America ck, White, | can Indien, etc. |
| ural d b | 3 XWidowed 4 □ Divo | | r or Dates: | | | ** | | | Specif | Whi | te |
| t, tre Medeal | 15. Dece (Specify only h | edent's Educetion ighest grade comp | leted) | 16a. | Decedant's I | Usual Occu work done | pation during most of work id) | ing | 16b. Kind of B | Business/In | dustry |
| He dr | Elementery/Sacondary (0- | 12) Coll | laga (1-4or 5+) | | | | (d) | | D | | |
| S S | 17. Fathar's Name (First, Mice | idle Leet) | | | Secr | etary | 18. Mother's Name | · /Fina Adidata | Printi | | mpany |
| Be See | | | | | | | 111111111111111111111111111111111111111 | | | ne) | |
| To To | | ulius Rob | | | | | | ee Sand | - | | |
| ran | 19a. Informant's Name/Raiai | | , | | | | t and Number or Run | | | | Code) |
| m 27 | J. Michael K. | lise/ Son | | 1 | Steven | age C: | ircle, Roc | ckville | | | 20850 |
| Important: If item 27 is marked other than any Injury or other traumatic event, tra Me once. To Be Compi | 20a. Mathod of Disposition 1 Buriel 2 Cremat 4 Donetion 5 Other | | from State | | | | Nov. 28, | | 20c. Location | | |
| any Inji | 21. Signature of Funeral Sen | vice Licensee | 1 | | 22. Name | e end Addre | ss of Facility Rolling, Inc., 30 | ert A. | Pumphr | 0 V F11 | neral Hom |
| | 23a. Part 1. Enter the disease | e, or complications | that caused the | 100348 deeth. Do r | Rock | Ville mode of dyl | Maryland ng, such as cerdiac | 20850 or respiretory ar |)-2805 rest, | - 11 | Approximete |
| sician | shock, or heart failure. | List only one cause | e on each line. | | | | | | | | Interval Between Onsat and Death |
| edical | Immediate Cause (Final disease or condition | | Sepsis | | | | | | | 1 | Davis |
| miner | rasulting in deeth) | a | - | a to (or as a | consequence | of): | | | | 1 | Days |
| ner | | | Pneumor | | ooriooquarioo | 01/. | | | | 1 | D |
| iei-transit Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury | b | | | consequence | of): | | | | 1 | Days |
| nding physician end use as the buriel-transit | Causa (Disease or Injury that initiated events resulting In death) Last | C | Due | to (or as a c | onsequence | of): | | | | | |
| of of | Part ff. Other significant con- | d | to death but o | ot reculting In | the underbyle | 200000000000000000000000000000000000000 | ion la Douté | 22h Did a | | | |
| | Tarm. Other significant com | ontons continuant |) to death but in | or resulting in | i the underlyin | ng ceuse gr | ven in Parti. | _ | obacco use co ∕ee 2□ No | | o the cause of death bably 4 ☐ Unknow |
| 5 2 | | | | | | | | 24e. Wes | en autopsy med? | 6V | ere autopsy findings eilable prior to mpletion of ceuse daath? |
| 2 sh | 1 | | | | | | | 1 U Y | es 200 No | 10 | Yes 20 No |
| P Se 2 | | dical | | | | | 28. Place of Death | | | | -37. |
| page 2 | 25. Was case referred to med | 31001 | 1 Inpatient | 2□ER/Ou | tpatient 3 | DOA Oth | | | | er (Specif | v) |
| irector, page 2 | examiner? | Hospital: | · — mpanom | | Ime of | 28c. Injui | | 28d. Dascribe h | | | 77 |
| his certificate hes al director, page 2 To Be Comp | examiner? 1 Yes 2 No 27. Manner of Death Natural 5 Per | Hospital: | Date of Injury (Month, Dey Ye | | njury M | | rk? Yes 2□No | | | | |
| Inector: After this certificate hes in by the funeral director, page 2 ertification: To Be Comp | examiner? 1 Yes 2 No 27. Manner of Death Natural 5 Per 2 Accidant Inv. 3 Suicide 6 Co | Hospital: 28a. Inding estigation estigation estigation estigation 28e. | Date of Injury (Month, Day Ye Place of Injury building, etc. (S | At home, fai | njury M | 1 🗆 | Yes 2□No | 28f. Location (S City or Tow | | ber or Rura | tl Route Number, |
| Director: After this certificate hes in by the funeral director, page 2 rtffication: To Be Comp | examiner? 1 Yes 2 No 27. Manner of Death Natural 5 Per 2 Accident Inv 3 Suicide 6 Co 4 Homicide | Hospital: nding estigation uld not be ermined 28e. tying Phyerclan: T cal Examiner: On i | (Month, Dey Ye Place of Injury building, etc. (S to the best of m the basis of exe | At home, faitheaify) | m, street, fed | 1 □ | Yes 2□No | City or Tow | n, Steta) | anner as si | helet |
| his certificate hes al director, page 2 To Be Comp | examiner? 1 Yes 2 No 27. Manner of Death Natural 5 Per 2 Accidant Inv 3 Suicide 6 Co 4 Homicide 29a. Cartifiar 1 Certi (Check only 2 Medi | Hospital: anding estigation uld not be ermined 28e. tying Physician: T cal Examiner: On and | (Month, Dey Ye Place of Injury building, etc. (S | At home, faitheaify) | m, street, fed | 1 ctory, office | ma, data and place, applinion, death occurre | City or Tow | n, Steta) | anner as si end due to | tated. the cause(s) |
| Director: After this certificate hes in by the funeral director, page 2 rtffication: To Be Comp | examiner? 1 Yes 2 No 27. Manner of Death Manner of Death Matural 5 Per 2 Accidant Inv 3 Suicide 6 Co 4 Homicide 29a. Cartifiar (Check only one) | Hospital: anding estigation uld not be ermined 28e. tying Physician: T cal Examiner: On and | (Month, Dey Ye Place of Injury building, etc. (S to the best of m the basis of exe | At home, faitheaify) | m, street, fed | 1 ctory, office | Yes 2 □ No | City or Tow | m, Steta) eeusa(s) and mi lata and place, 29d. Dete signe | anner as si end due to ed (Month, | tated. the cause(s) Day, Year) |
| To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2 Medical Certification: To Be Comp | examiner? 1 Yes 2 No 27. Manner of Death Manner of Death Matural 5 Per 2 Accidant Inv 3 Suicide 6 Co 4 Homicide 29a. Cartifiar (Check only one) | Hospital: anding estigation uid not be ermined 28e. fying Physician: T cal Examiner: On and tiffer | (Month, Dey Ye Place of Injury building, etc. (S to the best of m the basis of exe manner steted | At home, fai pecify) y knowledga, imination and | m, street, fed daath occurr for investigat | 1 ctory, office | ma, data and place, applinion, death occurre | City or Tow | n, Steta) eusa(s) and ma lata and place, | anner as si end due to ed (Month, | tated. the cause(s) Day, Year) |
| Director: After this certificate hes in by the funeral director, page 2 rtffication: To Be Comp | examiner? 1 Yes 2 No 27. Manner of Death Manner of Death Matural 5 Per 1 Per 2 Accidant 3 Sulcide 6 Co 4 Homicide 29a. Cartiflar (Check only one) 29b. Signature and title of ber 30. Name and address of pers | Hospital: anding estigation uld not be termined 28e. fying Physician: T cal Examiner: On and tifler son who completed | Month, Dey Ye Place of Injury building, etc. (S to the best of m the basis of exe manner steted | At home, fairpecify) y knowledga, mination and | m, street, fed daath occurr for Investigat | 1 □ story, office red at the tir tion, In my of | ma, data and place, applinion, death occurre | City or Tow | eusa(s) and mulata and place, 29d. Dete signe | anner as si end due to d (Month, | tated. the cause(s) Day, Year) |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

| | | | | | | Certificate | of | Death | | | Reg. No. | | |
|-------------------|--|----------------|---|---|---------------------------|--|-----------------|-------------------------------|---|------------------------|------------------------------------|-------------------------|---|
| | Physic | | 1. Decedent's Neme (First, Middle, L | ast) P | | KAR | | | | 2. Deta of De Month | Dey | Year (Q/II) | 3. Time of Deeth |
| į | /Medi Exami | | 4a. Facility Nama (If not institution, g | ive street end number) |) | | | 4b. City, Tov | | ation of Deat | 3ER 26, | | 1.0101 |
| | CXallil | ilei | SHADY GROVE ADV | and the second | | | | ROCK | | | | | 737 |
| | Funeral | | | | ge (In yrs. lest bir | thday) If Under 1 | | If Undar 2 | 24 Hrs. | P. Doto of Di- | a ba | GOMET 9. Birtho | |
| | Director | | 017-03-4665 Usual Residence of Decedent | 1□M 2√∏ F | 83 | Yrs. Months | Days | Hours | Min. | (Month, De Septemb | y, Year)1913 er 9 | | piece (State or Foreign htty) de Island |
| | ylan | | 10e. Steta 10b. County | | 10c. City, Tow | n or Location | | | | | | 1 | Od. Inside City Limits |
| | a-f s | tor | MARYLAND MONTGOM | ERY | GAITH | ERSBURG | | | | | | | XXYas 2 □ No |
| | or 28 | Directo | 10e. Street end Number | | | 10f. Zip C | ode | | | | 10g. Citizen of V | What Cour | ntry? |
| | th wi | ai | 19310 CLUB HOUSE | ROAD | | 20 | 879 |) | | | U.S. | Α. | |
| | er dea | Funeral | 11. Marital Status | 12. Was Decedent Armad Forces? | Evar in U,S. | 13. Wes Decede | nt of H | lispanic Orlg | gin? (Spec | cify Yes or No | - 14. Rec | e - Americ k, White, | can Indian, |
| 21215-0020 | 72 hours after death with the Maryland neture!', or items 23a or 28a-f show acel Evarre returnative notified at | by | 1 ☐ Never Merried 2 ☐ Married \$\times Widowed 4 ☐ Divorced | 1 ☐ Yes 2 ☐ . If Yes, Give X Year or Dates: | | _ | QNo | Specify: | , | , | Specify | ,. | ITE |
| 5-0 | 72 hours | Completed | 15. Decedent's I (Specify only highest g | Education | 16e. | Decedent's Usuei | Occup | ation | of workin | 2 | 16b. Kind of Bu | siness/In | dustry |
| 21 | within ene. | npie | Eiementary/Secondery (0-12) | Coilege (1-4or | 5+) | (Give kind of work life. DO NOT use | retired | during most | OI WOINII | 9 | | | |
| 2 | filed with Hygiene. fther than | Co | 12 | | | VOCAL | ST | | | | MUS | C | |
| Pu | be fill d oth | Be | 17. Fethar's Nema (First, Middle, Las | st) | | | | 18. Mother | r's Neme | (First, Middle | Meiden Sumen | ne) | |
| yla | should be filed nd Mental Hygi marked other umatic event, II | 2 | FRANK V. McMANN | | | | | ELIZA | BETH | SMITH | | | |
| , Maryland | 2 9 9 | | 19a. Informent's Name/Relationship RONALD KART/SON | | | . Meiling Address (WAYRIDGE | | | | | RG, MD | | |
| ore | | | 20e. Method of Disposition | | comotor | Disposition (Neme | of er plea | (e) | | Dete | 20c. Location - | City or To | own, Steta |
| m | Peges nent of I int: If ite | | 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec | | | Y GARDENS | | | Y 12 | /1/96 | LAKE WO | ORTH, | FLORIDA |
| Baltimore, | permit. Peges 1 and Department of Health Important: If item 27 any injury or other treates. | | 21. Signatura of Eugeral Service Lice | Asters | , | 22. Name and | Addre | | 2130 | Wisco | ler's Sonsin Ave | enue, | nc. NW |
| | | | 23a, Pert1, Enter the disease, or cor | molications that caused | d the daeth. Dor | not antar tha mode | of dvin | n such es c | Wash | ington | - DC 200 | 016 | Approximeta |
| | Physician | | 23a. Pert1. Enter the disease, or con shock or heert feilure. List only | y one ceuse on eech ii | ne. | | | , | | , | | | Intervei Batween Onsat end Deeth |
| | /Medical | | immediete Ceuse (Finai | 1/04 | | DA. | 10 | 7 | | -455 | | | 2 4 |
| | Examiner | | disaase or condition resulting in death) | e. />// | | Bon | EL | - L | 712 | = 47.6 | | | 2 Days |
| L | NO STORY | je. | 4 4 4 | all | | consequence of): | 1.7 | 0050 | 1- | | | - 1 | years |
| | ifficate be executed g physician end as the buriel-transit | Examiner | Conventionly lies conditions | b. 01/6 | Due to (or es e | erotic | V | 6226 | 0 | | | - | years |
| ó | exec in en | EX | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseesa or injury | | 240 (0 (0) 63 6 (| onsequence or, | | | | | | | |
| 68760, | certificate be executed ding physician end se as the buriel-transit | cal | Ceuse (Diseesa or injury thet Initieted events resulting In death) Lest | C | Due to (or as a c | onsequence of): | | | | | | - | |
| | g ph as t | Medical | resulting in death) Lest | | (| | | | | | | | |
| XO | | | | d | | | | | | | | - | |
| 0 | daath c | Physician | Pert II. Other significant conditions | contributing to death b | ut not resulting In | the underlying cau | ise aiv | en in Pert I | | 23b. Did | tobacco uea co | ntribute to | the cause of death? |
| P.0 | that the de ed by the detached | hys | | | | | 3 | | | 10 | | 3 □ Prof | |
| | as that igned I be det | by P | Valvular | - neart | disea | 36 | | | | | - | | |
| of Vital Records, | | | | | | | | | | 24e. Wes | en eutopsy | | ere autopsy findings |
| 8 | w requir | let | | | | | | | | репо | rmed? | CO | allable prior to mpletion of cause deeth? |
| Re | 0 - 6 | Completed | | | | | | | | 40 | ATTAL | | |
| a | | | 25. Was case referred to medical | | | | | | | 10 | 1111 | 1 | ☐Yes 2☐No |
| 5 | | o Be | examinar? | Hospitel: | | | Oth | or: | | (Check only o | | | |
| | | | 1 ☐ Yes 2 ☐ No 27. Manner of Deeth | 28a. Dete of Inju | | 1 | | 4 LI NUT | - | | dence 6 Oth | | у) |
| on | ding F h. After funer | tior | Naturel 5 Pending | (Month, De | | njury M | . Injun Worl | k? Yes 2□N | | | ion inquity account | | |
| S | death. ctor: Af y the fu | lica | 3 ☐ Suicida 6 ☐ Could not I | De Diese of le | uny - At home, fee | rm, street, factory, | | | | of Location (| Street and Numb | er or Rura | Il Route Number, |
| Division | or Attendate death Director: / | Certification: | 4 ☐ Homicide determined | building, et | c. (Specify) | in, street, ractory, | 311100 | | | City or To | | or or riura | Triouto riampor, |
| | To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completaly filled in by the fune | edical C | (Check only 2 Medical Exa | hysician: To the best of miner: On the basis of | examination and | , death occurred at Vor Investigation, in | the tim | ne, date and pinlon, death | pleca, er | nd due to the | ceuse(s) end ma dete end piace, | nner as st | tated. |
| | thin the mple | Med | 29b. Signature And title of centifier | end menner ste | eted. | | | | | | | | |
| | F 3 F 8 | | So. Signado gara title or garaner | //- | / | 44 0 7 | 1001130 | 1.00 | 10 | | A MIL | o d | 1001 |
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| | | | | completed cause of d | leeth (Item 23e) (| Type, Print) 16 220 | 7 | rede | nich | Rd | Ga | . The | 15 buy |
| | Sta Registr | - | 31. Date filed (Month, Dey, Year) NOV 2 | 32. Registr | s signature Lina David | on-Andele | | | | | | | 1996 1996 wybuy |
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State of Maryland / Department of Health and Mental Hygiene 96

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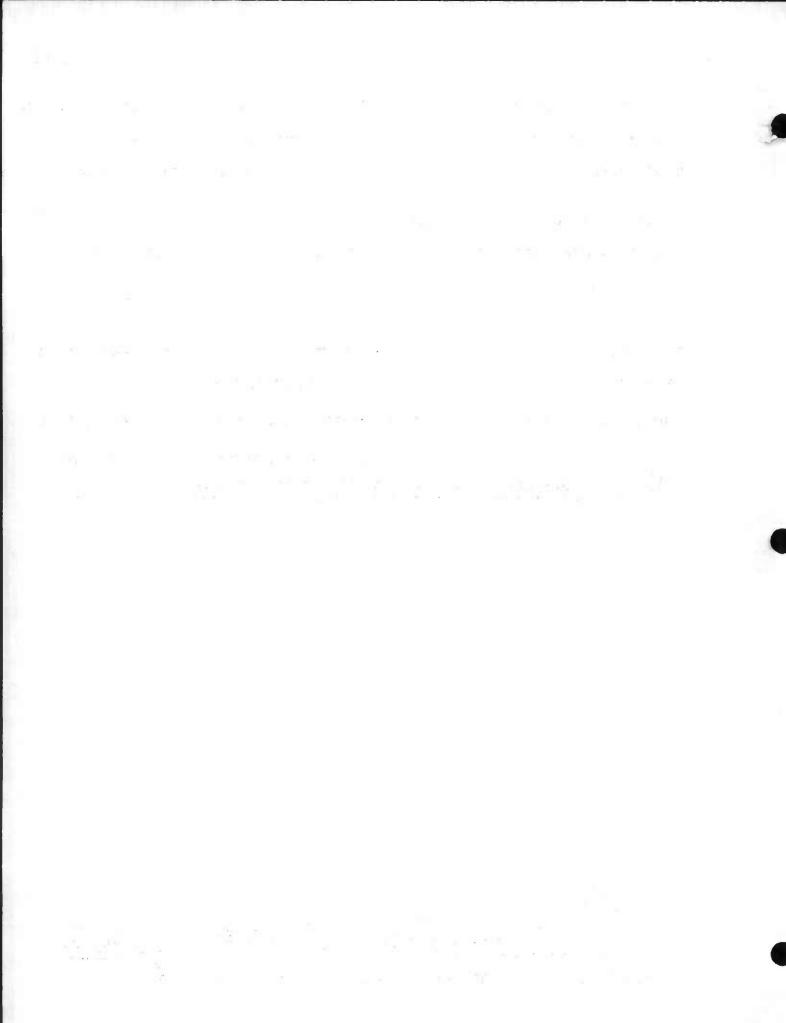
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| Dhudid | | 1. Decedent's Name (Fire | st, Middie, La | est) | | | | | | 100 | | 2. Dete of D | eeth | Vac | | me of Deeth |
| Physicia /Medica | - | D | ayton | W. | Kerns | 5 | | | | | | Novem! | per 23 | 199 | 6 8 | :35 Am |
| Examine | | 4e. Fecility Neme (If not i | nstitution, giv | e street end | number) | | | | - 4 | 4b. City, To | wn, or Lo | cation of Dea | | unty of Dec | | • 5/ |
| | ັ່ | Prince Ge | orge!s | Hoeni | tel (| enter | | | | Cheve | anlar | | | | | l a |
| | | 5. Sociel Security Number | | | | (In yrs. last b | | If Under | Year | If Under | | 8. Date of Bi | | Tager and | eorge | |
| uneral irector | | 232-28-276 | | 1 X M 2□ F | | 87 | Yrs. | Months | Deys | Hours | Min. | (Month, D | ey, Year) | 3. 6 | Country) | tete or Foreign |
| | | Usual Residence of Dece | | | | 01 | | | | | | SEPT. | 16,190 | 9 | VA. | • |
| show | | 10e. Stete 10b. | County | | | 10c. City, To | wn or Lo | cation | | | | | | | 10d. Insi | de City Limits |
| 투절 | 0 | MD. | PTMCE | GEORG | FC | T | TV AITS | TSVILI | 107 | | | | | | | Yes 2□No |
| 28a-f st notified | Director | 10e. Street end Number | TITITOD | GEOIG. | | | IIMI | 10f. Zip (| | | | 1 | 10a Citinaa | of Maria C | - 4 | |
| 08 | | | 711 67 | . PW11 | | | | 101. 210 | | -0- | | | 10g. Citizen | | | |
| 8.23a | Funerai | | th A | VE. | | | 40.1 | | | 781 | 1.0.10 | | | U.S. | | |
| ltems ner na | S | 11. Maritel Status | Ar., | | Forces? | | 13. \ | was Decede If Yes, speci | nt of H y Cube | ispanic Orl en, Mexicar | gin? (Spe n, Puerto | Rican, etc.) | 0- 14. | Hece - Am Bleck, Wh | erican India ite, etc. | en, |
| 0 | by F | 1 Never Merried 2 | | If Yes, | s 2 □ No Give | | | 1 □ Yes 2 | □No | Specify: | | | Sp | ecity: | | |
| | | 3 ☐ Widowed 4 ☐ [| | | r Dates: | WWII | | | | | | | | V | HITE | |
| ner Di | Completed | 15. [(Specify on | Decedent's Ed by highest gre | ducation ade com <i>pi</i> ete | id) | 16 | (Give | dent's Usuel kind of work | done o | durina mosi | of worki | ing | 16b. Kind | f Business | s/industry | |
| than he Me | du | Elementery/Secondery | | | (1-4or 5+) |) | life. L | DO NOT use | | 1) | | | | | 121 | |
| other the | S | 12 | | | | | | MANAC | ER | | | | GEORG | E AN | PONE S | SUPPLY |
| d othe evant, | Be | 17. Fether's Neme (First, | Middle, Last, |) | | | | | | 18. Mothe | r's Neme | (First, Middle | , Maiden Sur | neme) | | CO |
| | 2 | JOHN | E. | K | ERNS | | | | | | LAU | JRA | ROBI | NSON | | |
| traumatic | | 19e. Informent's Neme/F | eletionship (| Type, Print) | | 19 | b. Meilir | ng Address (| Street | end Numbe | or Rure | / Route Numb | er, City or To | wn, State, | Zip Code) | |
| NF | | MARY KEI | NS/WI | राष्ट्र | | | SA | ME AS | I | TEM | #10 | | | | | |
| Item 2 | | 20e. Method of Disposition | | | | 20b. Plece | of Dispo | sition (Nem | of | | 11 | Dete | 20c. Locati | on - City o | r Town, Ste | te |
| = 5 | | 1 ☐ Buriel 2 ☐ Cre 4 ☐ Donetion 5 ☐ C | | | m State | | | netory or oth | | | | 7 /07 | * | - | - | |
| ortant: Injury | - | 21. Signeture of Funeral | | | | CHAME | 1 | CREMA | | | | 1/27 | RIV | ERDAL | E, M |). |
| any l | | 21. Signetale of Fulleral | 1 | 1366 | 10 | | 22 | . Name and | Addres | SS OT FECHI | У | | | | | |
| 100 | | 020 Dord Enter the die | 1 cuil | LUCK | | | 1.7 | 1.7 | TEAN | Daniel | 00 | 10.7377070 | | | | |
| siclan | | snock, or neert fellu | ese, or com re. List only | one ceuse or | at caused the | | not ente | er the mode | of dyln | g, such es | cardiac o | RIVER | DALE, | MD. 2 | Approx | dmete Il Between and Deeth |
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| m | deeth e etter ed for | Physician | Part II. Other significant condition | contributing to de | eath but not o | esulting in th | ne under | riving cause o | iven in Part | | 23b. Did | tobacco usa | contribute t | o the cause of death2 |
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| ō | tal or rs efter al Dir led in | Cer | / | buildi | ng, atc. (Spe | city) | | | | | Ony or 10 | Wil, Steley | | |
| | To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu | edical | 29e. Certifier (Check only one) | Phyelcian: To the aminer. On the be and men | best of my k asis of axami ner stated. | nowledge, d netion and/o | eeth oc | curred et the t ligetion, in my | ime, dete an opinion, des | d plece, th occurr | end due to the red et the time, | ceuse(s) and dete end piac | menner as s ce, and dua t | steted. o tha ceusa(s) |
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| | | | 30. Name and address of person w David Federle | | | | | | eonard | ltown | , MD. 2 | 20656 | | |
| | Sta | ite | 31. Dete filed (Month, Day, Yeer) | 32. R | egistræ's Sig | nature e | 454 | | | | | | | |
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| 5 8 | 吉 | 10e. Street end Number | | | | 10f. 2 | Zip Code | | | 10 | og. Citizen | of Wha | t Country? | |
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| 0 9 | by Fu | 1 ANever Merried 2 Married 3 Widowed 4 Divorced | 1 ☐ Yas If Yes, Gir Yaar or D | 2 🔼 No ve | | | 2 X No | | | | | ecify: | white | |
| | | 15. Decedent's | Education | | 16a. De | ecedent's Us | suel Occur | pation | 17 | | 6b. Kind o | | ess/industr | |
| - 20 | Completed | (Spacify only highest g | rade completed) | | (G | Giva kind of vite. DO NOT | work dona use retire | during mos | t of worki | ng | | | | , |
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| 4 4 2 | Ö | 17. Fether's Nama (First, Middla, Las | | | | | -, - | 18. Mothe | er's Name | (First, Middle, N | faiden Sur | | <i>,</i> u | |
| s marked o | Be | Douglas Paul H | Keane | | | | | | | odwick i | | | | |
| A Tar | 2 | | | | 405 1 | 4-107 4-4 | | | | | - 102070 | | | 4.3 |
| 8 00 2 | | 19e. informent's Neme/Reletionship | | | | | | | | Il Route Number, | | | | |
| tem 27 | - | Douglas P. Keane 20a. Mathod of Disposition | e, Tathe | | 9(| 08 Sou | th P | ine R | ıdge | Court, | Bel A | ir, | Mary | land 2 |
| # 50 0 # 50 | | 20a. Mathod of Disposition 1 ⊠ Buriai 2 □ Cramation 3 | ☐Removel from | State | cemetery, | cramatory of | r othar pla | | | | | | y or Town, | |
| ti di | - | 4 Donetion 5 Other (Spec | cify) | W | oodlav | wn Mem | oria. | 1 | 1 | 1/26/96 | East | on, | Mary. | land |
| hysician and the burlat-transit | | Immadiata Cause (Finel | R | 210 | | | 1 | il | A O | or raspiratory arre | , | | Inte | proximete erval Between set and Death |
| ing physician and es the burial-transit | lan/Medical Examiner | Immadiata Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | b. 6, | | (or es a cor | nseedence o | 05/ 05/ | ilu | ce (| 6 M | 1) | | Inte | erval Between |
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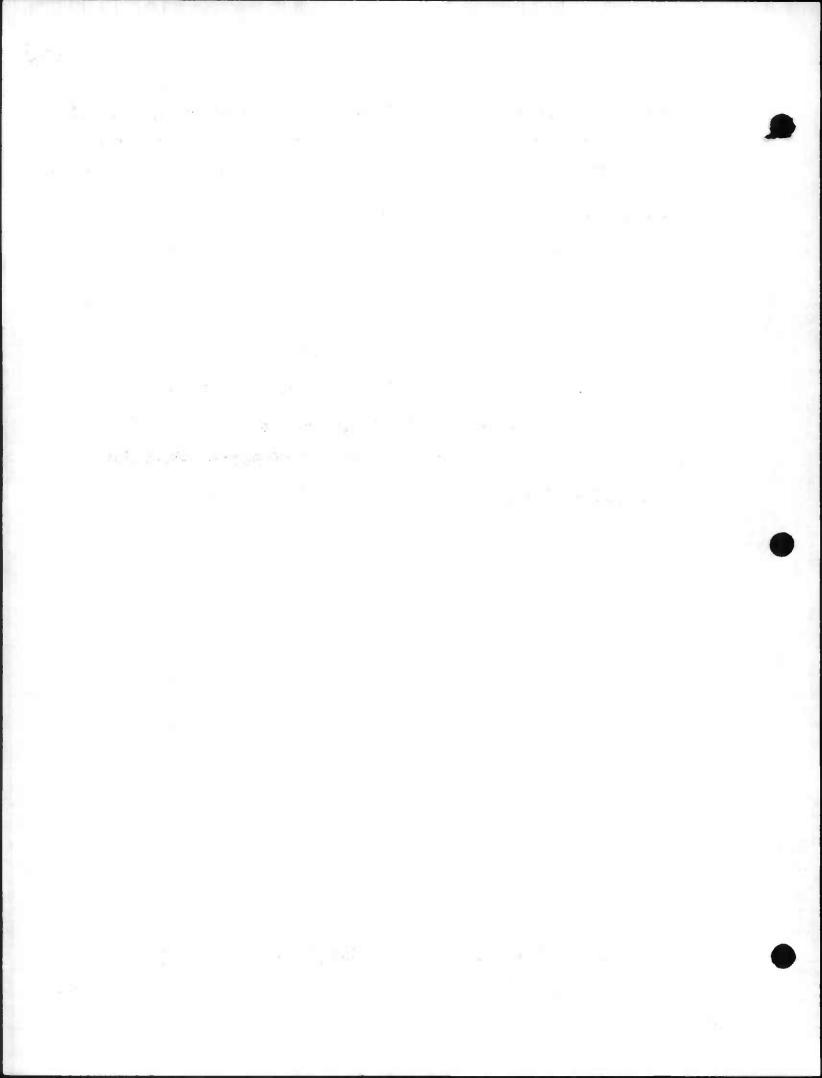
| | | | | | Certificate o | of Death | | Reg. No. | | | |
|--|-----------------|---|---|----------------------------------|--|---|--|---|--|------------------------------|--|
| Lucia | | 1. Decedent's Neme (First, Middle, La | st) | | 1 1 | (() | 2. Dete of De | | V (| 3. Time of Deeth | |
| Phys | | Fletcher | Wilson | | Lank | ford | Noven | ber 18 | 1996 1 | 7.21 1 | |
| Exan | dical | 4a. Facility Name (If not institution, give | re street end number) | | | 4b. City, Town, or | | | 111-11 | . , | |
| LAGII | IIIIEI | | | CEMPED | | | | | | | |
| | | PENINSULA REGION 5. Social Security Number 6. S | | (In yrs. last birt | hday) If Undar 1 Ya | SALISB er If Under 24 Hr | | | OMICO | on /Ctota or Engains | |
| Funera Directo | | | XXM 2□F | 86 | Months Day | | . (Month, De | | | e (Steta or Foreign | |
| Directo | " | Usuei Residence of Decedent | | | | | Sept. | 7,1910 | Virgi | nia | |
| Pue M | | 10a. Steta 10b. County | | 10c. City, Town | or Location | | | | 10d. | . fnside City Limits | |
| /anylen | 6 | Maryland Uicamia | | C-14-1 | h | | | | | 1√2 Yas 2 □ No | |
| 28. | 25 | Maryland Wicomic | 0 | Salis | - | | | 40- 011 | 12.0 | Λ | |
| with with | 눔 | | | | 10f. Zip Code | | | | What Country | nat Country? | |
| eth . | <u>a</u> | 1011 Fairground | | | 2180 | | | USA | | | |
| 5-0020 72 hours after deeth with the Maryland natural', or frems 23s or 28s-f show scal Exampler must be notified at | Funeral Directo | 11. Meritel Stetus | 12. Was Decedent Ev Armed Forces? | er in U,S. | 13. Was Decedant of If Yes, specify C | of Hispanic Origin? (uban, Mexican, Pue | ? (Specify Yas or No- 1 Juerto Rican, etc.) | | Rece - American Indian, Black, White, etc. | | |
| or in after | F | 1 Never Married 2 Married | 1 ☐ Yes 2 No if Yes, Give | | 1 ☐ Yas 2 💢 N | lo Specify: | | Specifi | r Blaci | k | |
| 21215-0020 d within 72 hours af giena. In than "natural", or the models of the models | d by | 3. Widowed 4 □ Divorced | If Yes, Give Year or Detes: | | 7. | | Spe | | pity: Black | | |
| 72 h | Completed | 15. Decedent's Ed (Specify only highest gra | ducation ade completed) | 16a. | Decedent's Usuai Occ | cupation ne during most of we | orkina | 16b. Kind of B | usiness/Indus | itry | |
| within ene. | ē | Elementery/Secondery (0-12) | Coilege (1-4or 5+) | | (Give kind of work do life. DO NOT use ret | | | | | | |
| 선 호등학의 | Ö | 5th | | | Laborer | | | Constr | uction | | |
| Maryland of 2 should be file Ith and Mental Hy 27 is marked other requirements event, | Be (| 17. Fether's Neme (First, Middle, Last, |) | | | | 18. Mother's Name (First, Middle | | 10) | | |
| Abut de but To | Unknown | | | | Unkn | own | | | | |
| sho of s | 1 | 19e. Informent's Name/Reietlonship (| Unknown b. Informent's Name/Reletionship (Type, Print) | | | eet and Number or F | iurei Route Numb | er, City or Town, | Stete, Zip Co | ode) | |
| re, Maryland 21215-G s 1 and 2 should be filed within 72 hr Health and Mental Hygiene. Hem 27 is marked other than "nature other traumatic event, the Medical | | Phyllis Warrin | gton | | 1011 Fairs | round Dr. | Apt.7. | Salisbu | rv. Md | 21801 | |
| Head Head | | 20a. Mathod of Disposition | 0 | 20b. Place of | Disposition (Name of | Dete | | lisbury, Md. 21 Location - City or Town, State | | | |
| nt of | | 1 XBuriel 2 ☐ Cremetion 3 ☐ | | | tory or other plece) | | | | | | |
| Baltimore, Maryland 212- pemit. Peges 1 end 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, train. | | 4 □ Donetion 5 □ Other (Specif | - | Dears | a's Chapel U.M. Church | | 1/23/96 Hornto | | own, Va | wn, Va. | |
| Sal epa mpor ny ir | | 21. Signeture of Funerel Sarvice Loar | 1880 | | 22. Nama and Address of Fecility Bennie Smith Fund | | | 10 | | | |
| 2056 | * | 131 | | | | x 1687, E | | | nd 21601 | | |
| | | 23a. Part1. Enter the disease, or come shock, or heart feilure. List only | plications that caused the | ne deeth. Do n | ot enter the mode of o | lying, such as cardle | oc or respiretory | rrest, | , Ac | pproximete tervel Between | |
| Physicia | 1 | Strong of floats fording. | 5776 GBGGG 577 GGGT III16 | | | | | | | nset and Deeth | |
| /Medica | t _ | immediete Cause (Final disease or condition | 1 | 7500 | 15 | | | | | | |
| Examine | r | resulting in deeth) | е. | | onsequenca of): | | | | | | |
| | ě | | b | ue to (01 es e c | onsequenca or). | | | | | | |
| De de de de de de de de de de de de de de | Examiner | | b | | | | | | <u> </u> | | |
| x 68760, satisficate be executed sing physician end se as the burial-transit | X | Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury | D | ue to (or es a c | onsequenca of): | | | | | | |
| 68760, ufficete be extended physician as the burial | 62 | Cause (Diseese or injury that initieted events | C | | | | | | | | |
| Phys cete | edicai | resulting in death) Last | Du | Due to (or es a consequence of): | | | | | i | | |
| = 0 a | Ne Ne | | d. | | | | | i | | | |
| , P.O. Box 68 that the death certifice ed by the ettending ph detached for use as th | Physician | | | | | | | | | | |
| O e de de de de de de de de de de de de d | Sic | Pert ii. Other significant conditions o | | not resuiting in | the underlying cause | given in Pert i. | 23b. Dfd | tobacco uss co | ntribute to th | e cause of death? | |
| P.O. | F. | Pulsa 5 as | / | | | | 10 | Yes 2□ No | 3 Probab | oly 4 Unknown | |
| dS, Fulles that signed I | by | Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan | goma | | | | - | | , | | |
| Records, P.O. Bo to law requires that the death that been signed by the etter ge 2 should be detached for o | 8 | Severe And | | | | | 24a. Wes | an autopsy ormed? | 24b. Were | autopsy findings | |
| law requires been as been | e e | - Hare | anjo- | | | | pon | Jilliout | compl of dee | letion of cause | |
| Re law | Completed | Proces | | | | | 10 | Yas 2 No | 1 D Y | \ | |
| | | OF Was and safeward to medical | ~ | | | | | | 101 | es 2 No | |
| of Vital Physician: This certificate ral director, pe | Be | 25. Wes case referred to medical examiner? | Hospitel: | | | Other | eth (Check only | | | | |
| | 7 | 1 Yes 2 No | 1 poinpatient | | patient 3 DOA | 4 Li Nursing | Home 5□ Res | | | | |
| ng P | 0 | 27. Menner of Deeth 1 Natural 5 ☐ Pending | 28e. Dete of Injury (Month, Dey) | (ear) 28b. T | | njury et Vork? | 28d. Describe | how injury occur | red | | |
| Division of the Attending Pheter death. Director: After the din by the funeral | te : | 2 ☐ Accident invastigation | | | M 1 | ☐ Yes 2☐ No | | | | | |
| 7 5 5 5 V | Certification: | 3 Suicide 6 Could not be determined | 28e. Pieca of injury building, etc. | - At home, far | m, street, fectory, offic | 08 | 28f. Location (City or To | Street end Numb | er or Rural R | oute Number, | |
| D S S S S S S S S S S S S S S S S S S S | ě | | January, otto | (opcomy) | | | | ,, | | | |
| Div To the Hospital or within 24 hours efte To the Funeral Dir completaly filled in | edical | 29a. Cartifier 1 Cartifying Ph (Check only one) 2 Medical Exam | ysician: To the best of a niner: On the basis of e end menner stete | xaminetion end | daeth occurred at that /or investigetion, in m | time, data and piac y opinion, deeth occ | e, and due to the urred et the time, | ceuse(s) and madate end piece, | inner as state end due to the | ed. e cause(s) | |
| o thin | Z | 29b. Signature and title of certifier | 11 | | 29c. Lio | onse number | | 29d. Dete signe | d (Month, De | y, Year) | |
| 0 H E H | | 1/1 | | | 1 | 41619 | . 1 | 11/10 | 1 | | |
| | | ragek | welle | 1 | | 47619 | | 1/18 | 176 | | |
| | | 30. Name and eddress of person who | completed cause of dee | | Type, Print) | | | | | | |
| | | | 447525 | 26 | 2 7190 | Souser 1 | W. 2 | 1636 | 77 ~ | D 21801 | |
| S | tate | 31. Date filed (Month, Day, Yeer) | 32. Registrer | | | | | | | | |
| Regis | trar | NOV 2 5 19 | 96 Pilis | Savidson_ | Brad as | | | | | | |
| DUMU 16 Days | me. | | | | Marion | | | | | | |

State of Maryland / Department of Health and Mental Hygiene 96

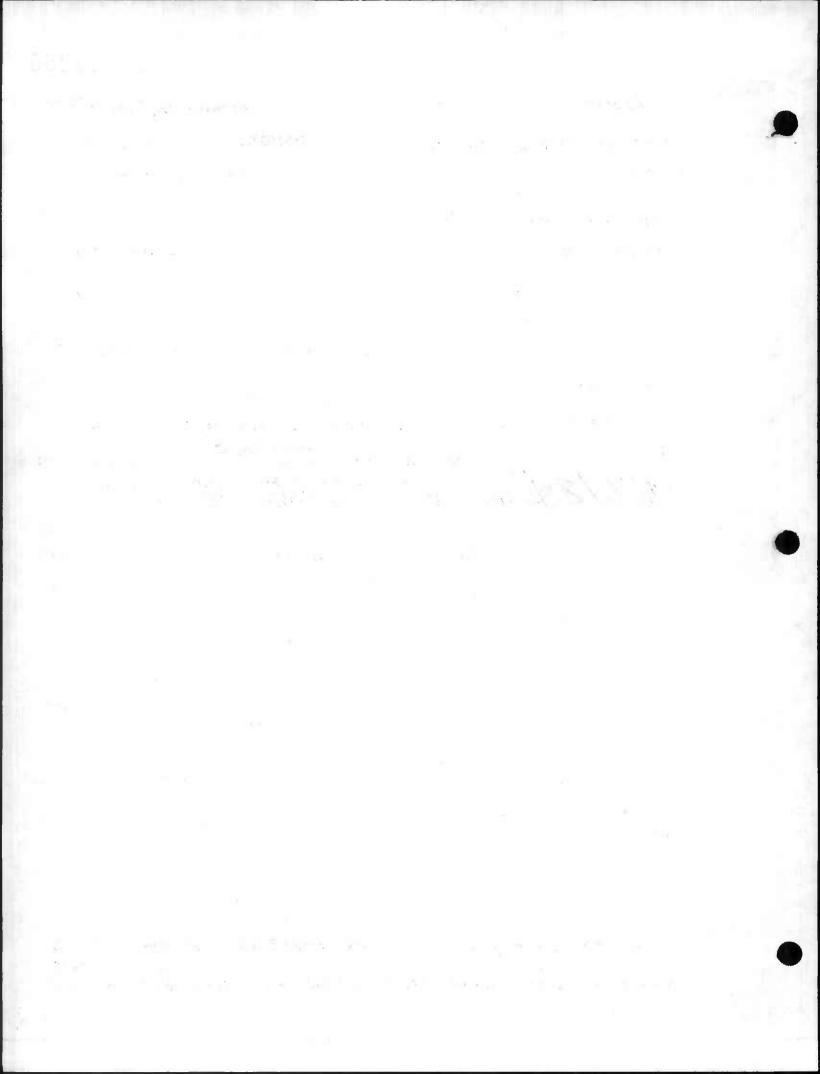
| | | | | | Cert | ificate of | Death | | Reg | J. No. | | 0 / 1 | 0 . |
|--|----------------|---|---|--|---------------|------------------------------------|----------------------|-----------------|-----------------------------|--------------------|----------------------|---|------------|
| | | 1. Decedent's Neme (First, Middle, | | | | | | te of Death | Day | Veer | 3. Time of | Death | |
| Physic /Medi | | GARNET | MARIE | | LINT | CON | | | onth vembe | Dey 13.1 | Year 996 | 6:1 | OAM |
| Exami | | 4a. Facility Name (If not institution, | | | | | 4b. City, Tow | n, or Location | | 4c. County | 7 7 - | | |
| <u> </u> | | 9128-A, Be | thel Rd. | | | ļ | Fre | derick | | Fre | derio | k | |
| Funeral | | | | ge (In yrs. last bir | | If Under 1 Year | If Under 2 | | te of Birth onth, Dey, 1 | | | place (State o | or Foreign |
| Director | | 212-24-6456 Usuel Residence of Decedent | 1□ M 200 F | 78 | Yrs. | Months Deys | Hours | | .13,19 | | | land | |
| ylan | | 10a. State 10b. Counfy | | 10c. City, Tow | n or Loce | ation | | | | | 1 | IOd. Inside Ci | ity Limits |
| h the Maryland r 28a-f ehow | tor | Maryland F | rederick | Fr | eder | ick | | | | | | 1 🗆 Yes | 2 No |
| § 2 A | I Director | 10e. Street end Number 9128 | -A, Bethel | Rd. | | 10f. Zip Code | 21702 | | | g. Citizen of V | | | |
| deeth me 23 | Jer | 11. Maritei Status | 12. Wes Decedent | Ever in U,S. | 13. W | as Decedent of Yes, specify Cul | Hispenic Origi | in? (Specify Ye | | | | can Indian, | |
| 5-0020 72 hours after vatural; or its | by Funeral | 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorcad | Armed Forces 1 □ Yes 2 ☑ If Yes, Give Yeer or Detes: | | | Yes, specify Cull ☐ Yes 2 No | | Puerto Rican, | etc.) | Specify Specify | ck, White, V: Whi | | |
| 15-0020 72 hours at natural, or | 8 | 15. Decedent's | Education | 16a. | Decede | nt's Usuel Occu | pation | | 16 | 6b. Kind of B | usiness/In | dustry | - |
| 6 6 | Be Completed | (Specify only highest Elementery/Secondery (0-12) | · · · · · · · · · · · · · · · · · · · | 5.1 | (Give kil | ind of work done O NOT use retire | during most (ed) | of working | | | | | |
| ire, Maryland 2121 s 1 and 2 should be filed within: Health end Mentel Hygiene. teen 27 ia marked other than 't | E | 7th | College (1-4or | 3+) | Nur | ses Aid | le | | | Priva | te nu | ırse | |
| illed other | e C | 17. Fether's Neme (First, Middle, La | st) | ,,,,, | | | 18. Mother | 's Neme (First, | Middle, Me | iden Sumen | ne) | | |
| should be nd Mentel marked o | To B | George | O. Brice, | Sr. | | | В | elva l | R. S1 | itley | | | |
| Maryland d 2 should be file th end Mentel Hy 7 Is marked oth traumatic event | - | 19e. Informant's Neme/Reletionship | (Type, Print) | 19b | . Meiling | Address (Stree | t and Number | or Rural Rout | e Number, (| City or Town, | State, Zir | Code) | |
| MG 2 in the er trau | | Shelva Remsburg | / Daughte | - 9 | 128- | -A, Beth | al Rd | / Fra | dorich | Mar | v1 and | 2170 | 2 |
| re, N s 1 and f Health frem 27 other tr | | 20e. Method of Disposition | / Daugnice. | 20b. Place of | Disposit | tion (Neme of | | Date | | C. Location | | | |
| 0 0 0 2 4 | | 1 Buniel 2 ☐ Cremation 3 | | | • | etory or other ple | | 111 1 | - 00 7 | 7 1 | , 1 | 14 1 | , |
| Galtim bemit. Peg bepartment mportant: t any injury o | | 4 ☐ Donetion 5 ☐ Other (Spe 21. Signeture of Funeral Service Lic | | rieas | | Hill Ce | | | | | | Maryla | ana |
| Balt permit. Depart Importu | | 21. Signature of Fulleral Service Lit | | | 22.1 | Neme and Addr | ess of racing | Stauf | ter Fi | ineral | Home | | |
| | | Raymond | releas | in | | 21 Opos | | | | | , Mar | yland | 2170 |
| | | 23a. Part1. Enter the disease, or co shock, or heart feiture. List or | mplications that cause iy one cause on eech i | d the deeth. Do ine. | not enter | the mode of dy | ing, such es c | ardiec or respl | retory erres | it, | | Approximate Interval Bets Onset and I | e ween |
| Physician | | | 1 | - | | | . 0 | 11 | - | - | - 1 | | |
| /Medicai Examiner | | Immediate Cause (Finei diseese or condition | HC | ull | m | yorc | cal | enfa | reli | - | | | |
| | | resulting in death) | 0 | Due to (or as a | consequ | ence of): | - | 0. | | | - 10 | | |
| D = | ine | | . Ca | rona | ru | arl | ery | des | eas | <u>م</u> | | 1044 | 2 |
| ob / bu, icete be executed physician and s the buriel-transit | Examiner | Sequentially list conditions, | | Due to (or as a condition of the conditi | coperation | ence of): | / | | | | . 10 | • | |
| ian a | | Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events | 1/4 | beste | 10 | ne. C | orde | ovas | eula | n du | 0 . | 10 400 | us |
| A DG/OU, entificete be a ling physician ie es the burie | Medical | thet initieted events resulting in deeth) Last | -// | Oue to (or as a c | conseque | ence of): | | | | | | 0 | |
| X D | Z e | | | | | | | | | | 1 | | |
| ath ce | ar | | d | | | | | | | | - | | |
| death c death c ad for us | SICI | Part II. Other significant conditions | contributing to death b | out not resulting in | n the und | serlying cause g | ven in Pert I. | 2: | 3b. Did tob | acco use co | ntributa t | o the cause o | of death? |
| Ords, F.C. BO) requires that the death ce | Physician | | | | | | | | 1 🗆 Yes | 2 No | 3 □ Pro | bably 4 | Unknow |
| dS, r | by P | | | | | | | | | 2,000 | • | , · | |
| RECOTOS, ne law requires the law been signed as should be considered. | D D | | | | | | | 24 | la. Wes an | eutopsy | 24b. W | ere autopsy f | indings |
| v require | Completed | | | | | | | | performe | | CO | ellable prior to impletion of c | ause |
| has b | 5 | | | | | | | | | | of | death? | |
| = F # d | ပိ | | | | | | | | 1 🗆 Yes | 275 No | 1[| Yes 2 | No |
| Of Vital I Physician: The this certificate | Be | 25. Wes case referred to medical exeminer? | | | | | | of Deeth (Chec | ck only one, |) | | | |
| - 5 w D | P | 1 ☐ Yes 27 No | Hospitel: 1 Inpati | ent 2 ER/Ou | tpatient | JOON | | sing Home 9 | Residen | ca 8 □Oth | er (Specif | (Y) | |
| After the funerel | ü | 27. Menner of Deeth 1 Neturel 5 ☐ Pending | 28e. Dete of Inju (Month, Da | ay Year) 28b. 1 | rime of njury | 28c. Inju | ry at ork? | 28d. D | escribe how | injury occur | red | | |
| Attending or deeth. | ati | 2 ☐ Accident investiget | ion 11-13- | 01 | | | Yes 2 | o | | | | | |
| DIVISION Tor Attending effer deeth. Director: After In by the fune | I I | 3 ☐ Sulcide 6 ☐ Could not determine | ZOE. PIACA OI IN | jury - At home, fe tc. (Specify) | rm, stree | et, fectory, office | | | cation (Stre | | ber or Run | al Route Num | ber, |
| 2 5 5 5 5 | Certification: | 4 E Homolog | Duliding, et | и. (эрвину) | | | | | y or rown, | Olele) | | | |
| aph noun y fille | | 29e. Certifier 1 Certifying I | Physician: To the best | of my knowledge | , deeth o | occurred et the t | ime, dete end | piece, end du | e to the ceu | ise(s) end mi | anner as s | teted. | |
| Pula Fu | edical | (Check only 2 Medical Ex | amfnar: On the basis o end manner st | f examination an | d/or inve | stigetion, in my | opinion, deeth | occurred at th | ne time, det | e end piece, | and due to | the ceuse(s |) |
| To the Hospital or Attend within 24 hours effer deet To the Furneral Director:. | Me | 29b. Signeture and title of optifier | 7. | | | 29c. Licen | se number | ٢ | 290 | d. Date signe | d (Month, | Day, Year) | |
| F > F 0 | | V /// | | 11 | 7 | DI | 295 | 15 | 7 | lovemb | er 1/ | , 1996 | 5 |
| | | 400 | oner | 111. | D. | 200 | / / 3 | 10 | | . J T CIMD | OT 14 | , 1770 | , |
| | | / | o completed cause of c | | | • | | | | | | | |
| | | J.R. POIRIER | / 186 Thom | nas John | son | Dr./ Fr | ederic | k, Md | 217 | 702 | | | |
| Sta | ate | 31. Dete filed (Month, Dey, Year) | 1006 32. Registr | rar's Signettire | P | 1 10. | | | | | | | |

FE . 1989 - 13

| | | | | | | $C\epsilon$ | ertificate | of D | eath | | | Reg. No. | | | |
|------------|--|------------------|--|--|---------------------------------------|---------------------------------|--|--------------------|-------------------------|-----------------|--|---|--|--|-------------|
| | | | 1. Decedent's Name (First, Mid | dle, Last) | | | | | | | 2. Dete of Dea | ath | üha. | 3. Time of Dea | ith |
| | Physic | | Mary | Agnes | | | L1oyd | | | | Novembe | r 17. | Year 1996 | 11:00 | DM |
| | /Medi Examii | | the Continue Name of the continue of the conti | | | | | | | cation of Deeth | | ty of Deeth | | E.W. | |
| | Exami | | Frederick M | Memorial H | lospital | L | | | Fred | lerio | k | Fre | deric | k | |
| | Funeral Director | | 5. Sociel Security Number 578–28–9642 | 6. Sex 1 □ M 2 □ XF | 7. Age (In yr | s. lest birthdey Yrs. |) If Under 1 Y Months D | eys | If Under Hours | 24 Hrs. Min. | 8. Date of Birth (Month, Day Dec. 20 | Year 1926 | 9. Birth Cay Wash | place (State or Fo. | reign DC |
| | | | Usual Residence of Decedent | | | | | | | | | | | | |
| | be filed within 72 hours after death with the Maryland tel Hygiene. I other than "natural", or items 23s or 28s-f show event, tra Woolfel Examine must be notified at | ctor | Maryland Fred | v lerick | | City, Town or L cederic | | | | | | | | 10d. Inside City Li | |
| | ours after death with the Marylar ral, or items 23a or 28a-f show Examiner must be notified at | Funeral Director | 10e. Street end Number 186 Stoneybr | ook Court | | | 10f. Zip Co 21 | de .702 | 2 | | | U.S.A | | ntry? | |
| | deat | Jer | 11. Maritel Status | 12. Was De | cedent Ever in | U,S. 13. | Was Decedent | of His | penic Ori | gin? (Spe | ecify Yes or No- | | | | |
| 21215-0020 | ours after al', or its | b | 1 ☐ Never Married 2 ☐ Ma 3 🕅 Widowed 4 ☐ Divorce | irried 1 Tes | | | 13. Was Decedent of Hispenic Origin? (Specify Yes If Yes, specify Cuban, Mexican, Puerto Rican, e 1 ☐ Yes XXNo Specify: | | | | | or No- 14. Race - American Indien, Bleck, White, etc. Specify: White | | | |
| 2-0 | "natural", | ted | | vorced Year or Detes: cedent's Education highest grade completed) | | 16a. Deci | edent's Usual O | ccupat | ion | e of work | Inc | 16b. Kind of | 8b. Kind of Business/Industry | | |
| 121 | ithin and | Completed | Elementery/Secondery (0-12) | | (1-4or 5+) | | 16a. Decedent's Usual Occu (Give kind of work done life. DO NOT use retire Legal Secre | | | | | | Register of | | |
| | led w lygier ly lygier lygier lygier lygier lygier lygier lygier lygier lygier | | | | | тея | Legal Secretary | | | | | | | WILLS | |
| and | 2 should be filed within end Mentel Hygiene. Is marked other than summitte event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event, the Mentel event event event. | 8 | 17. Father's Name (First, Middle | | | DT CMES | r | 1 | | | (First, Middle, | | 211, | | |
| ž | Mer Merken Merke | 10 | Clarenc | | | DISNEY | | | | | Agnes | INSCOE | | | |
| , Maryland | s 1 and 2 should be filed within 72 ho If Heelth and Mentel Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical | | 19a. Informent's Neme/Relation Mrs. Cynthia I | | | 186 | Stoneyb | roc | | | Freder | | | | |
| Baltimore, | permit. Pages 1 and Department of Heelth Important: If item 27 any Injury or other tr once. | | 20e. Method of Disposition 1 | | 0 | cemetery, cre | osition (Name of emetory or other ret Cemeto | r plece, | Nov | 7. 21, | Dete 1996 | Washing | | | |
| Balt | Departin Departin Importa any Inju | | 21. Signature of Fugeral Service | Elicensee Hral | MOO2 | I | | and | Bas | ford | P.A. F | | | 01.701 | |
| 100 | Physician | 0 | 23a. Pert1. Enter the disease, shock, or heart failure. Lie | or complications the | t caused the de | | LUG Eas | t UI dylng, | nurci , such as | cardiac o | or respiratory ar | erick, rest, | , Md. 21701 Approximate interval Between Onset end Death | | |
| а | /Medical | | Immediate Cause (Finel disease or condition | . (~ | napiti | e Hea | + Fai | lum | e | | | | 1 | yrs. | |
| П | Examiner | | resulting in death) | 0. | Due to | (or es e conse | equence of): | | | | | | i | | |
| | D # | ine | | - Pr | esume | 1 Ser | vis | | | | | | į | | |
| | and trans | Examiner | Sequentially list conditions, | | | (or as a conse | 1 | | | | | | | | |
| 68760, | oe ax | | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury | , | | | | | | | | | 1 | | |
| 87 | ohysic the t | Medicai | that initieted events resulting in death) Last | | Due to | (or es e conse | quence of): | | | | | | | | |
| × | e death certificate be axecuted the attending physician and hed for use as the buriel-transit | VMe | | d | | | | | | | | | | | |
| Bo | atter after of for u | Physician/ | Dank III Oak and a Maria and a second | | | | S07-1-0 110 | | | | 1 | | - 1 | | |
| o. | y the | ys | Part li. Other significant condit | iona contributing to | death but not re | sulting in the | underlying caus | e giver | n in Part I. | • | | _/ | | o the cause of de | |
| D. | s thet | by PI | End Stuge | Renal | Diseo | se | · | | | | 101 | res 2 No | 3 Pro | bably 4 🗆 Unk | nown |
| Records, | law requires that the death certificate be assocuted as been signed by the attending physician and a should be deteched for use as the buriel-transit | Completed t | 1 | | | | | | | | | an autopsy med? | av cx | /ere autopsy findin vallable prior to empletion of cause death? | |
| Re | 0 - 0 | mc | | | | | | | | | 101 | | | | |
| Ø | delan: The certificate rector, pa | | 25. Was case referred to medic | al . | | | | | | | | | 1 | Yes 2 No | |
| Vital | | o Be | examiner? | Hospitei: | forman as | 7550 | | Other | | | (Check only o | | | | |
| ō | | . To | 27. Menper of Death | | | 28b. Time | | | 4 LI NU | | me 5 Resid | | | fy) | |
| on | ding Ph. | ţ | 1 ☐Natural 5 ☐ Pend 2 ☐ Accident inves | ing (Mo | e of Injury onth, Dey Year) | Injury | | Injury a Work? | es 2 🗆 I | | | ,, | | | |
| Division | or Attending efter death. Director: After d in by the fune | Certification: | 3 ☐ Sulcide 6 ☐ Could | I not be | ce of Injury - At ding, etc. (Spec | home, farm, si ify) | treet, factory, of | | | | 28f. Location (S City or Tow | | ber or Run | al Route Number, | |
| | To the Hospital or within 24 hours efter To the Funeral Director Completely filled in the | edicai Co | 29a. Certifier (Check only one) | ng Physician: To the | ne best of my kr basis of examin | owledge, dea ation end/or in | th occurred at the | ne time my opir | , dete en nion, deal | d place, e | end due to the d ed at the time, d | cause(s) and n date and place | nanner as s , and due t | stated. to the cause(s) | |
| | of the office of | M M | 29b. Signeture end title of certific | | | | 29c. Lie | cense i | number | | | 29d. Dete sign | ed (Month. | Day, Year) | |
| | r s r ö | | 1. 0 | ero. | | | 0 | 17/ | · - ^ | | | illa | 101 | | |
| | | | 30 Name and address of | | una al dece de | 02-1/7 | | +70 | 0 +) | | | 1114 | 76 | | |
| | | | 30. Name and address of person | ^ | 144 | | | T.J. | | ~ | e 1 | 04 - | 1 | | 200 |
| | Cha | • | | | | pature · | nomas | J (141 | u (04 | W. | Suite ! | UM, Tre | dered | e, rid ZI. | 402 |
| | Sta Registr | | Trancis Gregory Grillo, 201 Thomas Johnson Dr. Suite 104, Frederick, Md 2120 31. Dete filed (Month, Dey, Year) NOV 1 8 1996 32 Registrate Signature Parkelli | | | | | | | | | | | | |



| | | | Decedent's Neme (| First Middle Las | | aryland | | tificate of | Death | 2. Dete of De | Reg. No. | 16 | 37256 |
|------------|---|----------------|--|---|--|---------------------|-----------------------|--|-------------------------------------|---|---------------------------------|--------------|---|
| П | Physic | | Robe | | C. | L00: | S | | | Month h | Dey | Yeer 1994 | 3. Time of Deeth 15: 00 |
| | /Medi Examlı | | 4e. Facility Neme (If n | | street and number) | | | | 4b. City, Town, or L | | | | |
| | | | SHADY GRO | OVE ADVE | NTIST HOS | ΡΤͲΔΤ. | | | ROCKVIL | LE | MONT | GOME | RY |
| | Funeral | Г | 5. Sociel Security Num | nber 6. Se | 7. Ag | ge (In yrs. la | | If Under 1 Yeer Months Deys | | 8. Dete of Bi (Month, D. | | | plece (State or Foreign ntry) |
| 3 | Director | | 178-12-278 | | X M 2□ F | 81 | Yrs. | | | November | 6, 1915 | Penn | sylvania |
| | land | | Usuel Residence of De 10e. Stete 1 | Ob. County | | 10c. City, | Town or Loc | ation | | | | 1 | 0d. Inside City Limits |
| | Mary H sh | ğ | | | | | | | | | 1 ☐ Yes 2X No | | |
| | r 28a | rec | 10e. Street end Number 10f. Zip Code | | | | | | | 10g. Citizen of Whet Country? | | | |
| | 72 hours efter death with the Maryland natural", or itams 23a or 28a-f show digal Examiner must be notified at | aD | 6901 Garr | ett Road | d | | | | 20855 | | Unite | d Sta | ites |
| | ems efm | iner | 11. Maritel Status 12. Wes Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (If Yes, specify Cuben, Mexicen, Pue | | | | | Hispenic Origin? (Spen. Mexican, Puert | pecify Yes or No |)- 14. Rec | e - Americ | can Indien, | |
| 20 | or it | by Fu | 1 Never Married | | 1 X Yes 2 □ | No | | □Yes 2XNo | | , | Specify | | White |
| 0 | "natural", or | d be | 3 Widowed 4 | | Year or Dates: | MMTT | 16a Danad | antia Marrial Occur | 110-1 | | | | |
| 15 | C 9 | Completed | (Specify | 5. Decedent's Ed only highest grad | de completed) | | (Give k | ind of work done O NOT use retira | petion during most of world) | king | 16b. Kind of Bu | isiness/inc | Justry |
| 21215-0020 | filed within Hygiene. Ither than " | Eo | Elementery/Second | ary (0-12) | College (1-4or : | 5+) | | ivil Eng | | | Self E | mploy | yed |
| pu | be filed ttel Hygie d other event, tt | Be C | 17. Fether's Neme (Fir | st, Middle, Last) | | | | | 18. Mother's Nam | ne (First, Middle | , Meiden Surnam | ie) | |
| yla | | To | Albert I | loos | | | | | Jean: | ie | (No | ot Av | ailable) |
| Maryland | 0.000 | | 19a. Informent's Neme | | | | 19b. Meiling | Address (Stree | t end Number or Ru | ral Route Numb | er, City or Town, | Stete, Zip | Code) |
| | C 7 74 1- | | Jane D. I | | e | BOL DI | of Disease | 141 /41 | Road, Roc | _ | | | |
| Baltimore, | Se o L | | | Cremetion 3 🗆 | Removal from State | cen | netery, crem | atory or other pla | November | 26, 1996 | 20c. Location - | | |
| | ermit. Pege eputtment or nportant: If ny Injury or | | 4 ☐ Donetion 5 | - | - | Gate | | eaven Ce | | | | | ng, Maryla |
| Ba | Depti Impo any i | | Micha | 12.5 | Ligin | M00 | Robe 846 30 Ro | O West Nokulle | mphrey Fune Montgomer Marylan | ral Home, y Avenu 2085 | /Rockville e 0-2805 | , Inc. | |
| | | | 23a, Pay11. Enter the spock, or heart for | disease, or comb silure. List only o | ne caus transection | d the deeth. ne. | Do not ente | r the mode of dyi | ing, such es cardiec | or respiretory e | errest, | | Approximete Intervel Between |
| | Physician /Medical | | Immediete Ceuse (Fin | al | | . / | // | | | | | 1 | Onset end Death |
| | Examiner | | diseese or condition resulting in death) | ai | е/ | | stati | | ncer | | | | month |
| | | ē | | | | Due to (or e | es e consequ | , | scu s | | | | month week |
| | icate be executed physician end s the buriel-trensit | Examiner | Sequentielly list condi- | tions | b. P2 | Due to (or e | ra fe | | cus | | | - ! | week |
| Ö, | e exe ian er uriei-t | | Sequentielly list condit if any, leeding to Imme cause. Enter Underly! Ceuse (Disease or Inju- | ediete ng | | | 10,12,122,1 | , | | | | | |
| 68760, | ficate be executed physician end is the buriel-trensit | edical | thet initieted events resulting in death) Les | | c | Due to (or e | s e consequ | ence of): | | | | | |
| | 5 CO 6 | | | L | d | | | | | | | 1 | |
| ROX | eath certif attending for use a | lan | | _ | | | | | | | | | |
| j. | the d | Physician/M | Pert II. Other significa | nt conditions co | ntributing to deeth b | ut not resulti | ng in the und | derlying cause gi | ven in Pert I. | 23b. Dld | tobacco use cor | | the cause of death? |
| 7 | | by Pt | | | | | | | | 1 🗆 | Yes 2□ No | 3 Prob | bably 4 12 Unknow |
| Records, | w requires thet been signed b | | | | | | | | | 24a. Wes | en eutopsy | 24b. We | ere eutopsy findings |
| 000 | _ 00 | Completed | | | | | | | | perfo | ormed? | COI | eileble prior to mpletion of ceuse death? |
| Ĭ | 0 - 0 | mo: | | | | | | | | 1 🗆 | Yes 2 No | | Yes 2 No |
| Vital | ician: The certificate rector, peç | Bec | 25. Wes case referred | to medical | | | | | 28. Plece of Dee | | | | |
| 010 | 2 00 | 10 | exeminer? 1 ☐ Yes 2 🗗 No | | lospitel: 1 Inpatie | nt 2 EF | R/Outpatient | 3□ DOA Oth | her: 4 Nursing Ho | ome 5 Resi | dence 8 □Othe | er (Specify | () |
| | ding Ph h. After th funerai | | 27. Menner of Deeth | Pending | 28e. Dete of Inju (Month, De) | ry y Year) 2 | 8b. Time of Injury | 28c. Inju | ry et rk? | 28d. Describe | how injury occurr | ed | |
| DIVISION | Attending ir deeth. ector: After by the fune | catl | 2 Accident | Investigation | | | | | Yes 2□No | | | | |
| \leq | after deet Director: I in by the | Certification: | 4 Homlcide | determined | 28e. Plece of Inju- building, etc | | e, farm, stree | et, factory, office | | 28f. Location (City or To | Street and Number wn, State) | er or Rura | I Route Number, |
| - | pital ours a eral t | | 29a. Certifier 15 | Cartifying Phy | elclen: To the best of | of my knowle | dan dooth | accurred at the ti- | me data and place | and due to the | (a) and ma | | |
| | To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral | edical | (Check only one) | Medical Exami | elclan: To the best of ner: On the basis of end menner ste | examinetion | n end/or inve | stigetion, in my | opinion, deeth occur | red et the time, | date end plece, e | and due to | the ceuse(s) |
| | Within 2 To the comple | Me | 29b. Signeture and title | of certifier | 1 | _ | | 29c. Licens | | | 29d. Dete signed | | |
| | . \ | | 16la | * H. V. | ainey or | 10 | | MO | D-2033 | 32 | Novemb | er 2 | 2,1996 |
| | XI | | 30. Name and address | of person who co | propleted cause of de | eeth (Item 2 | 3e) (Type, P | rInt) | , - | | | , | 20850 |
| | 0 | | Robert | | arney,1 | nD | 9713 | - Medic | D-2033 | er Drie | e Rock | ville | , ms |
| | Sta | te | 31. Dete filed (Month, I | 7 1996 | 32. Registre | r's Signetur | e 71. • • • | | | | | | |
| | Registra | ar | 11012 | סבכויי | The same | ~1400N- | Janas 12 | | | | | | |



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month ELEANTR DIGHID 5AM DV 4a. Fecility Neme (If not Institution, give street end number) b. City, Town, or Location of Deeth 4c. County of Deeth Suburban Hospital Bethesda 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min. Min. March 25, 1904 Montgomery 5. Social Security Number 9. Birthpiece (State or Foreign Country) New York 1□M 2\ F 057-20-8123 Usuei Residenca of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2XXNo Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4521 East West Highway 20814 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 전 No if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No Specify: Specify: 3 X Widowed 4 Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Induatry Eiementery/Secondary (0-12) Coilege (1-4or 5+) 12 Rental Assistant Insurance 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Charles Lundquist Matilde Laurila 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. informant's Name/Reletionship (Type, Print) Lenore S. Smith/Daughter 4521 East West Highway #505, Bethesda, Maryland 20b. Piece of Disposition (Name of cametery, cremetory or other piece) November 26,1996 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 X Buriai 2 ☐ Cremetion 3 ☐ Removei from State Gate of Heaven Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Silver Spring, Maryland Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. M00846 Bethesda, Maryland 20814-3501 23a. Part Lenter the disease, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiec or respiretory arrest shock, or heart latture. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Ceuse (Finei disease or condition resulting in death) 4 Euss Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaese or injury that initieted events resulting in deeth) Lest Due to (or es e consequance of) Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 Mio 3 Probably 4 Unknown 24a. Wes an eutopsy parformed? 24b. Wera autopsy findings available prior to completion of cause of death? 2 No 1 Yas 2 No

Physician /Medical Examiner

and

signed by

has

After this certificate

To the Hospital or Attending F within 24 hours after death.

To the Funeral Director: After

filled in by the

Box 68760.

Records, P.O.

Division of Vital

Physician

/Medical

Director

Funeral

2

Completed

Examiner

Funeral

Director

show

7 is marked other than "naturel", or frams 23s or 28s-f shor traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiere. Important: if item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Health Examples insulated.

Baltimore, Maryland 21215-0020

with the Maryland

Examiner burial-transit attending physician for use as the buria Physician/Medical þ Completed Be 10

Certification:

Medical

26. Placa of Deeth (Check only one)

25. Wes case referred to medical 1 Yes 2 No

1 Maturei

2 Accident

3 Suicide

4 T Homicide

27. Menner of Death 5 Pending investigation

6 Could not be

28a. Dete of injury (Month, Day Year)

Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

6410

28c. injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, end due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end pieca, and due to the causa(s) end menner stated. 29e. Certifiar

29b. Signeture end title of certifier

NOV 27

29c. License number 1206019 29d. Date signed (Month, Dey, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

in lleuner 30, Nema end address of person who completed cause of deeth (item 23a) (Type, Print)_ M KENNER

KOOKLEDGE DRIVE

State Registrar

0

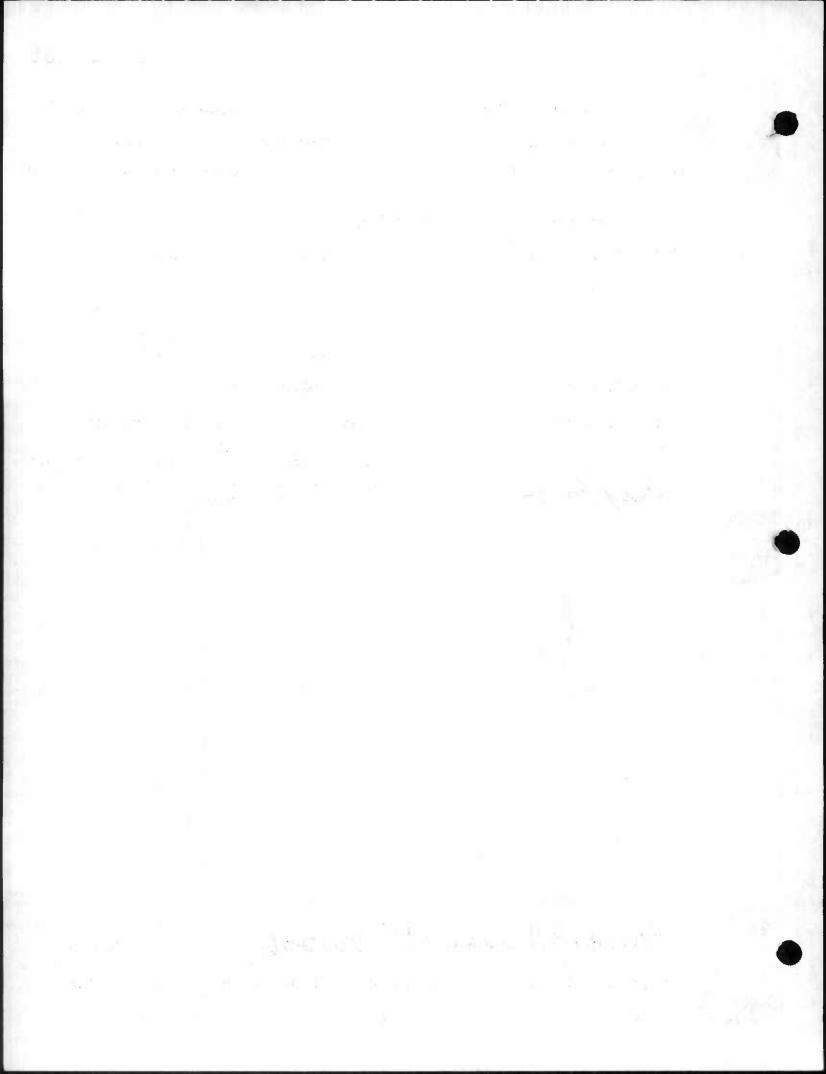
31. Data filed (Month, Dey, Year) Lucia Davidson

32. Registrer's Signeture

State of Maryland / Department of Health and Mental Hygiene

96 3

| | | | | | | Ce | ertificat | e of | Death | | | Reg. N | 0. | | |
|--|---|--|---|-------------------------------|--|---|------------------------------|-------------------------------|-------------------|------------|--------------------------|------------------|-------------|-------------|--|
| Physic | 1. Decedent's Neme (First, Middle, Lest) Linda Klein Lee | | | | | | | 2. Data of Deeth Month Dey | | ву | Yaar | 3. Time of Deeth | | | |
| /Medi | | | | | | | Lee | | 45 City Te | | November | | , 19 | | 6:15 PM |
| Exami | ner | 4a. Fecility Neme (If not Institut | | | imbar) | | | | | | ocation of Deat | | | of Deeth | |
| | | 200 Perrywin 5. Social Sacurity Number | | | 7 Ann (In | | If I Indo | 1 Yaar | Gaith If Under | | | | Mont | gome | |
| Funeral | | | 6. S | M 2015F | 7. Aga (in yi | s. last birthday Yrs. | Months | Deys | Hours | Min. | (Month, De | y, Year | | 9. Birthi | oleca (Stata or Foreign |
| Director | | 217-42-4610 Usuel Residence of Decedent | 1 | | 34 | | | | | | Nov. I | 9,_ | 1944 | Wash | ington, DO |
| land | | 10a. Steta 10b. Cour | ity | | 10c. (| City, Town or L | ocation | | · | | | | | 1 | Od. Insida City Limits |
| Marylan 4 show | ō | Maryland Mont | COM | 2 7 77 | | Gaithe | rehure | 7 | | | | | | | 1 ☑ Yas 2 ☐ No |
| with the Mary a or 28a-f sh be notified a | Director | Maryland Montgomery 10e. Street and Number | | | | Garthe | 10f. Zip | | | | | 10a C | itizen of l | What Cou | ntn/2 |
| 72 hours efter death with the Maryland natural", or itams 23a or 28s-f show likes Expander must be notified at | | 200 Perrywinkle Lane | | | | 20878 | | | | | 10g. Citizen of Whe | | | | |
| ne 23e | Funeral | 11. Marital Status 12. Wes Decedent Ever I | | | | IIS 13 | Was Dacar | | | igin? (Sr | | | | | |
| itams iner me | un_ | 11. Marital Status 1 ☐ Nevar Married 12. Wes Decedent Ever In Armad Forces? 1 ☐ Nevar Married 12. Wes Decedent Ever In Armad Forces? 1 ☐ Yes 2 ☑ No | | | If Yes, specify Cuban, Mexicen, Puerto | | | | Ricen, etc.) | | | ck, White, | | | |
| 0,1 | by I | | | If Yes, G | ive | 1 ☐ Yes 2 ☑ No Specify: | | | | | | | Specif | y: LTh | ite |
| "natural", | | 3 Wildowed 4 Divorced Year or Dates: | | | | 16a. Decedent's Usual Occupation | | | | | | | | | |
| - | Be Completed | 15. Decedant's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) | | | | (Give kind of work done during most of wor life. DO NOT use retired) | | | | | orking 16b. Kind of Busi | | | | |
| r than | | Elementery/Secondery (0-12 |) | College (| (1-401 5+) | | a Ass | | | | | | | Sys | |
| is marked other traumatic evant, to | O | 17. Fether's Name (First, Middl | e, Last) | | | 11001 | 4 1100 | 1000 | | er's Nem | e (First, Middle | | | | |
| Ne o | To B | George M. Kle | ein | | | | | | | | Moore | | | 116 | |
| Tan | - | | | voe. Print) | | 19b Meil | ina Address | (Street | | | rel Route Numb | er City | or Town | State Zir | Code |
| t of Heelth end Mentel Hyg If Itam 27 is markad othe or other traumatic evant, | | | | | | | - | | | | Gaithe | | | | 20878 |
| E E | | 20e. Method of Disposition | e. Informent's Neme/Reletionship (Type, Print) imothy C. Lee/Husband e. Method of Disposition | | | | osition (Ner emetory or o | ne of | те па | ille, | Dete | | | | own, Stete |
| permit. Peges 1 and 2 s Department of Heelth er important: If Itam 27 is any injury or other trau 90.59. | | 1 ⊠Burial 2 □Cremetio | | | | | | | | | | | | | |
| rtan | | | | | | ational | | | | | | Fal | ls (| Churc | h, Virgini |
| mpo any i | | 10 11 | | 1 | 34001 | R | 2. Nama an obert | Α. | Pumph | rev | Funera: | 1 Но | me/F | Rockv | ille, Inc. |
| | | 23a. Part1. Enter ma disaase, | m | | M001 | 198 | 300 W | est | Monte | ome | ry Aveni | 1e | 805 | | |
| | | 23a. Part1. Enter tha disaase, shock, or heert feilure. L | or comp | licetions that one ceuse on a | ceused the da aach line. | ath. Do not an | fer the mod | a of dyir | ng, such es | cardiac | or raspiratory a | rrest, | .005 | | Approximete Intarval Between |
| ysician | | | | | | | | | | | | | | | Onset and Death |
| Medical aminer | 90 | Immediate Ceuse (Finet diseesa or condition | | Me | etastat | ic Col | on Car | ncer | | | | | | | 1 month |
| mme | | resulting in deeth) | | 0. | Due to | (or es e conse | quence of): | | | | | | | | |
| sit | ine | | - | h- | | | | | | | | | | | |
| end -tren | Examiner | Sequentially list conditions, | | | Due to | (or es e conse | quence of): | | | | | - | | | |
| clan | | Sequentially list conditions, if any, leeding to Immadiete ceuse. Enter Underlying Ceuse (Diseese or tnjury | 1 | C | | | | | | | | | | | |
| the | dic | thet initiated events resulting in death) Lest | | | Due to | (or es a conse | quence of): | | | | | | | | |
| iding physician end ise es the burial-trensit | //Medical | | L | d | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| the bear | Physicial | Pert II. Other significant condi- | tions co | ntributing to d | eeth but not re | sulting In the o | underlying c | euse giv | en in Pert I | l. | 23b. Did | tobacc | o use co | ntribute to | the causs of death? |
| d by | Ph | | | | | | | | | | 1 🗆 | Yss : | 2II No | 3 Pro | bably 4 Unknow |
| 5.8 | b | | | | | | | | | | | | | _ | |
| plnods | Completed | | | | | | | | | | 24e. Wes | an auto | opsy | ev | ere eutopsy findings eilable prior to |
| 2 st | ple | | | | | | | - | | | | | | | mpletion of cause death? |
| page page | Ю | | | | | | | | | | 10 | res 2 | ⊠ No | 10 | ☐Yes 2X No |
| certificete hes rector, page 2 | Bec | 25. Wes cese referred to medic | al | | | | | | 26. Plece | of Deet | th (Check only o | ne) | | | |
| S CO | To | exeminar? 1 ☐ Yes 2 🛣 No | | Hospitei: | Inpatient 2 | ☐ ER/Outpetie | nt 3 DC | Oth | or. | | ome 5 🕅 Resi | | 8 DOth | er (Snecit | (v) |
| er this leral di | | 27. Menner of Death | | 28e. Dete | of Injury | 28b. Time o | | 8c. Injur Wor | | and any in | 28d. Describe | | | | ,, |
| r: After e funer | atio | 1 Neturat 5 Pend 2 Accident inves | ling tigation | (MON | th, Dey Year) | Injury | М | | Yes 2 | No | | | | | |
| within 24 routs after oparn. To the Funeral Director: After completely filled in by the fune | Certification: | 3 ☐ Suicide 6 ☐ Coul | not be | 286 Piece | | home, ferm, st | reet, fectory | , office | | | | | | er or Rure | al Route Number, |
| d in | ert | 4 Homicide | | buildi | ing, etc. (Spec | eiry) | | | | | City or To | vn, Stet | Θ) | | |
| nera y fille | | 29e. Certifier 10X Certify | ing Phy | sician: To the | best of my kr | owledge, deet | h occurred o | et the tin | ne, date en | d ptece. | and due to the | cause(s | s) and me | enner es s | tated. |
| To the Funeral Director: After this certific completely filled in by the funeral director, | edicai | (Check only 2 Medica | t Exami | iner: On the bi | asis of exemir ner steted. | ation end/or in | vestigation, | in my o | ptnlon, dea | th occur | red et the time, | dete en | d piece, | end due to | the ceuse(s) |
| To th | X | 29b. Signature end title of certif | ier /) | 71 | | , 14 |) 290 | Licans | a number | | | 29d. Da | ata signe | d (Month, | Day, Year) |
| | | Much | 10 | Hun | dhe | h | T | 13- | 17= | 3/_ | | Nov | zembe | r 21 | , 1996 |
| | - | 30 Neme and address 4 | n ude | ompleted | no of death (to | m 02-1 /T | Deire) | | , 0 | 0 | | 1101 | CIIID | -1 41 | , 1000 |
| | | Carolyn B. Hor | | | | | | C+ | #200 | 77 | | | M | 1 1 | 20005 |
| - 54 | | Carolyn B Hendricks, M.D. 10605 Concord St. #300, Kensington, Maryland 20895 31. Dete filed (Month, Dey, Yeer) 32. Registrar's Signeture | | | | | | | | | | | | | |
| Sta Registr | | | | - /0 | | | | | | | | | 10 | | |
| _ region | J | NOV 25 | 1336 | 90 | na wand | son-Rand | ARC. | | | | | | | | |

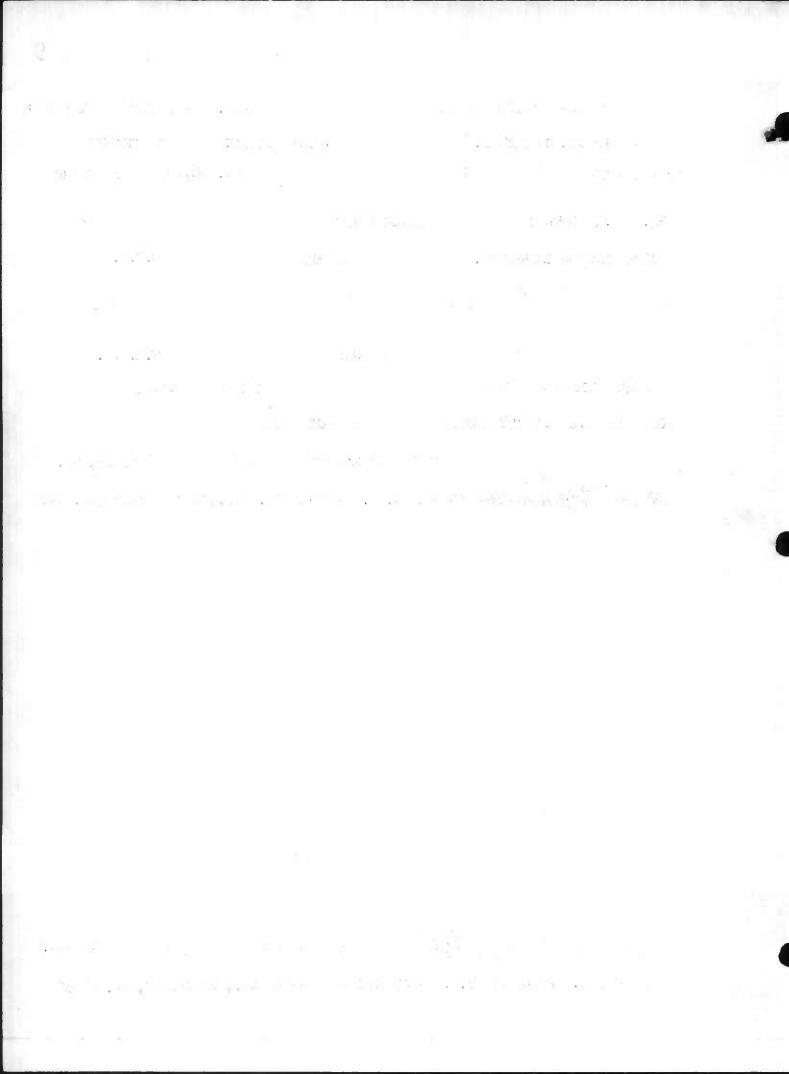


State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | | Ce | rtificate | e of | Death | | | Reg. No. | | |
|--|----------------|---|------------------------------|---------------------------|------------------|-----------------------|----------------------------|------------------|------------------|------------|----------------------------------|--------------------|---------------|--|
| Division land | | 1. Decedent's Nan | ne (First, Middle, L | .ast) | | | | | | | 2. Date of Dec | ath | Vess | 3. Time of Deeth |
| Physici /Medi | | | WILLIAM | RALPH | LOVE | | | | | | NOV. | 22, 19 | 96 | 12:15 AM |
| Examir | | 4e. Facility Neme | (If not institution, g | ive street end numb | ber) | | | | 4b. City, To | wn, or Lo | ocation of Deeth | | | |
| | | 1106 | BRIGGS | CHANEY R | D. | | | | SILVE | RSP | RING | MON | TGOME | RY |
| Funerai | | 5. Social Security I | Number 6. | | . Age (In yrs. k | est birthday, Yrs. | If Under Months | | | | 8 Dete of Rin | | 9. Birthp | place (State or Foreign |
| Director | | 578-14-1 Usual Residence | of Decedent | | 85 | | | | | | OCT. 2 | 0,1911 | MA | RYLAND |
| show | _ | 10a. State | 10b. County | | 10c. City | , Town or L | ocation | | | | | | 1 | 0d. Inside City Limits |
| the Maryla 28a-f shor | cto | MD. | MONTGO | ŒRY | | SILVE | R SPR | ING | | | | | | 1 Yes 2 No |
| | I Director | 10e. Street end Nu | mber | | | | 10f. Zip | Code | | | | 10g. Citizen of | What Cour | itry? |
| 11 w | <u>a</u> | 1106 | BRIGGS | CHANEY R | D. | | | 20 | 905 | | | U. | S.A. | |
| itams itams | Funeral | 11. Marital Status | | 12. Was Decede | ent Ever in U,S | 3. 13. | Was Deced | ent of h | lispenic Ori | gin? (Sp | ecify Yes or No- Rican, etc.) | | ce - Americ | |
| हुँ ह | by | 1 ☐ Never Man 3 ☑ Widowed | ried 2 Married 4 Divorced | 112 Yes 2 if Yes, Give | □No | | _ | No No | Specify: | i, i doito | riicari, etc.) | Specif | | |
| | Completed | (Spe | 15. Decadent's l | | | (Give | dent's Usua kind of wor | k done | durina mos | t of work | ina | 16b. Kind of B | | |
| then the | Idmo | Elementery/Seco | | College (1-4 | lor 5+) | life. | DO NOT us | e retire | d) | | | ** | ~ ~ ~ | |
| Hygic ther | | 17. Fether's Neme | /First Middle I as | 2 | | | MANAG | ER | 19 Mothe | e'o Nom | e (First, Middle, | | S.S.C | 0 |
| merked other marked other matic event, I | Be | | | | | | | | TO. WOUTE | | | | | |
| end Mental s marked o sumatic ev | To | JOHI | | | | | | | | | ATIE | WHEE | | |
| le l | | 19a. Informant's N | | | · · | | _ | | | | al Route Numbe | r, City or Town | , State, Zip | Code) |
| Health am 27 thar tr | | 20a. Method of Dis | | McHALE/DA | | SAN | | | TEM 7 | #10 | | | | |
| nt: If ite | | | | ☐Removai from Sta | 00 | metery, cre | netory or of | ther pla | ce) | | Dete | 20c. Location | · City or To | wn, State |
| tant: jury | | 4 Donation | 15 ☐ Other (Spec | ify) | CHA | MBERS | CREM | ATO | RY | 1: | 11/23 | RIV | ERDAL | E, MD. |
| Department of Her Important: If item any injury or otha once. | | 21. Signeture of Fu | unerai Service Lic | mood has he | 2 | | 2. Name end | | | | | | | |
| | - | 23a Part1 Enter 1 | the disease or con | npiications that cau | MOOC | | | | | | | | PRING | ,MD.20910 |
| | | shock, or hea | irt failure. List onl | y one cause on each | th line. | DO HOL OH | ter tue mode | e or dyn | ng, such es | cardiac | or respiratory er | rest, | 1 | Approximete Interval Between Onset end Death |
| hysician (Medical | | Immediate Cause | (Final | 05 161 | 2 . (. | , . | | | | | | | 1 | Onsor one poarr |
| xaminer | | disease or condition resulting in death) | on | a. C.44 | ONIC | CYN | PHOC | 471 | ic C | euke | 2MIA | | | 3 YEARS |
| | 9 | | | | Due to (or | es a conse | quence of): | ě. | | | | | | |
| nsit | -Fu | | | b | | | | | | | | | 1 | |
| physician and s the bunal-transit | Examiner | Sequentially list co if any, leading to in | nditions, nmediate | | Due to (or | as e conse | quenca of): | | | | | | | |
| buni | | cause. Enter Under Cause (Disease or | erlying injury | c | | | | | | | | | i | |
| phys the | Medical | that Initiated events resulting In death) | Last | | Due to (or | es e consec | juence of): | | | | | | i | |
| e attending physician and od for use es the bunal-transit | NW. | | | d | | | | | | | | | | |
| ed by the attending ph detached for use es ti | Physician | Part II Other signif | ficent conditions | contributing to deat | h hut not rocui | ting in the | ndosi ino co | | on In Boot I | | nat Did | - h | mánih vá s ám | Abo source of death 0 |
| by the tached | hys | Part II. Other algnif | | oontributing to deat | Dut not resul | raid at fue f | ndenying ca | ause Alv | ren in Per(I | • | | / | | the cause of death? |
| igned b | by P | | | | | | | | | | 10, | res 2₽No | S Prot | bably 4 Unknown |
| been si | | | | | | | | | | | 24a. Was | en eutopsy med? | 24b. We | ere autopsy findings eilable prior to |
| 2 sh | ple | | | | | | | | · | | pono | medi | COL | mpletion of ceuse death? |
| ate has page 2 | Completed | | | | | | | | | | 101 | es 2010 | 10 | Yes 2□No |
| certificate rector, pag | BeC | 25. Was case refer | red to medical | | | | | | 26 Place | of Doot | | | 1 | 7165 2010 |
| direct | To B | examiner? | | Hospital: | etiont 2 🗆 E | R/Outpatier | nt 3 DO | Oth | or: | | me 5 Resid | | (C)6 | .) |
| 五百 | | 27. Manner of Deat | | 28e. Date of I | Injury : | 28b. Time o | | Bc. Injur Wor | | | 28d. Describe h | | | 0 |
| ector: After by the funer | 101 | 1 ☑Naturai 2 ☐ Accident | 5 Pending Investigation | | Day Year) | Injury | м | | rk? Yes 2.∐.l | | | | | |
| after death Director: A I in by the fi | Certification: | 3 Suicide | 6 Could not I | DO Diana | Injury - At hon | ne. farm. str | | | | | 28f. Location (S | treet and Numb | er or Rure | l Route Number, |
| Dir. | en | 4 Homicide | determined | building, | etc. (Specify) | , | ,,, | | | | City or Tow | n, State) | | |
| ours filled | | 29e. Certifier | 1 Certifying P | hyalclan: To the be | est of my know | ladra death | o occurred a | t the tir | ne dete en | d clace | and due to the | euen(e) and me | nnor ac et | atod |
| within 24 hours after To the Funeral Dire completely filled in b | edical | (Check only one) | 2 Medical Exa | miner: On the basis | s of examination | on and/or In | vestigetion, | in my o | plnion, deel | th occurr | ed at the time, | lete and place, | end due to | the cause(s) |
| omp | X | 29b. Signeture and | Tille of certifier | | 1 | ^ | 29c. | Licens | e number | | - 1 | 9d. Date signe | d (Month, I | Day, Year) |
| > - 0 | | 1/1 | Boleli | U. Una | Putal | (1) | | Y | 32 | 40 | | | | |
| 1 | - | 20 No. | July 1 | - dell | Juny p | - | D 1 (2) | U. | 1 | 1 | 1 6 | OVEME | ex 2 | 22,1996 |
| 11 | | 30. Neme and addr | | | | | | ~~ | | | | | | |
| | | JOSE | | HAGGERTY | M.D. | 9707 | MED | ICA | L CENT | ER I | DR., ROC | KVILLE | MD. | 20850 |
| Star Registra | | 31. Date filed (Mon | NOV 2 5 | | istrar's Signatu | dron- The | Inde 02 | | | | | 17.1 | | |
| ricgisti | 41 | | C & VUII | 1330 | | | | | | | | | | |

DHMH 16 Ray 6/95

NOV 2 5 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day 05112 AM NOVEMBER 21 1996 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NORTH ARUNDEL GLEN BURNIE ANNE HRUNDEL If Under 1 Year If Under 24 Hrs. Hours Min. 6. Sex 8. Date of Birth (Month, Day, Year 10/7/1914 Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country)
 PORTUGAL **Funeral** 1□ M 2XF Months Days Yrs Director 026-07-0784 82 Usual Residence of Decadent with the Marylend 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified at Director 1 Yes 2 No MARYLAND ANNE ARUNDEL SEVERNA PARK 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 23a 24 TRUCK HOUSE ROAD, GENESIS ELDER CARE 21146 U.S.A. Funeral death Нети 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status 14. Reca - American Indian. Pages 1 and 2 should be flied within 72 hours effer or and of Health and Mental Hydjane.
Int: If item 27 is marked other than "natural", or ther ury or other traumatic event, tre two cother traumatic events. Black, White, etc. 1 ☐ Yes 2 🐧 No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify. þ Specify: 3 Widowed 4 □ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 N/A HOMEMAKER OWN HOME 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be JOSE TAVARES CORREIA MARIA EMILIA MARTINS 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELAINE SULEWSKI (DAUGHTER) 134 DREXEL DR., MILLERSVILLE, MARYLAND 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBuriai 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK 11/25/96 GLEN BURNIE, MARYLAND 22. Name and Address of Facility SINGLETON FUNERAL HOME SECOND AVE. S.W., GLEN BURNIE, MARYLAND 21061 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Physician Immediate Cause (Finel disease or condition resulting in death) /Medical **Examiner** Due to (or es a consequenca of): Examiner Pulae The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequenca of): Box 68760. physician Physician/Medical the Due to (or as e consequence of) be detached for use as P.O. Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? the signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings 24a. Was an autopsy eveileble prior to completion of cause of death? performed' certificate has page 2 1 ☐ Yes 2 ☑ No 1 Yes 2 No or Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1(☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 Natural within 24 hours efter death.

To the Funeral Director: All completely filled in by the fu 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours e To the Funeral D 29a. Certifier (Check only one) 1) Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the ceuse(s) and manner as steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29b. Signature end title of certifier 29d. Date signed (Month, Day, Year) 30 Name and eddress of person ted cause of death (fem 23a) (Type, Print) MI irlens 31. Date filed (Month, Day, Year) 32. Registrar's Signature

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State

Registrar

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| | | | Stat | te of Maryland | | nent of F cate of I | | | eg. No. | 37261 |
|------------|--|----------------|--|---|---|-----------------------------------|---|--|---|--|
| | Physici /Medi | cal | 1. Decedent's Name (First, Middle, Last) Michael J. // | vephy. | SR | | 4h City Tayan | 2. Dete of Dee Month November | 21 9 | 3. Time of Death 196 215 P.4 |
| | Examir Funeral Director | ner | 4a. Facility Neme (If not institution, give street at North ARUNDAL ASSOCIATION S. Social Security Number 6. Sex 101 M 20 | 301 Hos pit | | Inder 1 Yeer on this Deys | b. City, Town, or L PEIU BUK If Under 24 Hrs. Hours Min. | 8. Dete of Birth (Month, Day | 4c. County of I HIVNE / Year) 9. | Birthplace (State or Foreign County) [ARYLAND] |
| | arylend arhow | - | Usuel Residence of Decedent 10e. Stete 10b. County | | , Town or Location | | | | | 10d. Inside City Limits |
| | ath with the Merylen 23a or 28a-f ahow Hat be notfled at | Direc | MARYLAND ANNE ARUNDEL 10e. Street end Number 7978 NOLCREST ROAD | | GLEN BU | RNIE f. Zip Code 2106 | 1 | 1 | 0g. Citizen of Wha | |
| 020 | or items | by Funeral | 11. Maritel Stetus 1 Never Married 2 Merried 1 Never Married 2 Merried 1 FY | Decedent Ever in U,S ed Forces? Yes 2 (2)No es, Give or or Detes: | | | Ilspenic Origin? (Span, Mexicen, Puerto | pecify Yes or No- O Ricen, etc.) | | Americen Indian, White, etc. WHITE |
| 21215-0020 | within 72 hours ene. then "netural", he Medical Ex | Completed | 15. Decedent's Education (Specify only highest grede complete and the comp | eted) ege (1-4or 5+) | life. DO N | of work done of OT use retired | during most of worl | king | 16b. Kind of Busin | ess/industry |
| Maryland 2 | ntal Hygi d other event, I | To Be Co | 17. Father's Neme (First, Middle, Last) LUKE JOHN MURPHY, SR | | MAN | AGER | 18. Mother's Nem | | BALTIMORI Meiden Surname) STEVENS | |
| | s 1 and 2 should f Health and Mer frem 27 is merks other traumatic | | 19a. Informent's Neme/Reletionship (Type, Prin SANDRA LEE MURPHY (W | IFE) | 7978 NOL | CREST | ROAD, GL | EN BURNI | E, MARYLA | AND 21061 |
| Baltimore, | Page ent o nt: If | | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee | from Stete | | or other pled EMORIA | L PARK 1 | | 20c. Location - City GLEN BURI | Vor Town, Stete |
| | | | 23a. Part 1. Enter the disease, or complications shock, or heart failure. List only one cause | that beused the deeth. |) 1 SE | COND A | SI. | GLEN B | FUNERAL I URNIE, MA | ARYLAND 21061 Approximete intervel Between Onset and Deeth |
| | Physician /Medicai Examiner | | Immediate Cause (Final disease or condition resulting in death) e | | CAN | | | | | 6 Months |
| | d d ansit | Examiner | b | PNEUMO | es a consequence | | | | | 1014 |
| Box 68760, | leeth certificate be executed tetending physician end of for use as the burial-transit | edicai | Sequentially list conditions, if any, leeding to immediate cause. Enter Undertying Cause (Diseese or Injury that initileted events resulting in deeth) Last | HONIC | | UCTI | ve pu | LMONA | ny Dise | ESSE Tyear |
| P.0. | that the o | by Physician/M | Pert II, Other significant conditions contributing | to death but not resul | iting in the underly | ing cause giv | en in Pert I. | | | oute to the cause of death? Probably 4 Unknown |
| lecords, | sw requisite been 2 shoul | Completed b | | | | | | 24e. Wes e | | 4b. Were autopsy findings available prior to completion of ceuse of deeth? |
| Vital R | Page at | Be Cor | 25. Was case referred to medical | | | | 28. Place of Dee | 1 □ Y | - emelle | 1 □ Yes 2 Ø No |
| of V | 0 0 | ToB | examiner? 1 Yes Hospitel: | 1 ☑ Inpatient 2 □ E | R/Outpatient 30 | DOA Oth | or. | | ence 8 Other (| Specify) |
| | After After fune | | 1 □Netural 5 □ Pending | Dete of Injury (Month, Dey Year) | 28b. Time of Injury M | 28c. Injun Worl | y at k? Yes 2 □ No | 28d. Describe h | ow injury occurred | |
| Division | To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funeral completes the funeral comple | Certification: | 3 Suicide 6 Could not be | Plece of Injury - At hon building, etc. (Specify) | ne, ferm, street, fe | | | 28f. Location (S City or Town | treet and Number of n, Stete) | or Rural Route Number, |
| | To the Hospital or within 24 hours afte To the Funeral Direction Completely filled in | edicai (| 29e. Certifier (Check only one) 12 Certifying Physician: T Certifying Physici | o the best of my know the basis of examinetic menner steted. | ledge, deeth occu on end/or Investig | rred at the tin etion, In my o | ne, dete and plece, pinion, deeth occur | and due to the c red at the time, d | ause(s) end menne ete and piece, and | or es stated. due to the cause(s) |
| | To the To the complex | M | | nulfde | m | 29c. License | | | 9d. Dete signed (N N VLM B C | forth, Day, Year) 121, 1996 ANY CAN |
| | | | 30. Name and address of person who completed AVIII. SCHAR(BELLINE | Cause of death (Item: | 23e) (Type, Print) | TAC 8 | LIVE C | Lev B | NSINN | MANYCAUP |
| | Sta | te | 31. Dete filed (Month, Dey, Year) | 32. Registrer's Signetu | | | | | | 21061 |

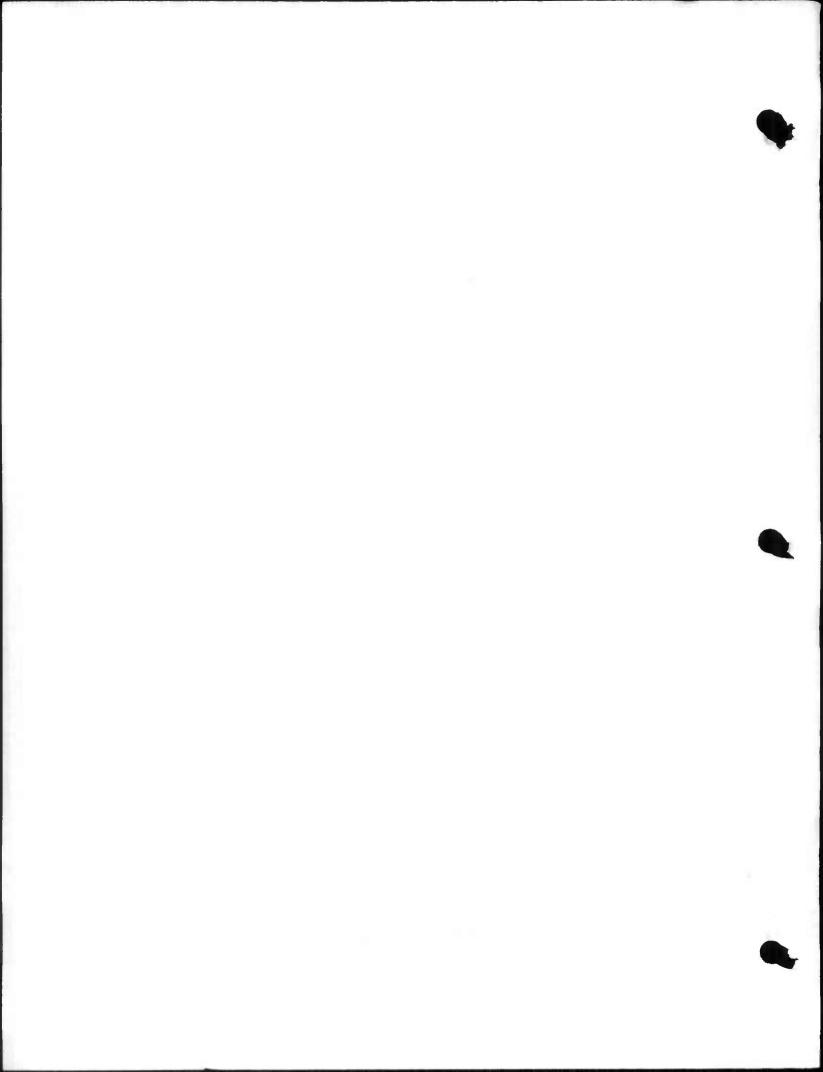
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| TO BE COMPLETED BY FUNERAL DIRECT | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |
|--|--|
| examiner must be notified at once. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, nal. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
| or death. Page 6 may be retained by the hospital or attending physician. | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TA hours after death. Page 6 may be retained by the hospital or attending physician. |
| | |

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME | NTAL HYGIENE |
|---|--------------|
| CERTIFICATE OF DEATH | REG. NO. |

| | 1 - FOR STATE REGISTRAR | STATE OF MARYLAN | D / DEPART | MENT OF H | EALTH AND DEATH | MENTAL HYGIEN | | | | | | |
|---|--|--|-------------------------|--|-----------------------------------|-------------------------------------|--------------|--|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 1. MACDI | ERM | OTT | | 2. DATE OF DEATH | 2/ | YEAR 4'00 A | | | | |
| | 018 16 7986 | □ M 2 🖄 F 76 | YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTN (Month, Day, Year) | 20 | a. BIRTNPLACE (State or Foreign Country) Massachusetts | | | | |
| TOR | Genesis Eldercare RESIDENCE OF DECEDENT | | | Annapo | lis | DEATH | | nty of OEATH e Arundel | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY Anne A | rundel | | TOWN OR LOCAT | ION | | | 10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO | | | | |
| RAL | 10 STREET AND NUMBER | | | 101 | ZIP COOE | | 10g. CITI | ZEN OF WHAT COUNTRY? | | | | |
| FUNERAL | 207 President Stre | et 2. WAS DECEDENT EVER IN U.S | S. ARMED | 12 WAS DEC | 21403 | NIC ORIGIN? (Specify Ye | USA | L | | | | |
| BY | 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES | NO | If yes, spi | city Cuben, Mexic 2 X NO Speci | en, Puerto Ricen, etc.) | s or No— | 14. RACE — American Indian, Black, White, atc. Specify: White | | | | |
| COMPLETED | 15. OECEDENT'S EDUCAT (Specify only highest grade con | mpleted) | Give kind of wo | SUAL OCCUPATION CONTROL OCCUPATI | N at of working | 16b. KIND OF BU | SINESS/IND | USTRY | | | | |
| APLE | Elementary/Secondary (0-12) | College (1-4 or 5+) 2 Se | ecretary | | | Federa | 1 Gov | ernment | | | | |
| S | | | | | | | | | | | | |
| BE | 100 INFORMANTIC NAME CO-COUNT | | | | | | | | | | | |
| 5 | Place And Date of Rural Route Number, City or Town, State, Zip Code) 207 President Street/Annapolis MD 21403 208. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Other (Specify) Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE of DISPOSITION (Name of compagny, Gramatory of other place) Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE of DISPOSITION (Name of compagny, Gramatory of other place) Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE of DISPOSITION (Name of compagny, Gramatory of other place) Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE of DISPOSITION (Name of compagny, Gramatory of other place) Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE of DISPOSITION (Name of compagny, Gramatory of other place) Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE of DISPOSITION (Name of compagny, Gramatory of other place) 20c. LOCATION - City or Town, State 20c. LOCATION - Ci | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 0 | 21. SIGNATURE OF FUNERAL SERVICE LICENS | | | | | Cremat: | i and C | iey, MA | | | | |
| | ► M. Wilhelm | Wagoner | _ | | olis MD | | ion Se | ervices | | | | |
| | 23. PART I. Enter the diseases, or com- ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) | plications that caused the tonly one cause on sech | e death. Do no line. | ment | de of dying, suc | ch as cardiac or respi | iratory arm | est, Approximate Interval Between Onset and Death | | | | |
| Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. | | | | | | | | | | | | |
| MEDICAL | PART II. Other significent conditions con May Tact | ontributing to death but n | ot resulting in | the underlying y draw | cause given in | Part I. 24a, WAS AN PERFOR 1 TYES 2 | MED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | |
| | DID TOBACCO USE CONTRIB | UTE TO CAUSE OF D | EATH YES | □ NO Ø | UNCERTAI | N 🗆 | | 1 TYES 2 NO | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | 26. F | PLACE OF DEATH | (Check only one) | | | | | | | | |
| HYS | 1 YES 2 NO 1 | ☐ Inpatient 2 ☐ ER/Outpatien 28e. DATE OF INJURY | # 3 □ DOA 4 | Nursing Home | | 8 Other (Specify) | | w | | | | |
| ВУ Р | Natural 5 Pending 2 Accident Investigation | (Month, Day, Year) | INJUF | TY WOF | | 28d. DEŞCRIBE HOW I | NJUNY OCC | ORED | | | | |
| 3 Suicide 8 Could not be 4 Homicide 4 Homicide Suicide 8 Could not be determined 4 Homicide Homicide Suicide 8 Could not be determined Homicide Homicide Suicide 8 Could not be determined Homicide Homicide Suicide 8 Could not be determined Homicide Homicide Suicide 8 Could not be determined Homicide | | | | | | | | | | | | |
| COMPLET | 29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: O | N: To the best of my knowledge | , death occurred | at the time, data i | and place, and due | Io the cause(a) and man | ner sa state | od. | | | | |
| BE | 290 SIGNATHRE AND TITLE OF CERTIFIER | 011111 | N | | 29c. LICENSE NUI | | | SIGNED (Month, Day, Year) | | | | |
| 5 | 30 NAME AND ADDRESS OF PERSON WHO CO PLAF - VERKOU | OMPLETED CAUSE OF DEATH (| (ITEM 27) (Typo, PI | rine) | ARKI.) I | N Anna | b.(/.'s | han 24101 | | | | |
| 31. DATE FILED (Month, Day, Year) NOV 2 5 1996 Sum Davidson - Randelle | | | | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 96 37263

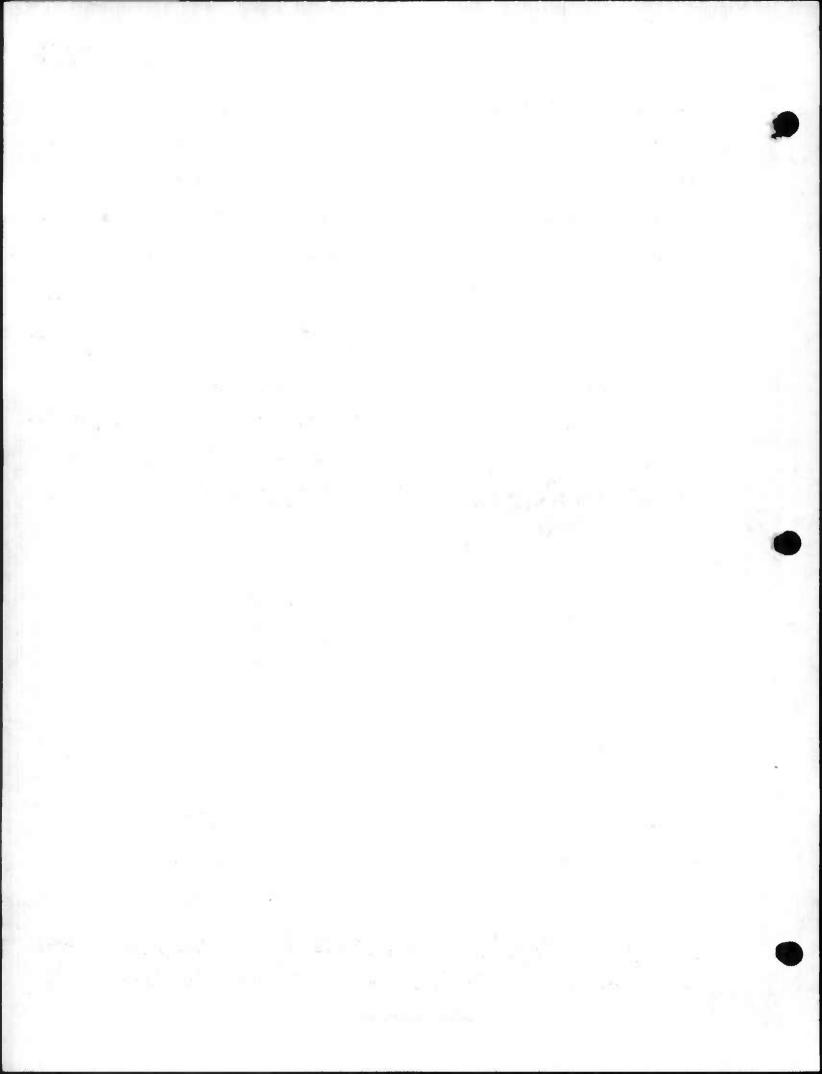
| | | | | Certificate of D | Death | | Reg. No. | | ,,,,, |
|------------|---|----------------|---|--|--|---|-------------------------------------|----------------------------|--|
| 1 | D1 | | Decedent's Neme (First, Middle, Last) | | | 2. Dete of Dec | eth | Vees | 3. Time of Death |
| | Physici /Medi | | RAYMOND LEE MUF | イトロイン、こ | SR. | Novem | ber 21 | 1996 | 1140AM |
| 7 | Examir | | 4e. Fecility Neme (If not Institution, give street end number) | 4b | o. City, Town, or Loc | | | of Deeth | 4 |
| | | . | NORTH ARUNDEL HO | SPITAL G | FLEN | BURN | 118 1- | tane | Hrundel |
| | Funeral Director | | 5. Sociel Security Number 2 2 0 − 0 3 − 9 1 9 3 6. Sex 1 7. Age (In yrs. last b) 7 6 | birthdey) If Under 1 Year Months Deys | Hours Min. | 8. Dete of Birt (Month, De) Jul 4 | v, Yeer) | | ece (Stete or Foreign ry) |
| | and and | | Usual Residence of Decedent 10e. Stete 10b. County 10c. City, To | wn or Location | | | | 10 | Od. Inside City Limits |
| | Manyl f shc | 20 | | | | 1 ☐ Yes 2 ☑ No | | | |
| | the 1 | Director | 10e. Street end Number | 10g. Citizen of V | What Count | nv? | | | |
| | 23e or | | | 10f. Zip Code 211 | 46 | | U.S.A. | | |
| 020 | 2 should be filed within 72 hours after death with the Maryland and Mental thygiena. Is marked other than "natural", or itema 23a or 28a-f show aumatic event, the Modical Examiner must be notlined at | by Funeral | | 13. Was Decedent of His If Yes, specity Cuben, 1 ☐ Yes 2X No | penic Orlgin? (Spe i, Mexicen, Puerto F Specify: | cify Yes or No- lican, etc.) | 14. Rac Bled Specify | e - America k, White, e | |
| 21215-0020 | within 72 ho ena. then "natur | Completed | 15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) Coilaga (1-4or 5+) | e. Decedent's Usuel Occupet (Give kind of work done du life. DO NOT use retired) Plumbing | uning most of workin | | | rund | el County |
| 9 | Hygie ther ther | ပိ | 17. Fethar's Neme (First, Middle, Last) | | 18. Mother's Name | | | | nspector |
| aryland | Mental Mental of arked of attic eve | Be C | John Murphy | | Emily S | | WOOD TO THE | · · | |
| 2 | s 1 and 2 should Health and Men tam 27 is marke other traumatic | 70 | | 9b. Meiling Addrass (Street en | | | r City or Town | State Zin | Codel |
| Σ | | | | 316 Holly Be | | | | | |
| altimore, | 8 4 2 8 | | 20e. Method of Disposition 20b. Place cemetr | of Disposition (Neme of lery, cremetory or other plece) | | Dete ov 25 | 20c. Location - | | |
| = | permit. Pa Department important: any injury ance. | | 4 Donation 6 Other (Specify) Fort | Lincoln ce | | 996 | Bren | twoo | d, MD |
| Ba | Dep impo | | A force alas | Barranco | and So | ns Fu | neral | Home | MD 21146 |
|) | Physician /Medical | / | 23 C art 1. Enter the disease, or complications and caused the death. Do shock, or heart feiture. List only any cause on each line. | a not enter the mode of dying, | , such es cardiec di | respiretory er | erna P | ark, | MD 21146 Approximete Intervel Between Onset and Deeth |
| | Examiner | (| Immedien Ceuse (Finel disease, r condition result g in deeth) e. Acute myo- | e consequenca of): | gneno | n | | | omediale |
| | OF STREET | ner | - Othenosele | | diac eli | Cacaca | | - 1 | 110gn = |
| | nd nd | Examine | D | consequence of): | siac on | 9-CO3-E | | | 70.2 |
| Ö, | be execut ician and burial-tran | | Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Disease or injury | | | | | | |
| ox 68760 | ing physe e as the | n/Medical | | consequence of): | | | | | |
| . 80 | death e atte | sicia | Pert II. Other eignificant conditions contributing to death but not resulting | in the underlying cause giver | n in Pert I. | 23b. Did t | obacco una cor | otributa to | the cause of death? |
| s, P.O | v requires that tha death co been signed by the attend should be detached for us | by Physician | Intra ecrobral bleed, SK | | | | /ee 2□ No | 3 ☐ Prob | . 1 |
| Hecords, | N 50 00 | ompleted | | | | 24a. Wes | | ava | re eutopsy findings lieble prior to apietion of ceuse eeth? |
| | 0 - 0 | Соп | | | | 1□ Y | es 200 | 1 🗆 | Yes 2□ No |
| VItal | | Be (| 25. Wes case rafarred to medical examiner? | | 28. Place of Death | (Check only o | ne) | | |
| 0 | Hing Phys n. After this funeral di | 2 | 1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/O 27. Mannar of Death 1 ☐ Neturel 5 ☐ Pending (Month, Dey Year) 28b. | Time of 28c. Injury a Work? | 4 LJ Nursing Hom | | ence 6 Othe ow injury occurr | |) |
| UNISION | or Attendi after death Director: A I in by the fi | Certification: | 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, f building, etc. (Specify) | | | 8f. Location (S City or Tow | itreet and Numb n, Stete) | er or Rurel | Route Number, |
| | To the Hospital or Attend within 24 hours after deati To the Funeral Director: complately filled in by the | edicai C | 29e. Cartifier (Check only one) Cartifying Physician: To the bast of my knowledge on the bast of my knowledge on the bast of examination even mennar steted. | je, deeth occurrad et tha tima nd/or invastigation, in my opir | i, data end piece, ei nion, daath occurre | nd due to the o | ausa(s) and ma leta end pteca, o | nnar as sta and due to | ited. the causa(s) |
| | To the To the Comp | Σ | 290. Signaturin and title of contiller | mo Dasa | | | ovem b | | |
| | | | 30. Neme end addrass of person who completed cause of death (Itary 23a) IRA KAPLAN, MD 7845 | OAKWOOD. | Rd #30 | 00,6/ | en Bu | QU/E | 21061 MB |

Julia Davidson-Randall

NOV 27 1996

DHMH 16 Rev 6/95

Registrar

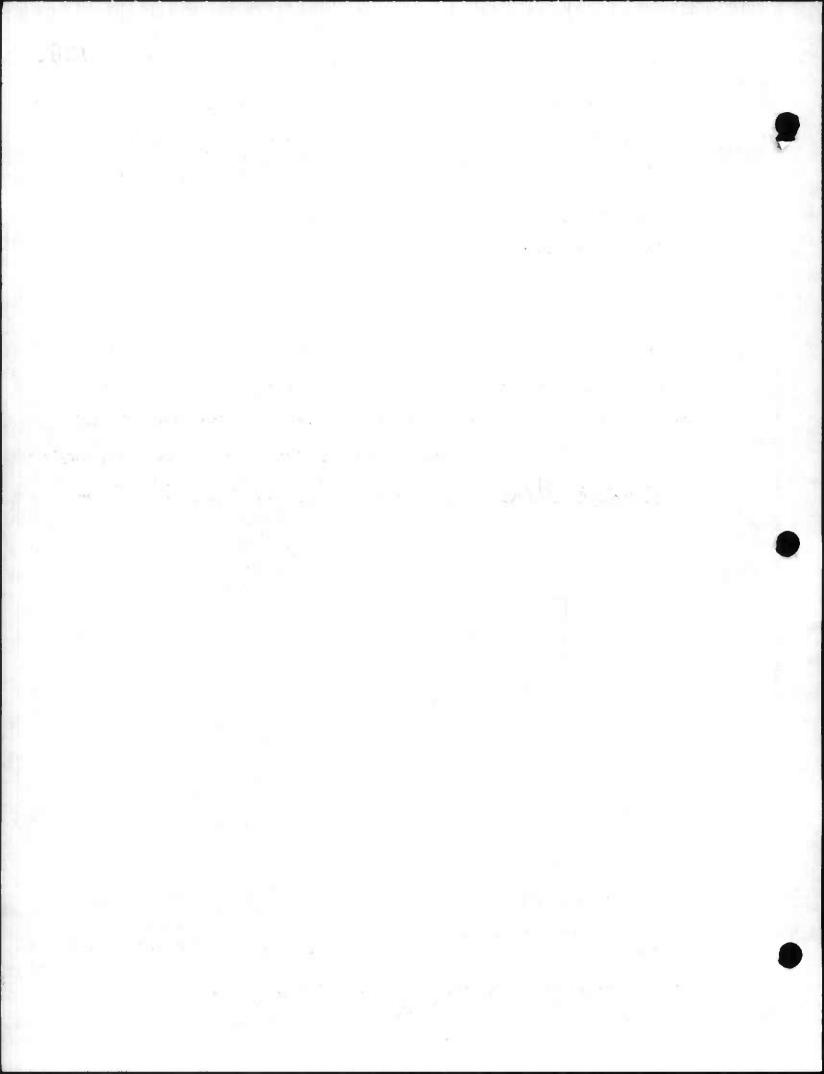


State of Maryland / Department of Health and Mental Hygiene

| | | | | | | C | Certificate | of Dea | ath | | Reg. I | No. | | | | |
|--------------|--|------------------|---|---------------------------------------|--------------------------|--------------------------|---|-------------------------------|--------------------------|---|--|----------------------------|-------------------|------------------------------------|--------------|--|
| | | | 1. Decedent's Neme (First, Middle, | Last) | | | | | | 2. Dete of the Month | Deeth | | V | 3. Time of | Death | |
| | Physic /Medi | | TO NECEDIAL A LOCUSTO RATA NO | | | | | | | | 23,1996 Yeer | | Yeer | 8:45 | AM | |
| | Exami | | 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or I | | | | | | | | 4c. County | of Deeth | | | | |
| | | | 231 North St. St. Mic | | | | | | | | Talbot | | | | | |
| ı | Funeral | | 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. | | | | | | | | | | 9. Birthi | piece (Stete o | r Foreian | |
| | Director | | 213-24-2107 The second | | | | | | ours N | lin. (Month, I | 8. Dete of Birth (Month, Dey, Yeer) Aug. 29,1929 | | | Maryland | | |
| | σ | | Usuei Residenca of Decedent | | | | | | , , | | J. 10.1 | | | | | |
| | ylen how | | 10e. Stete 10b. County | | 10 | c. City, Town o | r Location | | | | | | | 10d. Inside Cit | ty Limits | |
| | Ma | ģ | Maryland Talbo | t | | St. Mic | chaels | | | | 1 □ ∑ ∳es 2 | | | | | |
| | 1 28 P | rec | 10e. Street end Number | | | | 10f. Zlp Co | de | | | 10g. | Citizen of V | What Cou | ntry? | | |
| | 3a o | 0 | 231 North St. | | | | 216 | 363 | | | II | S.A. | | | | |
| | deet | Funeral Director | 11. Meritei Stetus | 12. Wes De | cedent Ever | In U,S. | 13. Wes Decedent If Yes, specify | | ic Origin? | (Specify Yes or ! | - | _ | a - Ameri | can Indian, | _ | |
| 0 | offer with | | 1 ☐ Never Merried 2 ☐ Merrie | | 2 No | Army | | | | erto Rican, etc.) | | | leck, White, etc. | | | |
| 020 | urs o | þ | 3 ☐ Widowed 4 ☐ Divorced | If Voc G | live Detes: 19 | | 1 ☐ Yes 2 ☐ | No Spe | ecify: | | | Specify | · Bla | ıck | | |
| 0-0 | 2 ho | Completed | 15. Decedent's | Education | | 16e. D | ecedent's Usuel O | ccupetion | | | 16b. | Kind of Bu | usiness/in | dustry | | |
| 218 | Taryland ZIZIS-UUZU 2 should be filed within 72 hours efter deeth with the Manylend end Mentel Hygiene. Is marked other than "natural", or thems 23s or 28s-f show aumatic event, the Medical Examiner must be notified as | | (Specify only highest Elementery/Secondery (0-12) | 1 | (1-4or 5+) | (G | ive kind of work d e. DO NOT use re | lone during etired) | most of | working | | | | | | |
| 21 | | | 11 | Comege | (1-015+) | Wate | erman | | | | | Seaf | food | | | |
| p | office of the | Be | 17. Father's Neme (First, Middle, L | ast) | | | | 18. 8 | viother's i | Neme (First, Midd | le, Meid | ien Sumem | 10) | - | | |
| la I | Abut fente rked rked | To | Albert E. Mo | ody | | | | | Lora | a V. Mil | ler | | | | | |
| Maryland | Sho and A | - | 19e. Informent's Neme/Reletionsh | p (Type, Print) | | 19b. N | eiling Address (St | reet end N | lumber or | Rural Route Nun | ber, Cit | y or Town, | State, Zip | Code) | | |
| | | | Barbara Mae Tur | mon Si | ster | | | | | | | | | | 62 | |
| Baltimore, | os 1 end of Heelth Item 27 | | 20e. Method of Disposition | ner b | 2 | 0b. Pieca of D | Mitche sposition (Neme of coremetory or other | | · Ap | 19980 | 20c. | Location - | City or To | own, Stete | 03 | |
| 30 | y or | | 1 XBuriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spi | | | | | | | | | | | | | |
| Ē | permit. Page Depertment of Important: If any Injury or | | 21. Signature of Funeral Service L | | ĮV. | arylan | d Veterar | | | ry Easte | rn S | shore | Hur | lock, | Md. | |
| Ba | permit. Pages Depertment of I Important: If he any Injury or of | | 14/ | 20 | | - | | | | ard Fune | ral | Home | | | | |
| | | Щ | Kerusal | o. des | me | d | 312 S. 7 | Calbo | t St | . St. Mi | chae | els, N | /ld. 2 | 1663 | | |
| П | | | 23a. Pert1. Enter the diseese, or c shock, or heert feilure. List o | omplications thet niy one ceuse on | caused the eech line. | deeth. Do not | enter the mode of | dying, suc | ch es caro | fiec or respiretory | errest, | | | Approximete Interval Bety | ween | |
| | Physician | | | , | - > | | 1 04 | | | | | | į | Onset end D | Jeeth | |
| ۲ | /Medical Examiner | | Immediate Ceuse (Fine) disease or condition resulting In deeth) | · Arl | erio? | scleret | rc Car | diou | rase | ular | D | seas | 2 | Yea | とろ | |
| Г | | 10 | resorting in accurry | | | to (or es e cor | | | | | | | | | | |
| | B # | ine | | b | | | | | | | | | i | | | |
| | death certificete be executed e ettending physician end ed for use es the burial-transit | Examiner | Sequentieily list conditions, if env. leeding to Immediate Due to (or es e consequenca of): | | | | | | | | | | | | | |
| 68760, | oe ex | E I | Ceuse (Diseese or injury | | | | | | | | | | | | | |
| 87 | sete t | Medical | thet initieted events resulting in deeth) Lest Due to (or es e consequence of): | | | | | | | | | | 1 | | | |
| 9 X | leath certific ettending pl | Me | | | | | | | | | | | ļ Į | | | |
| Bo | th ce tendi | an | | d | | | | | | | | | | | | |
| | dea he et ed fo | SIC | Pert II. Other significant condition | contributing to | death but no | t resulting in th | e underlying cause | e given In I | Pert I. | 23b. DI | d tobac | co uae cor | ntribute to | o the cause o | of death? | |
| P.0 | that the dended by the e | Physician | | | | | | | | 10 | 1 Yes 2 No 3 Probably 4 Unk | | | | Ùnknown | |
| Ś | | þ | | | | | | | | - | | | | | | |
| Vital Record | - w D | | | | | | | | | 24e. We | es en eu | | 24b. W | ere autopsy fi allable prior to | indings | |
| 000 | 33 09 | pie | | | | | | | | | ioiiiiou: | | CO | mpletion of ca | ause | |
| ď | 0 - 0 | Completed | | | | | | | | 10 | Yes | 2 N O | | □Yes 2□ | No | |
| ta | | BeC | 25. Wes case referred to medical | | | | | 06 1 | Dinne of F | Deeth (Check only | - 51 | 2 2/140 | | 7 168 201 | 140 | |
| > | Physician: this certific ral director, | To B | examiner? 1X Yes 2 No | Hospitel: | Inpatient | 2 □ EB/Outes | tlent 3 DOA | Other | | | | 0 Flort | | | | |
| ō | | | 27. Menner of Deeth | 28a. Dete | | 2 ER/Outps 28b. Tim | | | _I Mursin | Home 5 XRe | | | | y) | | |
| Division | Attending For death. | Certification: | 1 Naturel 5 Pending | (Moi | nth, Dey Yea | er) Inju | | Injury et Work? 1 ☐ Yes | 2 🗆 No | The same of | | ,,, | | | | |
| S | or Attendii efter death. Director: A d in by the fu | Ica | 3 Suicide 6 Couid no | t be | e of Injury - | At home form | street, factory, off | | 2 1110 | 28f Location | /Stroot | and Numb | er or Pun | al Route Numi | hor | |
| <u> </u> | | T e | 4 ☐ Homicide determin | build | ling, etc. (S | pecify) | Street, ractory, on | ice | | City or T | own, Ste | ete) | or or more | i/ rioute / valing | <i>Jer</i> , | |
| | To the Hospital or within 24 hours effective to the Funeral Director completely filled in | | 29e. Certifier 1 ☐ Certifying | Dhualalan Ta th | | In a sector de la contra | | | | | | | | | | |
| | Hos 24 ho Fun stely | edical | | aminer: On the b | pasis of exam | ninetion end/o | eth occurred et the investigetion, in r | ie time, dei ny oplnion, | te end ple , deeth oo | ca, end due to th curred et the time | e cause e, dete a | (s) end ma ind plece, (| nner as s | tated. the cause(s) |) | |
| | To the within 2 To the comple | ¥ E | 29b. Signature and title of sentitier | and mer | ner steted. | | 200 1 10 | ense num | hor | | 204 5 | Doto olone | d /Month | Day Vand | | |
| | To Vit | | and the same of the same | | \Rightarrow | | | | | 0 | | 1 | 3 | Day, Year) | | |
| | | | | D543 | | | | | | 7 | 1 | 1/5 | 619 | 16 | | |
| | | | 30. Neme end eddress of person w | | | | | | 4 | 3.7 | | 01.00 | | | | |
| | | | L. Thomas | | M.D. | | Marvel Ct | t. Ea | ston | , waryla | nd | 21601 | L | | | |
| | Sta | | 31. Dete filed (Month, Dey, Year) | | Registrer's S | Signeture | 5 1 | | | | | | | | | |
| | Registr | ar | NOV 2 | 5 1996 | مدانات | wavy ison | -Randell | | | | | | | | | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37265

| ty Nama (If not institution 32 Old Nations 28-8830) Isidence of Dacedant In 10b. County I and Frede I and Number I and Number I and Stetus I al Stetus | Elizabeth M , giva street and number) onal Pike 6. Sax 1 M 2 M F rick onal Pike 12. Was Decedant E Armad Forcas? 1 Yes MN If Yas, Giva Yeer or Dalas: 's Educetion tt grada complated) College (1-4or 5- Last) nings Brian hip (Type, Print) ser, Husband 3 Removal from Stata hacity) | a (In yrs. last bin 62 10c. City, Towr Frede Evar in U,S. lo 16a. +) FOGLE 19b. 20b. Placa of camatar, Rocky | Months or Location rick 10f. Zi 13. Was Dece If Yas, spe 1 Yas Decedant's Usu (Giva kind of we iffe. DO NOTE Store Malling Addres 032 Old Disposition (Na y, crematory or | p Coda 2170 edani of His edify Cuben 2 No Manag Manag I Nati | Frede If Under 24 F Hours M D2 Spanic Origin? Maxican, Pu Specify: Ition uning most of a Ger 18. Mothar's N Cora | or Location of Derick rick Is. 8. Dala of E. (Month, I. Aug.) (Specify Yes or I. arto Ricen, atc.) working Rural Route Num | er 20, 1990 eth 4c. County Fred Birth, Year) 28, 1934 10g. Citizen of V U.S.A No- 14. Rec Black Specify 16b. Kind of Bi Retail | y of Dealh erick 9. Birthplec Country Mary 1 10d. What Country 1. 2e - American ck, White, atc w: Whi usinass/Indus Sales na) BAUGHER | Inside City Limits 1 Yes 2 X X o ? Indian, te | | | | | |
|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|
| 32 Old National Sacurity Number 128-8830 asidence of Dacedant 10b. County Freder 132 Old National Status 128-8830 are and Number 132 Old National Status 148-88-88-88-88-88-88-88-88-88-88-88-88-8 | onal Pike 6. Sax 1 M 2 F 7. Age rick onal Pike 12. Was Decedant E Armad Forces? 1 Yes X N If Yas, Giva Yeer or Dalas: Seducation t grada complated) College (1-4or 5- Last) nings Brian hip (Type, Pint) ser, Husband 3 Removal from Stata hacify) Lican ee | 10c. City, Town Frede Evar in U,S. 16a. FOGLE 19b. 20b. Placa of camatan, Rocky \$ | Months or Location rick 10f. Zi 13. Was Dece If Yas, spe 1 Yas Decedant's Usu (Giva kind of we iffe. DO NOTE Store Malling Addres 032 Old Disposition (Na y, crematory or | p Coda 2170 edani of His edify Cuben 2 No Manag Manag I Nati | Frede If Under 24 F Hours M D2 Spanic Origin? Maxican, Pu Specify: Ition uning most of a Ger 18. Mothar's N Cora | or Location of Derick rick Is. 8. Dala of E. (Month, I. Aug.) (Specify Yes or I. arto Ricen, atc.) working Rural Route Num | 10g. Citizen of VU.S.A 10g. Citizen of VU.S.A 16b. Kind of Bian Retail | of Dealh Perick 9. Birthplec Country Mary I 10d. What Country A. 10e - American ck, Whita, atc Whi usinass/indus Sales na) BAUGHER | and Inside City Limits 1□ Yes 2XXio ? Indian, te | | | | | |
| risidence of Dacedant a 10b. County rland Frede et and Number 032 Old Nati al Stetus dever Married 2 Marri Vidowed 4 Divorced 15. Decedant (Spacify only highes ntary/Secondary (0-12) 11 rrs Nama (First, Middla, I rmant's Name/Relationsh J. Karl Mas mod of Disposition Burial 2 Cramation Conation 5 Other (Spative of Funeral Sarvica L ck, or haart failure. List of | rick onal Pike 12. Was Decedant E Armad Forces? 1 | 10c. City, Town Frede Evar in U,S. 16a. FOGLE 19b. 20b. Placa of camatan, Rocky \$ | Months or Location rick 10f. Zi 13. Was Dece If Yas, spe 1 Yas Decedant's Usu (Giva kind of we iffe. DO NOTE Store Malling Addres 032 Old Disposition (Na y, crematory or | Days | If Under 24 In Hours M D2 Specify: Specify: Specify: Cora d Number or | (Specify Yes or Parto Ricen, atc.) (Specify Yes or Parto Ricen, atc.) | 10g. Citizen of VU.S.A 10g. Kilzen of VU.S.A 14. Rec Blac Specify 16b. Kind of Bi Retail | 9. Birthplec Country Mary 1 10d. What Country 1. 20 - American ck, Whita, atc w. Whita atc w. Whita atc w. Sales and a sale | and Inside City Limits 1□ Yes 2XXio ? Indian, te | | | | | |
| rland Frede et and Number 132 Old Nati al Stetus laver Married 22 Marri Vidowed 4 Divorced 15. Decedant (Spacify only highes ntary/Secondary (0-12) 11 rrs Nama (First, Middla, to rmant's Name/Relationst J. Karl Mas nod of Disposition Burial 2 Cramation Donation 5 Other (Spatura of Funeral Sarvica L Lit. Enter tha disaasa, or ock, or haart failure. List of | onal Pike 12. Was Decedant E Armad Forcas; 1 | Frede Evar in U,S. do 16a. +) FOGLE 19b. 20b. Placa of camatan, Rocky | 13. Was Dece If Yas, spe 1 Yas Decedant's Usu (Giva kind of wilder DO NOT) Store Malling Addres 032 Old Disposition (Na y, crematory or | 2170 adani of Hispacify Cuben 2 M No ual Occupation dona dusa ratined) Manag is (Straat ari Nati | spanic Origin? , Maxican, Pu Specify: tion uning most of a GET 18. Mothar's N COra | vorking lama (First, Midd Rural Routa Num | U.S.A 14. Rec Blac Specify 16b. Kind of Br Retail la, Malden Suman | What Country 2. Se - American ck, White, atc W: Whi usinass/indus Sales na) BAUGHER | 1 □ Yes 2 X X o | | | | | |
| al Stetus laver Married 2 Marri Vidowed 4 Divorced 15. Decedant (Spacify only highes Interly/Secondary (0-12) 11 Ir's Nama (First, Middle, It Villiam Jen Irmant's Name/Relationsh J. Karl Mas Ind of Disposition Burial 2 Cramation Donation 5 Other (Spatimation of Funeral Sarvica Legistrian of Funeral Sarvica Legistrian of Funeral Sarvica Legistrian of Spatial Content of Funeral Sarvica Legistrian of Funeral Sarvica Legistri | 12. Was Decedant E Armad Forces? 1 | FOGLE 19b. 20b. Placa of camatan, Rocky | 13. Was Dece If Yas, spe 1 □ Yas Decedant's Usu (Giva kind of we life. DO NOTE Store Malling Addres 032 01d Disposition (Na y, crematory or | 2170 adani of Hispacify Cuben 2 M No ual Occupation dona dusa ratined) Manag is (Straat ari Nati | spanic Origin? , Maxican, Pu Specify: tion uning most of a GET 18. Mothar's N Cora | vorking lama (First, Midd Rural Routa Num | U.S.A 14. Rec Blac Specify 16b. Kind of Br Retail la, Malden Suman | a. ce - Amarican ck, Whita, atc Whi usinass/indus Sales na) SAUGHER | te | | | | | |
| Aver Married 2 Married Widowed 4 Divorced 15. Decedant (Spacify only highes Intervise Condary (0-12) 11 Arris Nama (First, Middle, Italiam Jenumant's Name/Relationsh J. Karl Master Married Condary (Spatture of Funeral Service Level 1) 11. Enter the disease, or tok, or heart failure. List of the Condary of Condary (Spatture of Funeral Service Level 1) 11. Enter the disease, or tok, or heart failure. List of Condary (Spatture of Funeral Service Level 1) | Armad Forces? Yes A(X) Yes Or Dalas: College (1-4or 5- College | FOGLE 19b. 20b. Placa of camatan, Rocky | Decedant's Usu (Giva kind of willife. DO NOTE STORE Malling Addres 032 01d Disposition (Na, c, crematory or | al Occupation dona dusa ratired) Manag Sis (Straat ar Nati | Specify: Ition Uning most of a Ger 18. Mothar's N Cora d Number or | vorking lama (First, Midd Rural Routa Num | Specify 16b. Kind of Bi Retail Retail A Malden Surman | ck, Whita, atc y: Whi usinass/indus Sales na) BAUGHER | Lte | | | | | |
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| Tilliam Jen Transi's Name/Relationsh J. Karl Mas The dot of Disposition Burial 2 □ Cramation Conation 5 □ Other (Sp Tatura of Funeral Sarvica Letter the disease, or ock, or heart failure. List of | nings Brian ip (Type, Print) ser, Husband 3 □Removal from Stata vacity) icanaes | 19b. 5 20b. Placa of camatan Rocky | 032 01d Disposition (Na | s (Streat ar Nati | Cora nd Number or | Rural Route Num | E | BAUGHER | L | | | | | |
| J. Karl Mas mod of Disposition Burial 2 Cramation Conation 5 Other (Sp atura of Funeral Sarvica L Constitution of Funeral Sarvica L Constitution of Funeral Sarvica L Author & L 11. Enter tha disaasa, or ock, or haart failure. List of | ser, Husband 3 Removal from State acity) ican ee | 20b. Placa of camatan Rocky | 032 01d Disposition (Na | Nati | | | ber, City or Town, | BAUGHER | | | | | | |
| Burial 2 Cramation Donation 5 Other (Sp ature of Funeral Service L L 11. Enter the disease, or ook, or heart failure. List of | ecify) icanses complications that caused | Rocky S | y, crematory or | ma of othar place) | | | ederick, | Md. 21 | .702 | | | | | |
| Richard & 11. Enter the disease, or cock, or heart fallure. List of | Complications that caused | MOOSEE | | | | 25, 1996 | Frede | | , State Maryland | | | | | |
| ck, or naart fallure. List o | complications that caused | Keeney and Basford P.A. Funeral Home M00255 106 East Church St., Frederick, Md. 21701 23e. Parti. Enter tha disaasa, or complications that caused tha daath. Do not enter the mode of dying, such as cardiec or respiretory arrasi, Interval Between Interval Between | | | | | | | | | | | | |
| ally list conditions, ading to immediate inter Underfying biseese or Injury ted evants in death) Last | C | Due to (or as a co | onsequence of) | ode | 9 | 10- | 6-217 | | 9 -0 | | | | | |
| Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. | | | | | | | | 3b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown | | | | | | |
| COI | P | | | | | 24a. Wa | s en autopsy formed? | 24b. Wara availat | autopsy findings bla prior to ation of causa | | | | | |
| | | | | | | 10 | Yes 25 No | | as 2 No | | | | | |
| case rafarrad to medical nar? | Hospital: | | | Other | | 4 | | | | | | | | |
| ar of Deeth aturel 5 Pending ccident Invastiga | 28a. Data of Injury (Month, Day | Year) 28b. Ti | ma of jury M | DOA Other: 4 Nursing Homa 5 Residence 6 Other (Special Voltage Nursing Homa 28d. Describe how injury occurred Nork? 1 Yes 2 No | | | | red | | | | | | |
| | building, etc. | (Specify) | | | | City or To | own, Stata) | | | | | | | |
| dier 100-me. | xaminer: On the basis of a | axamination end | daeth occurred for invastigation | at tha time, , in my opin | , dete and pla nion, death oc | ca, and dua to the curred at tha time | a cause(s) end me , data and place, o | ennar as stated end dua to the | d. 1 cause(s) | | | | | |
| ifiar 1 Cartifying | | 1 | 290 | c. License r | number | | 29d. Date signed | d (Month, Day | , Year) | | | | | |
| Medicat E |) - | | 101 | 462. | 6 | November | r 21, 3 | 1996 | | | | | | |
| 3 3 | nar? ss 2 No r of Deeth titurel 5 Pending cident Invastige ulcida 8 Could ne datarmir liar 1 Cartifying 2 Medicat E | r of Deeth turel 5 Pending Invastigation slicida 8 Could not be datarmined slicidar 1 Cartifying Physician: To tha bast of and mannar state | Hospital: 1 Inpatiant 2 EP/Out r of Deeth turel 5 Pending invastigation ulcida 8 Could not be datarmined 28a. Placa of Injury 28b. Ti limitude 28a. Placa of Injury 3 At homa, fan building, etc. (Specify) Cartifying Physician: To the bast of my knowledge, A conty 2 Medicat Examiner: On the basis of examination end Hospital: 1 Inpatiant 2 ER/Outpatient 3 Droposition of Death Iturel 5 Pending Invastigation slicida bomicida | Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other of Death tuturel 5 Pending Invastigation slickda buildda Could not be datarmined 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time two my 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time that and manner stated. | Hospital: 1 Inpatiant 2 EP/Outpatient 3 DOA Other: 4 Nursing r of Deeth turel 5 Pending Invastigation slicked a Could not be datarmined of Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, dete and plants of end eddress of person who complated ceuse of daeth (Itam 23a) (Type, Print) | ase referred to medical Action Act | ase rafarrad to medical har? Hospital: 1 Inpatiant 2 EP/Outpatient 3 DOA Other: 4 Nursing Homa 5 Pasidance 6 Other work? Tof Deeth ture of Deeth coldent be datamined by the coldent work? Injury M 28a. Placa of Injury - At homa, farm, straat, factory, office 28f. Location (Straat and Numb City or Town, State) 28a. Placa of Injury - At homa, farm, straat, factory, office 28f. Location (Straat and Numb City or Town, State) 1 Cartifying Physician: To the bast of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) end me and mannar stated. 1 Cartifying Physician: To the bast of axamination end/or invastigation, in my opinion, death occurred at the time, data and place, and mannar stated. 29c. License number 29d. Date signed. | ase referred to medical | | | | | |

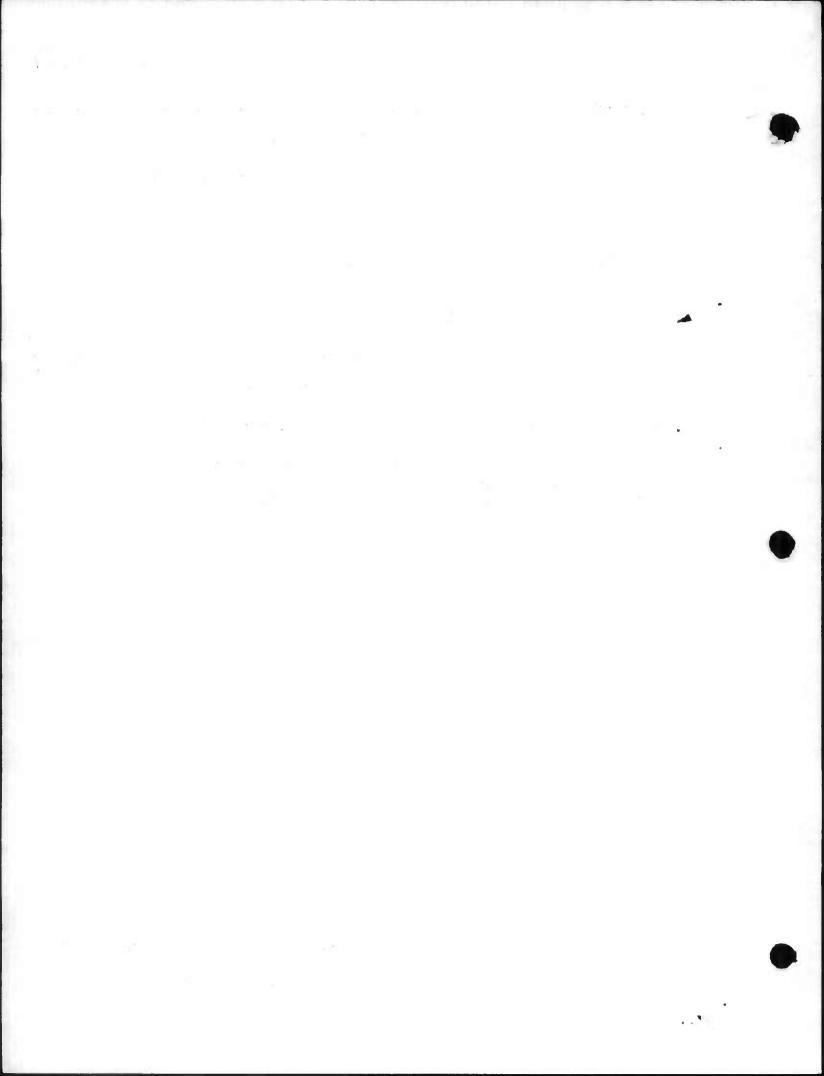


State of Maryland / Department of Health and Mental Hygiene 96 37266

| | | | | | | Certificat | e of | Death | | Reg. No. | | | | |
|---|--|------------------------|--|---|-------------------------------|--|-------------------------|--|---------------------------------------|--|--------------------------|--|-------------------------|--|
| | | | 1. Decedent's Name (First, Middle, L | ast) | | | | | 2. Deta of Death Month Day Yes | | | 3. Time of Death | | |
| U | Physic /Medi | | Lillian | Mae | | M | AY | | Novemb | | 1996 | 1:1 | 5 am | |
| | Exami | | 4e. Fecility Neme (If not institution, gr | ive street end number) | | | | 4b. City, Town, or | | | y of Deeth | | 2_0 | |
| | | | Northampton Man | or Center | | | Freder | ick | F | reder | ick | | | |
| | Funeral Director | | 5. Sociei Security Number 6. 216-22-7736 Usual Rasidance of Decedant | Sex 7. Age 1 M 2 X F | (In yrs. last bi | Yrs. If Under Months | 1 Year Deys | If Under 24 Hrs Hours Min. | 8. Dete of Bi Month, D | | 9. Birthp Cour Mar | olace (State ntry) cylanc | e or Foreign | |
| anyland | ahow | - | 10a. Steta 10b. County Maryland Freder | | 10c. City, Tow | on or Location lerick | | | | | 1 | 10d. inside | City Limits | |
| M M | 28a-f | ecto | | ICK | 1160 | | | | | | | | 15 Z EN 140 | |
| ath with t | 23a or 2 | Funeral Director | 4937 Teen Barne | s Road | | 10f. Zip | 21 | .702 | | | What Cour | itry? | | |
| 21215-0020 d within 72 hours efter death with the Maryland | "natural", or flems 23a or 28a-f show yddal Examiner must be notffied at | by | 11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | 12. Was Decedant E Armed Forces? 1 Yas 2 XN If Yes, Give Yeer or Datas: | 1 ☐ Yas 2 XNo If Yes, Give | | | fispanic Origin? (S an, Maxican, Puer Specify: | pecify Yes or No o Rican, atc.) | pecify Yes or No- b Rican, atc.) 14. Race- Black, Specify: | | | | |
| 5-0 72 h | netur | Completed | 15. Decedent's E (Specify only highest g | Education rade completed) | 16a | 16a. Decedant's Usual Occupation (Give kind of work done during most of work life. DO NOT usa ratired) | | | rkina | 18b. Kind of B | iusinass/in | dustry | | |
| ighin 7 | g 5 | mpi | Elemantary/Secondary (0-12) | Collega (1-4or 5- | -) | life. DO NOT us | sa ratire | d) | iting. | | | | | |
| CA D | Hygiena. ther than ent, the | S | 12 17. Fathar's Nama (First, Middla, Las | a) | | Seamst | ress | | 150 Added | Tailo | | Compa | .ny | |
| Maryland | if Health and Mental Hygions from 27 is marked other than "natural", other traumetic event, the Medical Exa | Be | | D | | ALLISON | | 18. Mother's New Campsy | | ı, <i>маіде</i> п <i>Sum</i> ai etta | FRY | | | |
| Phoule | | 2 | 19a. informant's Name/Raletionship | | 101 | b. Malling Addrass | /Etropt | | | | | | | |
| Ma d2s | 2 m 2 | | Mrs. Mary Alice | | | - | | | | rick, Maryland 21701 | | | | |
| os 1 ar | Department of Health important: If item 27 is any injury or other tra | | 20a. Mathod of Disposition | | 20b. Place o | of Disposition (Namery, cramatory or o | na of | | Dete | 20c. Location | | | 701 | |
| Baltimore, | | | 1 Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec | ify) | | ivet Cem | eter | y Nov 22 | | Freder | | Maryl | and | |
| Ball | Departition of the point of the | | 21. Signature of Funeral Service Lice | henw M | 00706 | 22. Name an Keen | d Addre | ss of Fecility Basford Church St | P.A. F | uneral I | Home | 2170 | 1 | |
| | | | 23a Part1. Enter the disease, or cor shock, or heart fallura. List only | | | not entar tha mod | a of dylr | ng, such as cardle | or respiretory | rederici errest, | C, MD | Approxim | ata | |
| /// | ysician Medical aminer | er. | Immediate Causa (Final disease or condition resulting in death) | e. Co | rona | 727 | | y dis | | | ý | Intarval Books on the Conset o | Moule Moule Moule | |
| D D | nsit | 듣 | | ь И | hero. | consequence of): | RI | | | | 17 | ew. | rnon | |
| ecords, P.O. Box 68760, law requires that the death certificate be assecuted | ing physician end e as the bunal-transit | Medical Examiner | Sequentially list conditions, if ony, leading to immadiate cause. Enter Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Lest | | | | - | | | | | | | |
| Box | attendin d for use | | Part It Other elanificant conditions | d. | ten in Part I | 22h Did | I tohano uno os | | o the same | a of death 2 | | | | |
| P.O. | signed by the attend d be detached for us | Phys | Part it. Other significant conditions **Congression** ** | 1. | | | ause gr | an in Part I. | | Old tobacco use contribute to the cause of deeth? Yes 2 No 3 Probably 4 Unknown | | | | |
| of Vital Records, Physician: The law requires th | s been 2 shoul | Completed by Physician | | | | | | s an autopsy ormed? | CO | ere autops rallabla prio impletion of death? | r to | | | |
| T e | pag | Con | | | | | | | 10 | Yes 2 No | 10 | ☐Yes 2 | □ No | |
| / ITa | s certificate director, pag | Be | 25. Was casa rafarred to madical examiner? | Mall and | | | 1 | | ath (Check only | ona) | | | | |
| OT VITA | on '6 | ို | 1 Yas 20 No | Hospital: 1 Inpatien | | | _ | 4 20 Nursing F | | Idence 6 Ot | | y) | | |
| Fing P | After | inol in | 27. Mannar of Death 1 Netural 5 □ Panding | 28a. Date of Injury (Month, Day | | | 8c. Injui | | 28d. Dascribe | how injury occu | rred | | | |
| DIVISION for Attending | Director: A | Certification: | 2 Accidant invastigation 3 Suicida 6 Could not learmined 4 Homicide detarmined | be on Disco distri | y - At home, for (Specify) | erm, street, factory | | Yas 2□No | 28f. Location City or To | (Street and Number or Rural Route Number, own, State) | | | | |
| To the Hospital | within 24 hours eller deam. To the Funeral Director: After this completely filled in by the funeral | edicai Ce | 29e. Certifiar 17 Certifying P | hysician: To the best of miner: On the basis of e and mannar state | examination an | e, daeth occurred and/or invastigation, | at tha tir , In my c | me, date end plece | , and due to the rred at tha tima, | cause(s) and m | annar as s and dua to | tated. | ı(s) | |
| o the | om pl | Me | 29b. Signature and tipe of certifier | End mailing State | - | 290 | . Licans | a number | | 29d. Data signe | ed (Month, | Day, Year) |) | |
| F 3 | 0 | | · mm | in Ni | m | I | 0180 | 63 | | Novembe | | | | |
| | | | 30. Nama and addrass of person who | | | (Type, Print) | | | | | | , | | |
| | | | Abdul Majeed, M | .D., 801 To | 11house | Avenue | , Fr | ederick, | Maryla | nd 21701 | | | | |
| | Sta Registi | - | 31. Data filed (Month, Day, Year) NOV 2 1 199 | 36 J Hegistier | STAINTIBUHLE() | ardall | | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | Cert | tificate of | Death | R | eg. No. | 31201 | | | |
|-------------------|--|----------------|--|---|---|--|---|--------------------------------------|--|---|--|--|--|
| | Dhamin | | 1. Decedent's Name (First, Middla, Last) | | | | | 2. Date of Dea Month | th | 3. Time of Death | | | |
| | Physici /Medic | | WILLIAM E | DWARD | MORR | 15 | | Recembe | | 996 10:08 Am | | | |
| | Examir | | 4e. Fecility Nema (If not institution, giva | street and number) | 10 |) | 4b. City, Town, or | | 4c. County of | Death | | | |
| - | 4 | | Washington C | ounty H | DS/V Tex | 11,10 | . () | my, my | | ashington | | | |
| | Funeral Director | | 5. Social Security Number 6. Security Number 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | X Age (In y | rs. (ast birthdey) 67 Yrs. | If Under 1 Yaar Months Deys | | | Year) 13,1929 | B. Birthplaca YStata or Foreign Country) WV | | | |
| | puel * | | 10a. Stata 10b. County | 10c. | | | 10d. Insida City Limits | | | | | | |
| | Mary! | ō | MD Washingto | on. | Hancock | | | | | 17⊈ Yas 2 No | | | |
| | 1 the | Director | 10e. Street and Number | 321 | Haricock | 10f. Zip Coda | | 1 | 0g. Citizan of Who | et Country? | | | |
| | With Mile | ie D | 103 Washington St | treet | | 21750 | | | USA | | | | |
| | deet | Funeral | | 12. Was Decedent Evar in Armed Forces? | n U,S. 13. W | | Hispanic Origin? (S en, Mexican, Puer | pecity Yes or No- | 14. Rece - | American Indian, | | | |
| 21215-0020 | filed within 72 hours efter deeth with the Maryland Hygiene. ther than "natural", or flems 23s or 28s-f show brt, the Medical Evanine must be notified at | by Fu | 1 ☐ Naver Merried 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced | 1 XYes 2 No If Yas, Giva Year or Datas 1952. | 1 | Tas, specify Cub □ Yas 25,□ No | | to Rican, atc.) | Specify: | White White | | | |
| 9-0 | 72 hours "natural", | 3 | 15. Decedent's Edu | cation | | nt's Usual Occup | pation | data - | 16b. Kind of Business/Industry | | | | |
| 21 | s 1 and 2 should be filed within 72 hr Heelth end Mental Hygiene. tem 27 is marked other than "natur other traumatic event, the Medical | Complete | (Specify only highest grade Elemantary/Secondary (0-12) | Collaga (1-4or 5+) | life. De | ind of work dona O NOT use retire | pation during most of wo id) | rking | | | | | |
| | filed with Hygiene. Wher there | 5 | 9 | | Lab T | echnicia | an | S | Sand Manufacture | | | | |
| Maryland | should be filed withind Mental Hygiene. marked other than matic event, the M | Be | 17. Fathar's Nama (First, Middla, Last) | | | | | ma (First, Middla, i | | | | | |
| 2 | should be end Mental a marked o | 2 | Wilbert Morris | | | | | Snow Shi | | | | | |
| Mai | 12 st h end f la n traun | | 19a. Informant's Name/Ralationahlp (Ty) | | | | and Number or R | | | | | | |
| | ges 1 and 2 t of Heelth if Item 27 or other tri | | Delores Morris/ Spo 20a. Mathod of Disposition | | LU3 Wa | ISNING to | n Street | | MD 21 / 20c. Location - Ch | | | | |
| Baltimore, | 00- | | 1 ⊠ Burial 2 □ Cramation 3 □ R | STREET HOLL STATE | b. Placa of Disposi cemetery, crame | | | 200 | | | | | |
| E. | | | 4 Donation 5 Other (Specify) 21. Signature of Juneral Service Linease | | | Memoria Nama and Addre | al Park | 12/4/96 H | lagerstow | n, MD | | | |
| Ва | Departr Departr Imports any Inje | | | 2/12 | Gr | ove Fune | eral Home | e, P.A. | 1750 | | | | |
| | | | 23a. Part1. Entar tha disaase, or compli shock, or haart failura. List only on | cations that begand the dia cruse on each line. | outh. Do not antai | tha moda of dyl | ng, such as cardia | c or respiratory arr | ast, | Approximete Interval Between | | | |
| | Physician | | | _ | | | | | | Onsat end Deeth | | | |
| 7 | /Medicai Examiner | | disease or condition a. Asystle ten m. | | | | | | | | | | |
| | | 5 | | Dua to | o (or as a consequ | ence of): | 1940 | | | one month | | | |
| | nsit | Examiner | _ b | 1 schen | nic c | ardin | myopate | y | | one month | | | |
| 'n, | n end | Еха | Sequentially list conditions, if any, leading to immediate | Dua to | o (or as a consequ | anca ot): | | 0 | | 1 | | | |
| 68760, | The law requires that the deeth certificate be executed ate has been signed by the attending physician end page 2 should be deteched for use es the burial-transit | cal | causa. Enter Undarlying Cause (Disaasa or Injury that initiated events | Due to | o (or es a consequi | | | | | | | | |
| | ng ph | Medical | rasulting in death) Last | 20010 | , (o. oo a oonooqu | 21100 01/1 | | | | | | | |
| Box | attendir for use | | d | | | | | | | | | | |
| | deel | Physician/ | Pert II. Other significant conditions con | tributing to death but not | rasulting in the unc | derlying causa giv | van In Part I. | 23b. Did to | bacco usa contr | ibute to the cause of death? | | | |
| P.0 | res that the de signed by the a be deteched i | Phy | and there | 0 | diseas | 0 | | 1 🗆 Y | 00 2 No 3 | Probably 4 Unknown | | | |
| | res th | by | ena stage | una i | رامرم | | | | | | | | |
| of Vital Records, | v require been si should I | Completed | End stage Peripheral | Mascula | disa | 20 CL | | 24e. Was a perfor | | 24b. Were autopsy findings avellable prior to completion of cause | | | |
| Sec | hes b | nple | J. C.C. | o cook w | | 3 | | | | of death? | | | |
| = | | | | | | | | 1 🗆 Y | s 2 No | 1 ☐ Yas 2 ☐ No | | | |
| Ĭ. | ysician: The scentificate director, pag | Be | 25. Was case rafarrad to medical axaminar? | lospital: | | Ott | | eth (Check only or | | | | | |
| to | o is | : To | 1 Yes 2 No 27. Mannar of Deeth | 1 LM Inpatiant 2 | 2 ER/Outpatient 28b. Time of | 3D DON | | foma 5 ☐ Rasida | ow Injury occurred | | | | |
| - Lo | After After fune | tlon | 1 ☑Netural 5 ☐ Pending | 28a. Dete of Injury (Month, Day Year |) Injury | 28c. Inju | rk? Yas 2 □ No | 200. Describe In | ow injury occurred | | | | |
| Division | Attending Physician: or death. ector: After this certific by the funeral director, | Certification: | 3 ☐ Suicide 6 ☐ Could not be | 28a. Place of Injury - A | t homa, farm, stree | | 100 20.00 | 28f. Location (S) | reet and Number | or Rural Route Number, | | | |
| Div | or or or or or or or or or or or or or o | erti | 4 Homicide datamined | building, atc. (Spe | ecify) | , , , , , , , , , , , , , , , , , , , | | City or Town | | , | | | |
| | To the Hospital or Attending Ph within 24 hours efter deeth. To the Funeral Director: After th completely filled in by the funeral | edical C | 29a. Certiflar (Check only one) 1 Certifying Phys 2 Medical Examin | ician: To the best of my ker: On the basis of exam and mannar stated. | knowledge, daath o ination and/or inve | occurred at tha tip estigetion, in my c | me, deta and place opinion, daath occu | and due to the corred at the time, d | ause(s) end mann ete end plece, and | ar as stated. d dua to the cause(s) | | | |
| | o the o the ompk | Me | 29b. Signatura and title of certifiar | and manual stated. | | 29c. Licans | sa nu <i>m</i> ber | 2 | 9d. Data signad (i | Month, Day, Year) | | | |
| | - s - ō | | iacarban | ell, m. | D. | n. | 179112 | | | | | | |
| | | | 30. Nama and addrass of person who col | mplated cause of deeth (| tem 23a) (Type P | rint) | 71742 | | best in | 1,1776 | | | |
| | | | 12931 Oak | mplated cause of deeth (I Hill Aven) | ul, Ho | acustr | wn, m | D 2/7 | 2/2 | | | | |
| | -Sta Registr | | 31. Data filed (Month, Day, Yaar) | 32. Registrer's Sk | gnetura | | | | | | | | |

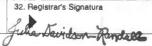


State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First Middle Last) 3. Time of Death 2. Date of Death Month **Physician** 20, 1996 7:20 A.M. November Arthur Wilbur Mann /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street and number 4c. County of Death Examiner Montgomery General Hospital 01ney Montgomery if Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthpiace (State or Foreign Country) **Funeral** 1⊠M 2□ F Deys Hours Yrs. 84 577-18-2991 1912 Washington, D.C Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ö 15101 Interlachen Drive 20906 USA Нетя 23а Funeral 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☒ No if Yes, Give Year or Dates: natural, or 1 Yes 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) should be filed within 7 and Mental Hygiene. Elemantary/Sacondary (0-12) Collaga (1-4or 5+) 12 4 Manager Fed. Gov. Service Info. vith and Mental Hy. 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Sumame) Disputition Peges 1 and 2 should be Disputional of Health and Mental Himportant if Health and Mental Ham 27 is marked any Injury or other Be Arthur Gorman Clare Childs 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Erma R. Mann / Wife 15101 Interlachen Drive, Silver Spring, MD 20906 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 11/22/96 Suitland, Maryland Cedar Hill Cemetery 21. Signatura of Funeral Service Licen 22. Name and Address of Fecility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland folications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. hock, or haart failure. Line only o Approximate Interval Bety Onset and Death Physician /Medical Immediate Cause (Final Acute Myocardial Infarction 5 Minutes disease or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner Coronary Thrombosis 15 Minutes bunal-transit Sequentially list conditions, if any, leading to immediate ceusa. Entar Underlying Cause (Disease or injury that initiated avents resulting in death) Last Due to (or as a consequence of): physician s the burial Coronary Arteriosclerotic Disease Indefinite Physician/Medical Due to (or es e consequence of): USB BS signed by the eld Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown Status/Post Left Partial Pneumonectomy for Lung Cancer þ Completed 24a. Was an autopsy performed? Were autopsy findings available prior to on 11/10/96 completion of cause of death? page 2 1 ☐ Yes 2 ☑ No 1 Yes 2 No Hospital or Attending Physician: 24 hours efter deeth.
Funeral Director: After this certificately filled in by the funeral director, Be 25. Was cese rafarred to medicel 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1⊠ Yes 2□ No 2 1 ☐ Inpetient 2 ☑ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Natural 5 Panding 1 Yes 2 No 2 Accident investigation 6 Couid not be datarminad 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide 24 hours 152 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, date and place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil 29a, Certifier Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D09215 November 20, 1996 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) 5 Lawrence D. Marcus, M.D. 10313 Georgia Avenue, #207, Silver Spring, Maryland 20902

State Registrar

31. Data filed (Month, Day, Year)



DHMH 16 Rev 6/95

21215-0020

Baltimore, Maryland

that the death certificete be executed

Box 68760.

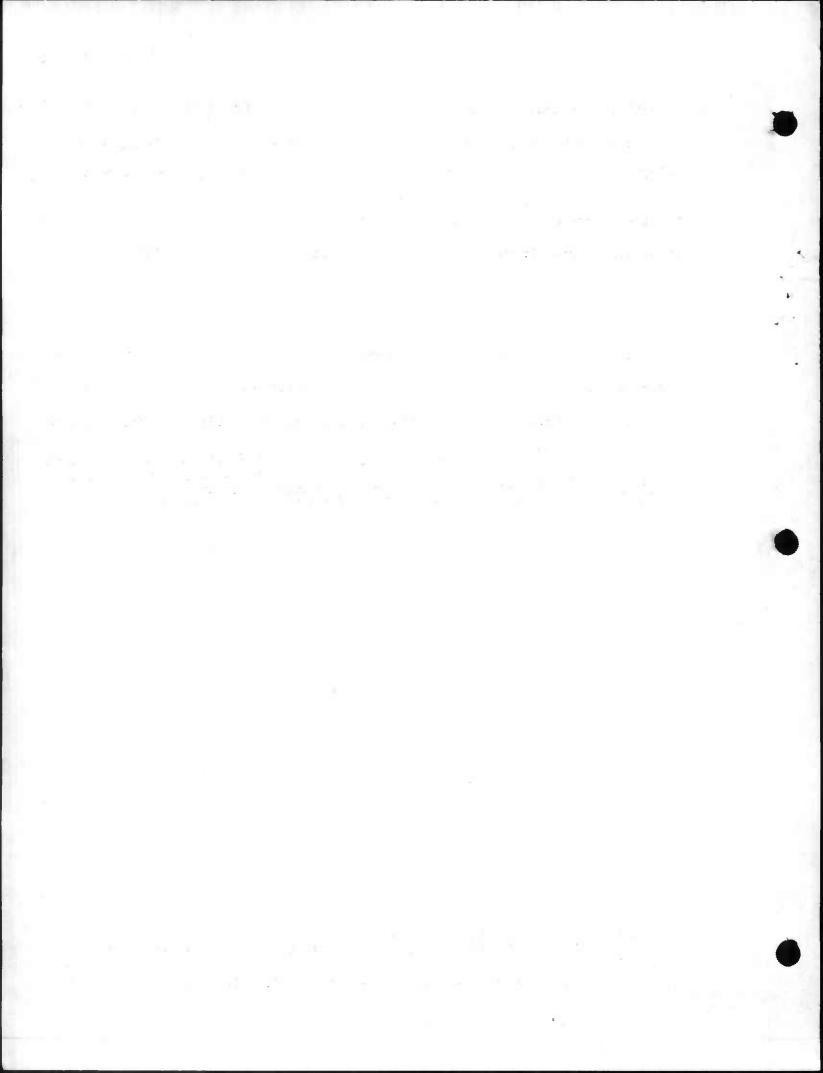
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Records,

Vital

of

Division



State of Maryland / Department of Health and Mental Hygiene 96

37269

| | | | | | | Cei | tilicate | or Death | | Reg. No. | | | | |
|---|--------------------|---|---|--|--|------------------------------------|-------------------------------------|---|--|---|--------------------------------|---|--|--|
| Physic /Medi | | ВА | ne (First, Middle, La RRY | | | MOLNI | СК | | 2. Dete of D Month NOVEM | Dey | 1 ^{Yeer} 1996 | 3. Time of Death 7:46 PM | | |
| Exami | ner | the second second | 'ff not institution, giv | | m <i>ber</i>) | | | | or Location of Dec R SPRING | | 4c. County of Death MONTGOMERY | | | |
| Funerai Director | | Social Security Number 6. Sex | | | M 2□ F 7. Age (In yrs. last birthday) 69 7. Age (In yrs. last birthday) 7. Age (In yrs. last birthday) 8. Months 1. Days | | | | Hrs. 8. Date of E | Birth Dey, Yeer) | 9. Birthpi Coun | EKY place (State or Foreig ntry) YORK | | |
| and * | | Usuel Residence of 10a. State | f Decedent 10b. County | | 10c. (| City, Town or Lo | cation | | | | 1 | 0d. Inside City Limits | | |
| death with the Maryland ms 23s or 28s-f show | ō | | | | | | | | | | " | 1 🗆 Yes 2 🖸 No | | |
| r 28a | Director | 10e. Street end Nu | | MEKI | | SILVER | 10f. Zip Co | | | 10g. Citizen of | What Coun | itry? | | |
| th with 23a or | | 132 | 4 MIDWOOD | PLACE | | | 209 | 10 | | UNITE |) STAT | ES | | |
| or its | by Funerai | 11. Marital Status | rled 2 Married | 12. Was Dec | edent Ever in orces? 2 No K(| DREAN . | | of Hispanic Origin Cuban, Mexicen, P | an, Mexicen, Puérto Ricen, etc.) | | | ace - American Indian, iack, White, etc. | | |
| hin 72 In nat | eted | (Spec | 15. Decedent's Ecify only highest gre | ducation | COIN | | ient's Usual O | ccupetion lone during most of etired) | working | 16b. Kind of B | Susiness/Inc | dustry | | |
| | Completed | Elementary/Seco | | College (| | | | etired) | WORKING | | | | | |
| d 2 should be filed wit th and Mantal Hygians 7 is merkad other the traumatic event, the | | 17 Eathor's Name | (First, Middle, Lest) | 1 | 5+ | DEN | TIST | 40 Mathada | Niero /First Midd | | NTAL_ | | | |
| d at S | Be c | | B. MOLNI | | | | | | Name (First, Middle | | | | | |
| s 1 and 2 should b f Haaith and Mante tam 27 is merkad other traumatic e | 10 | | ame/Relationship (| | | 19h Mailin | n Address (S) | SHI treet end Number o | RLEY SIS | | State 7in | Code | | |
| | | | INE MOLNI | | (WIFE) | | | | | 1 | | AND 20910 | | |
| permit. Pegas 1 an Departmant of Haal Important: If Itam 2 any injury or other once. | | 20a. Method of Dis 1 X Burial 2 | | Removal from | State 20b. | Place of Dispo cemetery, cren | sition (Neme one or other | of plece) | Date 11/24/90 | 20c. Location | - City or To | | | |
| permit. Departr Importa | | 23a, Parti, Enter t | neral Service Lice | olications that o | aused the de | 956 D | ANZANSI 170 ROC | | IKE - RO | CKVILLE, | ELS, MARY | LAND 2085 Approximate | | |
| Physician /Medical Examiner | ler | Immediate Cause disease or condition resulting in death) | nt failure. List only (Final on | • | IETASTA | ATIC PAN | | C CARCING | OMA | | | Interval Between Onset and Death 8 MONTHS | | |
| n certificate be executed anding physician and usa as tha burial-transit | n/Medical Examiner | Sequentially list co if any, leading to in cause. Enter Unde Cause (Diseese or that initiated events resulting in deeth) | nditlons, nmediate srtying Injury S | b c d | | (or as e consequ | | | | | | | | |
| death a atter | | Pert il. Other signif | icent conditions of | ontributing to de | eath but not re | sulting in the ur | derlying causi | e given in Pert I | 23b Die | d tobacco usa co | ontribute to | the cause of death | | |
| es that tha death igned by tha atter be detached for | by Physicia | | TE CARCIN | | | | | | 23b. Did tobacco usa contribute to the causa of death 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown | | | | | |
| aw requir | Completed | | | | | | | | 24a. Wa per | s en eutopsy formed? | eve | ere autopsy findings elleble prior to mpletion of cause deeth? | | |
| F # 6 | Con | 1500 | | | | | | | 1□ | Yes 2X No | 10 | Yes 2 No | | |
| ysician: The is cartificate director, pag | Be | 25. Wes case refer examiner? | red to medical | Honoitel: | | | | | Death (Check only | one) | | | | |
| Phys this ral di | n: To | 1 ☐ Yes 2 🔀 27. Manner of Deat | h | | | ☐ ER/Outpetleni 28b. Time of | | | g Home 5 N Res | sidence 6 Ott | |) | | |
| death death tor: | Certification: | 1 ☑Naturel 2 ☐ Accident 3 ☐ Suicide | 5 Pending investigation 6 Could not be determined | (Month, Dey Year) Injury Work? M 1 □ Yes 2 □ No | | | | | | (Street end Numi | ber or Rura | l Route Number. | | |
| P # # = | | 4 Homicide | | buildir | ng, etc. (Spec | ify) | | | City or To | own, Stete) | | | | |
| To the Hospital within 24 hours e To the Funeral I completely filled | edica | 29a. Certifier (Check only ene) | 1☑ Certifying Phy 2☐ Medical Exam | ysician: To the niner: On the ba end mann | isls of examin | owledge, deeth etion and/or Inv | occurred at the estigetion, in n | e time, date and pl ny opinion, deeth o | aca, end due to the eccurred et the time | e cause(s) end me e, date and plece, | enner as ste and due to | eted. the cause(s) | | |
| Within To the Complex | Me | 290. Snahure end | title of certifier | | - | | 29c. Llc | cense number | | 29d. Date signe | d (Month, L | Dey, Year) | | |
| / | | 1 | marl 1 | Jan 11 | , Mi | | D07 | 285 | | NOVEMBER 22, 1996 | | | | |

JAMES A. BROWN MD - 9707 MEDICAL CENTER DRIVE - ROCKVILLE, MARYLAND 20850

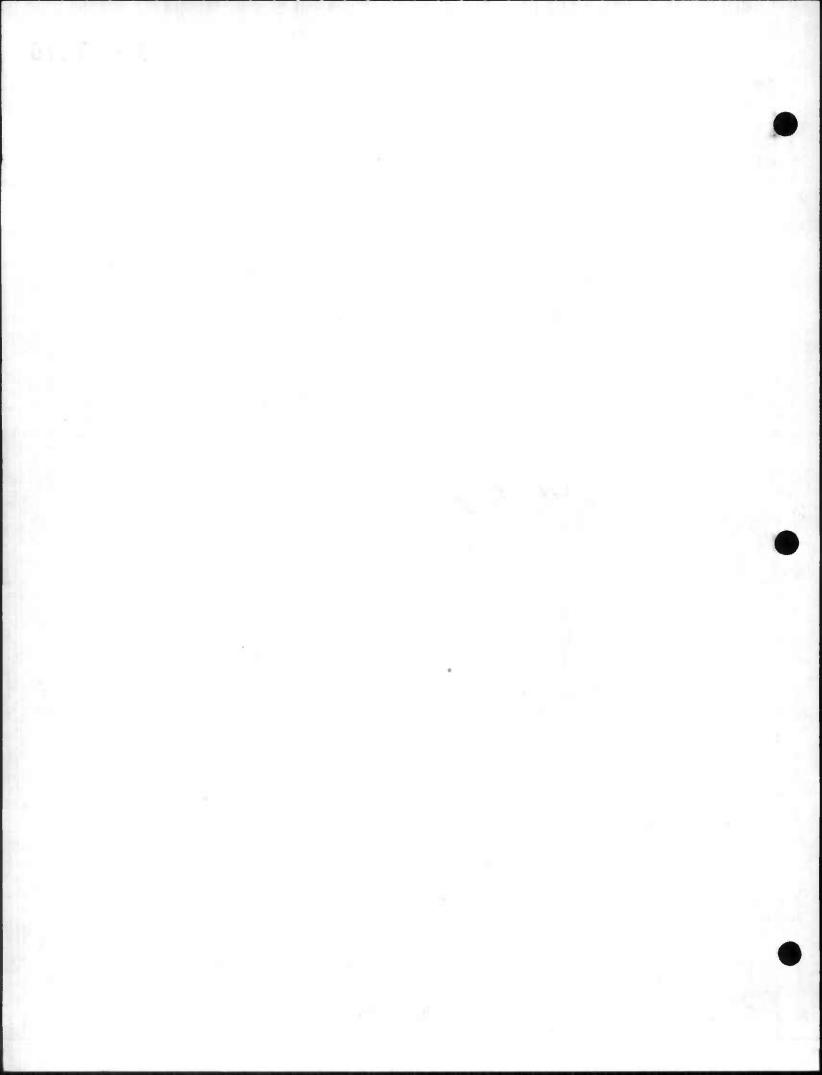
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37270

| | | | | | | | Certific | ate of | Death | , | Reg. No. | • | 01210 | | |
|-------------------|---|--|---|--|---|--------------------------------------|--------------------------------------|---------------------------------------|---|---|--|--------------------------|---|--|--|
| | Physic | an | Decedent's Name (First, Middle, Lest) | | | | | | | 2. Dete of De | path Day | Year | 3. Time of Death | | |
| | /Medi | | Raymond Russell Mills November 25, 1 | | | | | | | | 996 | 6:30 AM | | | |
| Į. | Examir | ner | | | | | | | | | | | | | |
| - | | Brookeville Manor Estate Group Home Laytonsville Montgo 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth | | | | | | | | | | | | | |
| L | Funeral Director | | 231-52-57 Usual Residence of | 767 | ¥ M 2□ F | 83 | Yrs. Mon | | | |), Year) | Coun | 9. Birthpiace (State or Foreign Country) Maryland | | |
| | ylend | | 10a. State | 10b. County | | 10c. City, T | own or Location | | | | 10d. Inside City Limits | | | | |
| | n the Marylend r 28a-f show | ctor | Maryland | Montgome | ery | Dar | nestown | | | | | | 1 ☐ Yes 2 No | | |
| | ## 15 P | Directo | 10e. Street and Nurr | | | | 10f | Zip Code | | | 10g. Citizen of V | Vhat Coun | itry? | | |
| | eth w | | | urkey Rur | | | | 20878 | | | United | | | | |
| 21215-0020 | n 72 hours efter deeth with the Maryland "natural", or flems 23a or 28s-f show adical Exp. finet mark be notified at | by Funeral | 11. Maritel Stetus 1 ☐ Never Merrie 3 ☑ Widowed | | 12. Was Decedent Armed Forces 1 Yes 2 if Yes, Give Year or Dates: | | | ecedent of I specify Cub s 2000 | | pin? (Specify Yes or No- Puerto Rican, etc.) 14. Rac Blac Specify | | | ean Indian, etc. ite | | |
| | 72 hora | ted | /Consi | 15. Decedent's Ed | ucation | 1 | 6e. Decedent's l | Jsual Occup | petion | adding. | 16b. Kind of Bu | | | | |
| 21 | d within 72 ho piene. r than "natur ine Med cal | Completed | Elementery/Secon | fy only highest grad idary (0-12) | College (1-4or | (1-4or 5+) life. DO NOT use retired) | | | | | | | | | |
| 121 | | | 17.5-4-4-11 | Proceedings of the control of the co | | | Coppers | mith | | | Dept. | | avy | | |
| Maryland | a la b | Be | 17. Father's Name (| -irst, Middie, Last) d Russell | Mills | | | | | me (First, Middle | | 19) | | | |
| Z | should be nd Menta marked i | To | 19e. Informent's Na | | | | 19h Meiling Add | race /Ciraci | Lilli end Number or F | | | State 7in | Code | | |
| N S | alth er 27 is or trau | | | | Mills, Jr. | | | as 1 | | drar rioute reamb | er, only or rown, | State, Zip | , , | | |
| 0 | T He othe | | 20e. Method of Dispo | osition | | 20b. Plac | a of Disposition (| Name of | | Date | 20c. Location - | City or To | wn, State | | |
| | Pages nent of int: If its iry or o | | | Cremetion 3 ☐ 5 ☐ Other (Specify | Removal from State) | | | | atory | 11-27-96 | Reltsv | ille | , Maryland | | |
| alti | permit. Page: Department of Important: If I any Injury or once. | | 21. Signature of Fun | eral Service Licens | see/ | 0110 | 22. Nam | e end Addre | ess of Facility | | | 1116 | , Haryrana | | |
| 10 | 897 2 8 | | 1 | Ren & | 1. Ro | pp | 933 | Gist | ral Serv Avenue, | ices, P. Silver S | A. nrina N | 1D 20 | 910 | | |
| | 7 SE 18 | | 23a. Part1. Enter the shock, or hear | e disease, or comp | olications that cause one ceuse on each i | the death. I | Do not enter the | node of dyl | ng, such as cardia | c or respiratory a | rrest, | | Approximate Interval Between | | |
| 2 | Physician | | | | | | | | | | | | Onset and Death | | |
| | /Medical Examiner | | Immediate Cause (Final disease or condition resulting in death) a. Cardiorespiratory Arrest Acute | | | | | | | | | | | | |
| | | e e | Due to (or as a consequence of): Acute Myocardial Infarction Due to (or as a consequenca of): Due to (or as a consequenca of): Cause. Enter Underlying Cause, (Disease or injury) Cause. (Disease or injury) Cause. (Disease or injury) | | | | | | | | | | | | |
| | uted d ansit | edicai Examiner | | | | | | | | | | | | | |
| ó | exec an an | Exa | | | | | | | | | | | | | |
| 68760, | death certificate be executed e attending physician and ad for use es the buriel-trensit | icai | | | | | | | | | | | | | |
| - | nd ph ng ph s es ti | - | | | | | | | | | | | | | |
| Вох | ttendi | lan/ | d | | | | | | | | | | 3 (39) | | |
| P.O. | | Physician/ | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | | | 23b. Did tobacco usa contributa to the cause of death? | | | | |
| | that the led by th detach | | | | | | | | | | | 3 Prob | bably 4 Unknown | | |
| ds | uires that signed | d by | | | - | | | | | 24e Was | 24e. Was en eutopsy 24b. Were autopsy find | | | | |
| 00 | The law requires ata has been sign page 2 should be | Completed | | | | | | | | | rmed? | eve | eilable prior to mpletion of cause deeth? | | |
| Re | he lav a has age 2 | omo | | | | | | | | 1174 | Yes 2□No | | | | |
| ta | ysician: The li s certificata ha director, page | 0 | 25. Was case referre | ed to medical | | - | | | 26. Place of De | ath (Check only | | 1 | Yes 2 No | | |
| of Vital Records, | Physician: r this certificant director, | ToB | examiner? | lo | Hospital: 1 ☐ Inpatie | ent 2 ER | /Outpatienf 3□ | DOA Oth | nor: | Home 5□ Resi | | er (Specify | Group Home | | |
| 0 | ter this | | 27. Manner of Death | 5 Pending | 28e. Dete of Inju (Month, De | ry Year) 28 | b. Time of Injury | 28c. Injui | y ef | 28d. Describe | how Injury occurr | ed | | | |
| Sio | endir eath. or: Af the fu | catic | 2 Accident | Investigation | | | M | | Yes 2 □ No | | | | | | |
| Division | fred differed virect | Certification: | 3 ☐ Sulcide 4 ☐ Homloide | 6 Could not be determined | 28e. Piace of Inj building, et | ury - At home c. (Specify) | , farm, street, fac | ctory, office | | 28f. Location (City or To | Street and Numb vn, Stete) | er or Rure | f Route Number, | | |
| | ours a | | 00- 0 | | 1. = | | | | | | | | | | |
| | Hos 24 hc Fun ataly | edicai | 29e. Certifier (Check only one) | □ Medical Exami | etclan: To the best iner: On the basis of nerd menner sto | examination | dge, deeth occur end/or investige | red at the tir tion, in my o | me, date and plece pinion, deeth occ | e, end due to the urred at the time, | cause(s) and ma date and plece, a | nner as st and due to | eted. the cause(s) | | |
| | To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral | Me | 29b. Signature and ti | tie of gertifier | 0 0 | | | 29c. Licens | se number | | 29d. Date signed | (Month, I | Dey, Year) | | |
| | / | | > _ | Mr x | 1. 10 | ria n | 4D | D 104 | 193 | | November | | | | |
| | 15 | | 30. Name and address | ss of person who c | ompleted cause of d | eath (Item 23 | a) (Type, Print) | D 10 | . 55 | | 10 veliber | 20, | 1330 | | |
| | 1 | | // | ohn S. Sa | | | | Mill F | Road, #10 | 01. Rock | ville. M | D 20 | 851 | | |
| | Sta | | 31. Date filed (Month | Day, Year) | | ar's Signeture | son-Randa | | | | | | | | |
| | Registra | 311 | 1 | MILL STATE | UNITE TU | NULL YOULD D | ALTON - VIVE BUR | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

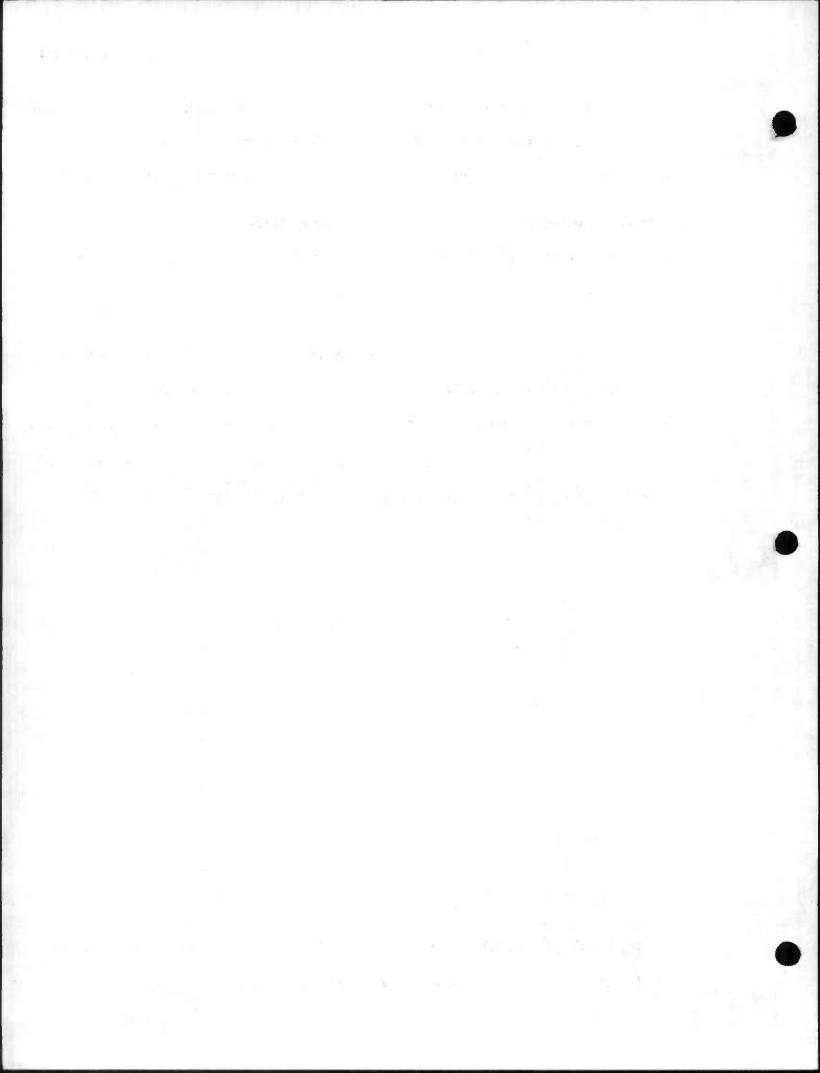
Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Edwin Calhoun Mitchell November 26, 1996 8:34 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 3535 Chevy Chase Lake Drive, #107 Chevy Chase Montgomery 5. Social Sacurity Number If Undar 1 Year If Under 24 Hrs. 6 Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 8. Date of Birth (Month, Day, Year) 1⊠M 2□ F Months Days Hours Yrs. Director 577-28-6566 August 11,1917 Oregon Usual Residence of Decedent to or 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☑ No Maryland Montgomery Chevy Chase 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? items 23a The Medical Examiner must 3535 Chevy Chase Lake Drive #107 20815-4848 death Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 1√2 Yes 2 □ No If Yes, Give Year or Dates: WW 11 1 Nevar Marriad 2 N Married Baltimore, Maryland 21215-0020 'natural', or 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced White Be Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 5+ Physician Private Practice 7 is marked other traumatic event, 1 17. Fathar's Name (First, Middle, Last) permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: If Item 27 is marked oth any injury or other traumatic event 18. Mother's Name (First, Middle, Meiden Sumame) 2 Edwin Calhoun Mitchell Lucille Evans 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3535 Chevy Chase Lake Drive #107 Chevy Chase, Maryland Date | 20c. Location - City or Town, State 20815 Susanne K. Mitchell/ Wife 20b. Place of Disposition (Name of cametery, crematory or other place)
December 2, 1996
Cheltenham Veteran's Cemetery Cheltenham, Maryland 20a, Method of Disposition 1 ⊠ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Robert A. Fumphrey Funeral Home/
Bethesda-Chevy Chase. Inc. 7557 Wisconsin Avenue

23a. Pant. Enter the disaase of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final Cardiac Arrest diseese or condition resulting in deeth) Acute Examiner Due to (or as e consequenca of): Examiner Acute Myocardial Infarction & Arrhythmia Acute use as the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or es a consequença of). The law requires that the deeth certificate be exec Box 68760. Physician/Medical Dua to (or as a consequence of): P.O. 1 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 TYes 2 No 3 Probably 4 Unknown COPD, Cerebral Vascular Disease, TIA's, Records, λq 8 24b. Were autopsy findings available prior to completion of cause of death? page 2 should Completed Cancer of Rectum, DM II 24a. Was an autopsy performed? certificate has 1 Yes 2 No 1 ☐ Yes 2 No of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 NResidence 6 Other (Specify) 1⊠ Yes 2□ No 2 1 Inpatient 2 ER/Outpetlent 3 DOA this 27. Manner of Death 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? i or Attending P s after death. I Director: After Division 1 Natural 5 Panding Invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homlcide To the Hospital of within 24 hours a To the Funeral D completely filled in 1X Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signatur and title of certif 29c. License number 29d. Date signed (Month, Day, Year) aua D10493 November 27, 1996 30. Name and ddress of person who completed cause of death (Item 23e) (Type, Print) John 809 Viers Mill Road, Rockville, Maryland Saia, M.D., 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State who Davidson Registrar NOV 2 9 1996

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.6

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| | | | | Otato | 01 1410 | ir yluriu 7 | | tificate of | Death | Wichtairi | Reg. No. | 90 | 31212 | | |
|-------------------------|--|---------------------|---|--|--------------------------|-----------------------------|-------------------|---|--|--|-------------------------------|---|---|--|--|
| | Physic | an | Dacedent's Name (First, Mid | | | | | | | 2. Date of D | Death Day | Year | 3. Time of Death | | |
| J | /Medi | | | Elizabetl | | se McH | ale | | | Novemb | per 24, | | 4:15 PM | | |
| þ | Examir | ner | 4a. Facility Name (If not institut | | | | | | 4b. City, Town, o | | ath 4c. Cou | inty of Death | | | |
| Н | | _ | Suburba 5. Social Security Number | n Hospital | - | (In yrs. last b | inth of a cal | If Under 1 Year | Bethes if Under 24 Hr | | | tgome | 7 | | |
| | Funeral Director | | 033-14-1935 Usual Residance of Decedent | 1□M 2\ F | 7. Age | 88 | Yrs. | Months Days | | n. (Month, L | Day, Year) 11, 190 | 8 Mass | placa (Stata or Foreign ntry) sachusetts | | |
| | Mend Mend | × | 10a. State 10b. Coun | ty | | 10c. City, To | wn or Lo | cation | | | | | 10d. inside City Limits | | |
| | Man Man | tor | Maryland Mont | gomery | | Rock | vil] | Le | | | | | 1 ☐ Yas 2 No | | |
| | th the | irec | 10e. Street and Number | | | | | 10f. Zip Code | | | 10g. Citlzen | of What Cou | ntry? | | |
| | 23a | ai | 10500 Rockv | ille Pike | #12 | 18 | | 2085 | 2 | | Unit | ed Sta | ites | | |
| Maryland 21215-0020 | permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show many highly or other traumatic event, the Modical Exercise Cast Cast Londified at once | by Funeral Director | 11. Marital Status 1 X Never Married 2 Maried 3 Widowed 4 Divorce | If Yes G | orces? 2 N N | | | Vas Decedent of Yas, specify Cut | Hispanic Origin? (pan, Mexican, Pua Specify: | Specify Yes or North (Specify Yes or North (Specify Yes or North (Specify Yes) | | Raca - Ameri Black, White, cify: Wi | | | |
| 0-10 | 2 hor | ted | 15. Decade | ent's Education | | 166 | a. Deced | ent's Usual Occu | pation | | 16b. Kind o | f Businass/In | dustry | | |
| 218 | an an Meo | Completed | Elementery/Secondery (0-12 | nest grade completed College |) (1-4or 5- | +) | life. D | OO NOT use retire | during most of wed) | orking | | | | | |
| 21 | ygien ygien t, fre | Con | | 5- | + | | Tea | cher | | | | c Sch | ools | | |
| and | be fill H of oth | Be | 17. Father's Name (First, Middle John E. McHa | | | | | | | ame (First, Midd oeth Gor | | name) | | | |
| Ž | 2 should and Men is marke | 2 | | | | 40 | | | | | | | | | |
| Ma | d2s than than 7 is r | | 19a. Informant's Name/Relation Mary R. Shea/S | | | | | | le Pike | | | | o Code) 20852 | | |
| | Health Hem 27 other tr | | 20a. Method of Disposition | 15001 | | T-41 - | 4.001 | 101 601 | | | 7 | on - City or To | | | |
| Baltimore, | thent of the think if its | | 1 X Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other | (Specify) | State | | omas | Aquinas C | November hurch Cem | etery | Bridgewa | ater, Ma | ssachusetts | | |
| Ba | Departiment important in postal in p | | 21. Signature of Fyneria Servic | | no | M00846 | Rot 75 | Name and Addr Dert A. Pu 57 Wisco | ess of Facility Imphrey Fu Insin Ave Maryland | neral Hom nue 1 20814 | e/Bethes =3501 | da-Chev | y Chase, Inc. | | |
| | Physician | | 23a. Parti Jenier the disease! shoot, or heart failure. Li | or complication that st only one dause on | caused t each line | the death. Do | not ante | ar the mode of dy | ing, such as cardi | ac or respiratory | arrast, | 1 | Approximate Interval Between Onset and Death | | |
| 1 | /Medical | | Immediate Cause (Final diseasa or condition resulting In death) a. Cerchrovas (what Thrombosis Due to (or as a consequence of): | | | | | | | | | | | | |
| в | Examiner | L | | | | | | | | | | | | | |
| | ed isit | Examiner | b | | | | | | | | | | | | |
| o, | ificete be axecuted g physician and as the burial-transit | | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events | | С | ue to (or as a | consequ | uence of): | | | | | | | |
| 68760, | ete be hysici | edicai | Ceuse (Disease or Injury thet Initieted events resulting In death) Last | C | D | ue to (or as a | consequ | ienca of): | | | | | | | |
| | | | | d | | | | | | | | | | | |
| B | atter d for u | Physician/N | Part II Other significant and | dama contribution to | dandh b | | 1- 4b | 4-4-4 | | | 10.0 | 1 | | | |
| O. | by the | hys | Part II. Other significant condit | - | | | in the un | denying cause gi | ven in Part I. | | Yes 200 N | | o the cause of death? bably 4 Unknown | | |
| S, | s the | by P | Atrial [| .brillotin | ^ | | | | | | 190. | 0 00,10 | Dably 4 Dikilowi | | |
| Vital Records, P.O. Box | The lew requires that the death certificate be assocuted ate has been signed by the attending physician and page 2 should be deteched for use as the bunal-transit | Completed | Atrial F Essential | Hyperte | יונח | 7 | | | | 24a. Wa per | s an autopsy formed? | av | ere autopsy findings vailable prior to impletion of causa death? | | |
| ž | The lew te hes page 2 | E O | | | | | | | | 10 | Yas 200 N | 11 | □Yes 2□No | | |
| Ita | ian: rtifica ctor, p | Bec | 25. Was case referred to medic | al | | | | | 26. Place of De | eath (Check only | one) | | | | |
| > | nysic nis ca I direct | To | examinar? 1 ☐ Yes 2 No | Hospital: | Inpatien | t 2 ER/O | utpatient | 3□ DOA Ot | her: 4 \subseteq Nursing | Home 5 □ Re | sidenca 8 🗆 | Other (Specia | ý) | | |
| Division of | ther thunera | | 27. Mennar of Death 1. ■ Naturel 5 □ Pend | ing 28a. Date | of Injury | Year) 28b. | Time of Injury | 28c. Inju Wo | | 28d. Describe | how Injury oc | curred | | | |
| 200 | tendi death tor: A tha f | Certification: | | tigation | | | | | Yes 2 No | 00/ 1 | (0) | | | | |
| \leq | or At after Direc | ertif | 4 ☐ Homicide deter | mined 208, Plac | a of Injur ling, etc. | y - At home, t (Specify) | arm, stra | et, factory, office | | City or T | (Street and Nu own, State) | mber or Hur | al Route Number, | | |
| | spital ours neral filled | | 29a. Cartifier 1 Cartify | ing Phyaician: To the | e best of | my knowledo | e death | occurred at the ti | me date and place | a and due to th | e cause(s) and | manner as s | tated | | |
| | n 24 h | edicai | (Check only 2 Medica one) | I Examinar: On the b | pasis of e | examinetion at | nd/or Invi | estigation, in my | opinion, deeth occ | curred at the time | , dete and ple | e, end due to | the cause(s) | | |
| | To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this cardificate he completely filled in by tha funeral director, page | M | 29b. Signatura and titla of cartifi | ier / | | | | 29c. Licen | se number | | 29d. Data sig | ned (Month, | ed (Month, Day, Year) | | |
| | | | Much | 1 TKus | _ | _ | | D | 30799 | 1 | 11/2 | 5/96 | | | |
| - | 12 | | 30. Neme and address of person | | | | | | | | | | | | |
| | | | Michael T. Kee | san MD | | 5401 | 4 | lestern, | Are N.W. | Ww | 100 | 20 | 216 | | |
| | Sta Registr | | NOV 2 7 | 1996 | lia L | avidsor— | Pande | 02 | Are N.W. | | | | | | |

DHMH 16 Rav 6/95

roe arm S., .

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician /Medical Examiner 1. Decedant's Nama (First, Middla, Last)

NOV.

2. Data of Death

Month

21, 1996

5:45 PM

4b. City, Town, or Location of Daath

4c. County of Death

the bunal-transit and physician been signed by should be datac Aftar this cartificata has or Attending Physician: daath. after daath Director: filled in by To the Hospital within 24 hours a To the Funeral Completally filled

2

Certification:

Medicai

JULIE MARIE MEADE 4a. Facility Nama (If not institution, giva street and number) PRINCE GEORGES GENERAL HOSPITAL E.R. 5. Social Sacurity Numbar 7. Aga (In yrs. last birthday) **Funeral** 1□M 2√X 212-29-7582 16 Director Usual Rasidance of Dacadant 10a Stata 10b. County 10c. City, Town or Location 28a-f show traumatic event, the Medical Examiner must be notified at Prince George's Maryland Director Laure1 10a. Street and Number 10f. Zip Coda 13904 Briarwood Drive, #2232 20708 Items 23a by Funeral 12. Was Dacedant Evar in U,S Armed Forcas? permit. Pagas 1 and 2 should be filed within 72 hours aftar of Department of Health and Mental Hygiana. Important: if Item 27 Is marked other than "natural; or Hem any injury or other traumatic event, the Medical Frances Navar Married 2 Married 1 ☐ Yas 2 X No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 3 Widowed 4 Divorced Completed 15. Decedant's Education (Spacify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) Student 17. Fathar's Nama (First, Middla, Last) Charles A. Meade 19a. Informant's Name/Ralationship (Type, Print) Gloria M. Hardman (mother) same as #10 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition XX Burlal 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Spacify) 21. Signature of Fungral S 23a. Part1. Enter the disease, or complication that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List on one cause on each line. **Physician** /Medical Immadiata Causa (Final Multiple Gunshof Wounds disaasa or condition rasulting in daath) **Examiner** Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Disaasa or Injury that Initiated evants rasulting In death) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Division of Vital Records, þ Be Completed

PRINCE GEORGES CHEVERLY If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Months Days Hours Min. Birthplaca (Stata or Foraign Country) Cheverly, Maryland 10d. insida City Limits 1 Yas No 10g. Citizan of What Country? United States Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2) No Specify: Specify: White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry School School 18. Mothar's Nama (First, Middla, Maldan Sumama) Gloria M. Barnhart 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Data 20c. Location - City or Town, Stata George Washington Cemetery 11/26/1996 Adelphi, Maryland 22. Nama and Addrass of Facility
Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 Approximata Intarval Batween Onsat and Death

> 1 Yes No 3 Probably 4 Unknown 24a. Was an autopsy performed?

> > 1 Yas

24b. Wara autopsy findings available prior to complation of causa of death? Yas 2 No

25. Was casa rafarred to medical XX Yas 2□ No

27. Mannar of Death 1 Natural 5 Panding 2 Accidant

Invastigation 6 Could not be datarmined

Hospital: 1 ☐ Inpatiant XXER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 11-21-96 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

28b. Tima of 2 45

Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 28c. Injury at Work? 1 Yas 2 No

28. Placa of Death (Check only ona)

28d. Dascribe how injury occurred subject shot by police

28f. Location (Streat and Number or Fural Routa Number, City or Town, State) 1390 Town, State)

(Check only one)

3 Sulcida

4 Homicida

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. XX Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of cartifiar

29c. Licansa numbar O.C.M.E 29d. Data signed (Month, Day, Year) NOV.22, 1996

23b. Did tobacco use contribute to the cause of death?

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

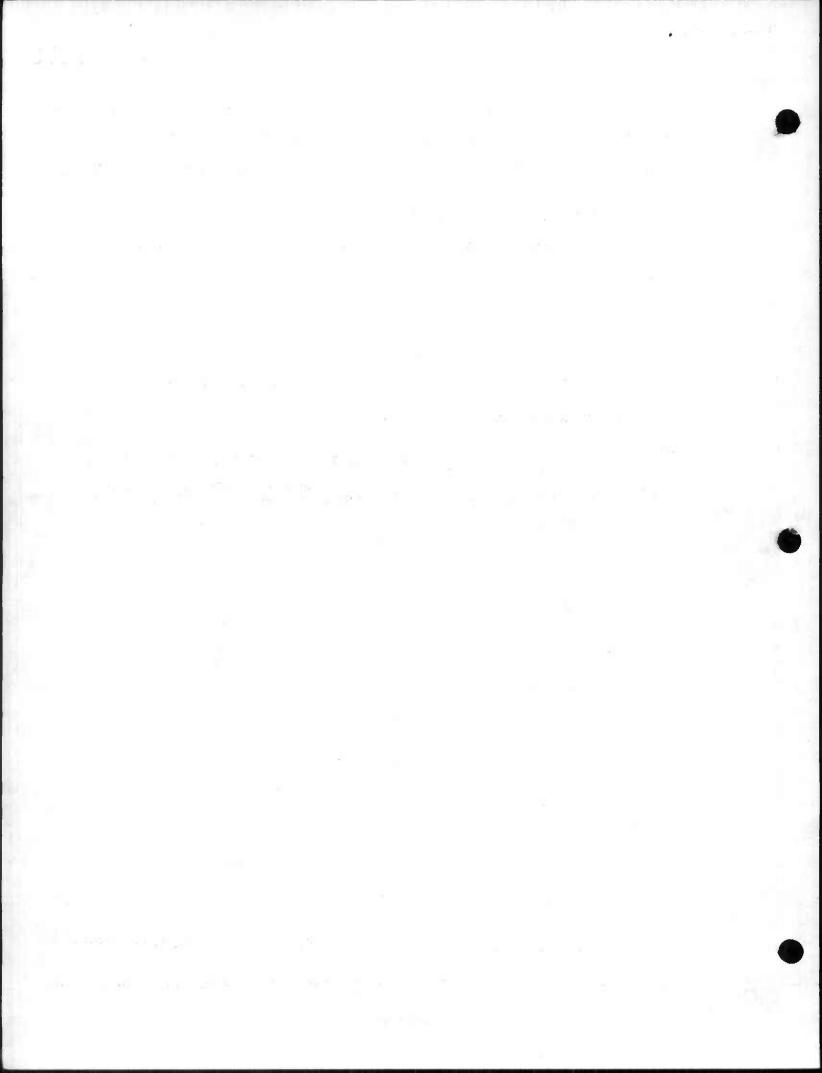
Dennis

111 Penn Street, Baltimore, Maryland 21201

31. Data filed (Month, Day, Yaar) State NOV 2 Registrar

32. Registrar's Signatura Julia Davidson Pandose

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth TOURMOUR 27 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death 54 If Under 24 Hrs. If Under 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 46 2733 Deys Usuai Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits Yes 2 No PRIKE 10f. Zip Code 10g. Citizen of Whet Country? 9211 STUART LANE 20135 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American indian, Bleck, White, etc. Yes No i Yes, Give reer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No 3 ☐ Widowed 4 ☐ Divorced BLACK 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOME MAKER DOMESTIC 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) EUGENE SADICK TONNY 19e. Informent's Neme/Reletionship (Type, Print) (SISTER-) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) WASH. DC 20b. Pleca of Disposition (Neme of cemetery, crematory or other place 20e. Method of Disposition Cremetion 3 Removel from Stete 1 Buriel 4 Denetlo 5 ☐ Other (Specify) WHITE Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Deeth Immediate Cause (Final diaease or condition resulting In death) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last Due to (or as a consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

that the death certificate be executed

Box 68760.

Records, P.O.

Division of Vital

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

Funeral

Director

ortant: If item 27 is marked other than "natursi", or items 23s or 28s-1 show injury or other traumstic event, the Medical Examinar must be notified at

permit. Pages 1 end 2 should be filed w
Department of Health and Mental Hygien
Important: If fram 27 is marked other th
any injury or other traument

Baltimore, Maryland 21215-0020

the Maryland

attending physician and for use as the burial-transit To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, i

Physician/Medical Examiner þ Completed Be Medical Certification: To

| | | | | * | |
|---|---|---|--|---|---|
| | | | | 24a. Wes an autopsy performed? | 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No |
| 25. Wes case referred to medical examiner? | | | 26. Plece of D | seth (Check only one) | |
| 1 ☐ Yes 2 ☑ No | Hospitel: 1 Inpatient 2 | ER/Outpatient 3□ I | DOA Other: 4 Nursing | Home 5 ☐ Residence 6 ☐ Oth | ner (Specify) |
| 27. Meprier of Deeth 1 Netural 5 Pending 2 Accident Investigation | 28a. Dete of Injury (Month, Day Year) | 28b. Time of Injury M | 28c. Injury et Work? | 28d. Describe how tnjury occur | red |
| 3 Sulcide 6 Could not be determined | 28e. Pleca of tnjury - At h building, etc. (Speci | | ory, office | 281. Location (Street and Numb City or Town, State) | ber or Rural Route Number, |
| 29e. Certifier (Check only one) 1 Certifying Ph | ysician: To the best of my known ther: On the basis of examinating and menner steted. | owledge, deeth occurre atlon end/or investigetle | d et the time, dete end plec on, in my opinion, deeth occ | ce, and due to the cause(s) and me curred et the time, dete end pleca, | enner as ateted. and due to the cause(s) |

29d. Dete signed (Month, Dey, Year)

State Registrar

29b. Signeyure end title of certifier

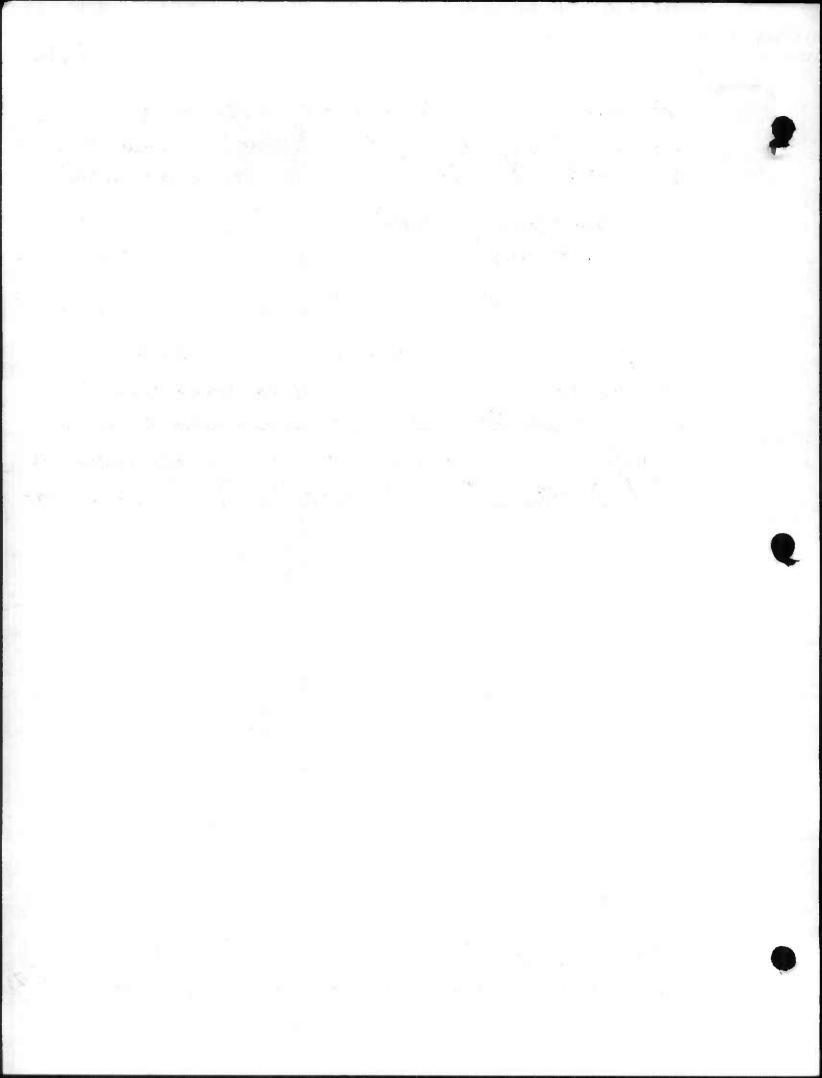
31. Dete filed (Month, Day, Year)

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

0

32. Registrate Signature

1996 Fully Studies Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene 96 37275

| | | | State of Maryland | Certificate of | | | ig. No. | 31213 | | | | | | | |
|---------------------|--|----------------|---|--|---|--|---------------------------------------|---|--|--|--|--|--|--|--|
| | Physici | 20 | Decedent's Neme (First, Middle, Last) | | | 2. Dete of Deeth | | 3. Time of Deeth | | | | | | | |
| 4 | /Medi | | Edward Joseph Murray, Sr. | | | 11 Month | 28 1996 1 | 10:44 AM | | | | | | | |
| | Examir | ner | 4e. Fecliity Neme (If not institution, give street end number) | 4 | 4b. City, Town, or Loc | ation of Deeth | 4c. County of Dee | | | | | | | | |
| | | | 1524 Railroad Avenue | # Nada 4 Van | Perryman | | Harfor | | | | | | | | |
| | Funeral Director | | 5. Social Security Number 155–12–3725 Usuel Residence of Decedent 6. Sex 1 ☑ M 2 ☐ F 7. Age (In yrs. less 73 | yrs. If Under 1 Year Months Deys | If Under 24 Hrs. Hours Min. | 8. Dete of Birth Month, Day Dec 22 | 9. Bir 1922 Ne | thplece (State or Foreign ountry) W Jersey | | | | | | | |
| | fand tand | | | Town or Location | | | | 10d. Inaide City Limita | | | | | | | |
| | Mary Firsh | to | Maryland Harford Pe | erryman | | | | 1 ☐ Yes 2 No | | | | | | | |
| | h tha | Director | 10e. Street and Number | 10f. Zip Code | | 10 | g. Citizen of What Co | ountry? | | | | | | | |
| | th will | | 1524 Railroad Avenue | 21130 | | | USA | | | | | | | | |
| 20 | filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or Nems 23a or 28a-f show int, the Mexical Examinet must be notified at | by Funeral | 11. Mentel Stetua 1 Never Married 2 Merried 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes, Give Yes, Give | if Yes, specify Cube | llspenic Origin? (Spec en, Mexican, Puerto F Specify: | cify Yes or No- lican, etc.) | 14. Rece - Ame Bleck, Whit | te, etc. | | | | | | | |
| 8 | hour fure! | | 100.01.01.01.1941-4 | | etlon | | | hite | | | | | | | |
| Maryland 21215-0020 | within 72 iena. than "ner | Completed | (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 () | 16a. Decedent's Usuel Occup (Give kind of work done of life. DO NOT use retired Laborer | during most of working | 16b. Kind of Business/Industry Construction | | | | | | | | | |
| b | be filed ital Hyg d other event, | BeC | 17. Father'a Neme (First, Middle, Last) | | 18. Mother's Neme | | | 2011 | | | | | | | |
| /lar | | To B | John Raymond Murray | | Mary O' | Hallora | in | | | | | | | | |
| lan | | | 19e. Informent'a Neme/Reletionship (Type, Print) | 19b. Melling Address (Street | and Number or Rural | Route Number, | City or Town, Stete, | Zip Code) | | | | | | | |
| | 5 % 80 5 | | Mrs. Marianna Murray (wife) | 1524 Railroad | Avenue, I | | | | | | | | | | |
| Ore | gas 1 a it of Hax if item or othe | | I D Durier 2 BUCHERROUN 3 LI Remover from State | ce of Disposition (Neme of netery, cremetory or other plea | | | t0c. Location - City or | Town, Stete | | | | | | | |
| altimore, | tmen tant: | | 4 ☐ Donetion 5 ☐ Other (Specify) R.A. | Ferris & Co. | | | est Cheste | er, PA | | | | | | | |
| Bal | permit. Pagas 'Department of H Important: If its eny injury or of once. | | 21. Signeture of Funerel Service Licensee | 22. Name and Address Tarring-Car Aberdeen, 1 | | | | | | | | | | | |
| | وللسال | | 23a. Pert1. Enter the disease, or compilications that cause 1 the deeth. shock, or heart feilure. List only one cause on each line. | Do not enter the mode of dyin | g, such es cardiec or | respiretory erre | st, | Approximete interval Between | | | | | | | |
| ì | Physician /Medical Examiner | | Immediate Cause (Finel disease or condition resulting in death) | nd lect | al ca | rava | sma | Onset and Deeth | | | | | | | |
| | | er | | | | | | | | | | | | | |
| | d d ansit | Examiner | b | a e consequenca of): | | | | | | | | | | | |
| 0, | ficate be executed physician and is the burial-transit | | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury | a e consequenca or). | | | | | | | | | | | |
| 68760, | ysici | edical | | s e consequence of): | | | | | | | | | | | |
| | 55 CD 65 | | | | | | | | | | | | | | |
| Вох | attending for usa a | lan | d | | | | | | | | | | | | |
| 0 | the a | Physician/M | Pert II. Other significant conditions contributing to death but not resulting | ng in the underlying cause give | en in Pert I. | 23b. Did tot | secco use contribute | to the cause of death? | | | | | | | |
| ۵. | es that the de igned by the be detached | by | Gistalar formation | n with al | scess | 1 🗆 Ye | s 2 0 No 3 □ P | robably 4 Unknown | | | | | | | |
| of Vital Records, | e law requires that the death cert has been signed by the attending ge 2 should be detached for usa | Completed | Mcrotizing fasc | ilis. | | 24a. Wes an perform | ed? | Were sutopsy findings aveilable prior to completion of cause of death? | | | | | | | |
| E | The ata h | Con | | | | 1 ☐ Ye | s 2 No | 1 Yea 2 No | | | | | | | |
| Vita | Physician: The this certificata ral director, pag | Be | 25. Wes case referred to medical exeminer? Hospitel: Hospitel: | 100 | 28. Piece of Deeth | (Check only one |) | | | | | | | | |
| ō | 00 | 5 | 1 Inpatient 2 EF | R/Outpatient 3 DOA Other | 4 LI Nursing Hom | -0 | nce 8 Other (Spe w injury occurred | ocify) | | | | | | | |
| o | ding in. | tion | 1 Deleturat 5 Pending (Month, Day Year) 2 Accident Investigation | Injury Worl | k? Yes 2 □ No | 00. 2030100 110 | w injury occurred | | | | | | | | |
| Division | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After th completely filled in by the funeral | Certification: | 3 Sulcide 8 Could not be determined 28e. Plece of Injury - At home building, etc. (Specify) | | | Bf. Location (Str. City or Town, | eet and Number or R Stete) | ural Route Number, | | | | | | | |
| | t hours tuneral aly filled | edical Co | 29e. Certifier (Check only Medical Examiner: On the basis of examination | edge, deeth occurred et the tim | ne, dete and place, a | nd due to the ce | uae(s) end manner s | a stated. | | | | | | | |
| | the the mplet | Med | one) and menner steted. 29b. Signeture and title of certifier | | | | | | | | | | | | |
| | F. 3 F. 8 | - | 11/ | 29c. License |) / / (| 29 A | d. Dete signed (Moni | 2 109 C | | | | | | | |
| | | | Hong Sun (Gul | 05 | T764 | | 100, | 0.1711 | | | | | | | |
| | | | 30. Name and eddress of person who completed cause of deeth (Item 2: | 3a) (Type, Print) | Marulo | und . | 21001 | | | | | | | | |
| | Sta | te | 31. Dete filled (Month, Dey, Year) 32. Registrar's Signetur | | 0 | | | | | | | | | | |
| | Registr | | NOV 2 9 1996 Julia Shillean Randal | ll. | | | | | | | | | | | |

M NE .

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE -- American Indian, Black, White, etc.

1XXYES 2 NO

WHITE

Approximate interval Between

2 wks

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

OF DEATH? 1 YES 2 NO

COMPLETION OF CAUSE

Onset and Death

8. BIRTHPLACE (State or Foreign

MONTGOMERY

Specify:

U.S.A.

12:30 A M

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Gwendolyn JONES Nichols

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Jovember 27 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Ybar IF UNDER 24 HRS. MONTHS DAYS HOURS 1 - M 2 XXF MIN. 022-34-5212 92 AUGUST 20,1904 OHIO 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BROOK GROVE NURSING HOME OLNEY RESIDENCE OF DECEDENT Pages 1 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY ROCKVILLE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? -transit 7205 OLD GATE ROAD 20852 or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or Noburial FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced the CE 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY 950 (Specify only highest grade completed) COMPLET for Elamentary/Secondary (0-12) College (1-4 or 5+) by the hospital 5+ MUSIC TEACHER **EDUCATION** page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN DENT JONES EMILY ASCOT Ħ BE Page 6 may be retained notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BARBARA N. FREEDMAN/DAUGHTER 7205 OLD GATE ROAD ROCKVILLE, MD 20852 2 20e METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must HILLS CEMETERY BOSTON, MASSACHUSETTS examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue, NW Washington, DC 20016 a filled in by the Washington, DC medicai 23. PART (Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or hear deliure. List only one cause on each line. 6 IMMEDIATE SAUSE (Fine) the disease or condition cremation, Preumonia pletely event. resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): COT burial, emphysema traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate nding physician cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 the atten Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL by th dehydration shows any signed 1 TES 2 NO of Health PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item State certificate OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA e 5 🗆 Residence 6 🗀 Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. with this INJURY 1 Natural 5 Pending M 1 YES 2 NO BY death Investigation After 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 60 ED L DIRECTOR: 1 OR ATTENI 4 Homicida 28 田 item COMPL 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL Within 72 h == TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT: It 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 200 SCHATCHE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
D42046 BE STAFF PHYSICIAN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 AFMIN, MD 18100 Slade School Road Sandy Spring. GRACE BROOKE H O

32. REGISTRAR'S SIGNATURE

9

mar's signature una Sandolle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

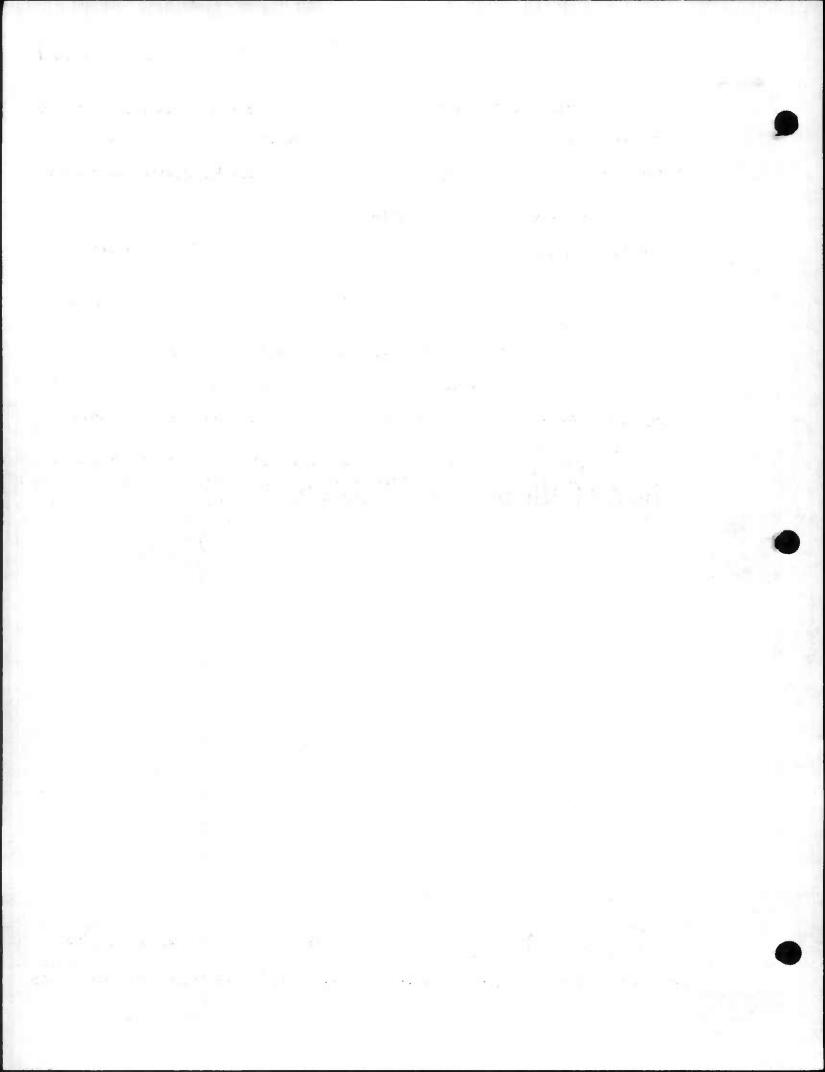
2. DATE OF DEATH

DHMH-16 Rev 1/89

3 30

State of Maryland / Department of Health and Mental Hygiene 96 37277

| | | | | | Certif | ficate | of Deati | h | | Reg. No. | | |
|--|--|---|--|---|---------------------------|-----------------------|---|-------------------------------|--|---------------------------------|----------------------------|--|
| 5 1 1 1 | | 1. Decedent's Name (First, Middle, La | st) | | | | | 2 | 2. Date of D | eath | V | 3. Time of Death |
| Physici /Medic | | Arth | nur Akitaru | Noma | | | | N | Month | er 20, | Year 1996 | 5:01 PM |
| Examin | | 4a. Facility Name (If not institution, giv | e street and number) | | | | 4b. City, 7 | Town, or Loca | The same of the sa | | ty of Deeth | |
| | | Suburban Hospi | ital | | | | ·Bet | hesda | | Mon | tgome | ry |
| Funeral Director | | 5. Social Security Number 6. S 473-26-4935 Usual Residence of Decedent | Sex 7. Age | (In yrs. last birt | | Under 1 Y lonths D | ear If Unde ays Hours | Min. | Dete of Bi (Month, D ovember | irth ay, Year) C 20, 1923 | 9. Birthi Coul Cal | piece (State or Forei ntry) ifornia |
| M M | | 10e. State 10b. County | | 10c. City, Town | or Locati | ion | | | - | | 1. | 10d. Inside City Lim |
| hygiene. the Medical Examiner must be notified at | tor | Maryland Montgome | ery | Kensi | ngto | n | | | | | | 1 □ Yes 2) () |
| 3a or 28 | al Dire | 10e. Street and Number 4904 Bangor Dri | Lve | | 1 | 10f. Zip Co 2089 | | | | 10g. Citizen of United | | • |
| "natural", or items 23a or 28a-f show ad cal Examiner cast be nellified at | by Funeral Director | 11. Marital Status 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent En Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: | | If Ye | s, specify | of Hispanic C Cuban, Mexico No Specif | an, Puerto Ri | fy Yes or N can, etc.) | | ice - Americack, White, | |
| r than "natur The Medical | Completed | 15. Decedent's Ed (Specify only highest gra | ducation de com <i>pleted</i>) | 16a. | Decedent (Give kind | 's Usual O | ccupation one during mo | st of working | | 16b. Kind of I | | |
| | фш | Elementery/Secondary (0-12) | College (1-4or 5+ |) | | | one during mo atired) | | | | | es |
| other than | Co | | 5+ | Ma | them | atici | an/Con | | | Govern | | |
| 2 0 5 | Be | 17. Father's Name (First, Middle, Last) | | | | | 18. Moti | | | a, Maiden Sume | me) | |
| | 2 | | Otoichi N | loma | | | | Haru | iko Yo | kota | | |
| 27 is m r treum | | 19a. Informent's Name/Relationship (Saka Y. Noma/Wit | | | | | | | u <i>ral Route Number, City or Town, S</i> Isington, Marylar | | | 20895 |
| nt: If item 2 y or other | | Saka Y. Noma/Wife 4904 Bangor Drive, Kensington, Maryland 20a. Method of Disposition 1 Burial 2 XCremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) November 22,1996 Montgomery Crematorium, Inc. 20c. Location - City or 1 Date 22,1996 Montgomery Crematorium, Inc. | | | | | | | | | | |
| Dependent of Depen | | 21. Signature of Funeral Service Licer 23a. Part1 Enter the disease, or com- shook or heart failure. List only Immediate Cause (Final disease or condition | Dregins | | Beth of enter th | esda, | Maryl | and 2 | 10814- | -3501 | a-Chev | Approximate interval Between Onset and Death |
| ling physicia e es the bur | VMedical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | ue to (or as e cue to (or as e cue to (or as a co | onsequen | ice of): | | | | | | |
| d for u | Physician/ | Part II. Other significant conditions or | ontributing to death but | not resulting in | the under | dylna caus | aiven in Pari | 1 | 23h Did | tobacco usa o | ontribute t | o the cause of dear |
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| s been sig | Completed | , i | | | | | | | 24e. Wes | s an eutopsy ormed? | av | ere eutopsy finding vailable prior to empletion of cause deeth? |
| ate hes page 2 | E O | | | | | | | | 10 | Yes 2000 | 1[| ☐ Yes 2XXNo |
| certificate rector, pag | Bec | 25. Was case referred to medical | | | | | 26 Plea | ce of Death (| Check only | | | |
| direc | ToB | examiner? 1 X Yes 2 □ No | Hospitel: | 2 ER/Out | netient 3 | AOD M | Other | | | idence 6 □Ot | har (Specif | 64) |
| eral di | | 27. Menner of Death | 28a. Dete of Injury | 28b. Ti | | | njury at Work? | | _ | how injury occu | | y/ |
| the fun | Certification: | 1 Natural 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be | | Year) in | jury | | Work? 1 ☐ Yes 2 ☐ |] No | | | | |
| Direc d in by | ertif | 4 Homicide determined | 28e. Placa of Injury building, etc. | / - At home, fan (Specify) | m, street, | factory, off | ice | 28 | | (Street and Num wn, State) | ber or Rure | al Route Number, |
| | edical | 29a. Certifier (Check only one) | vaician: To the best of siner: On the basis of each menner state | xamination and | death occi /or investi | curred at th | e time, dete e ny opinion, de | nd place, and ath occurred | d due to the at the time, | cause(s) and m | anner as s , and due to | tated. the cause(s) |
| | 29b. Signature and title of certifier 29c. License number D0 9 5 7 7 | | | | | | | | | 29d. Date signe Novembe | | |
| 40 | | 30. Name and eddress of person who | | | | | \wan | #606 | Vens | ington | Mary | land 2000 |
| Stat | _ | Richard H. Pollen 31. Date filed (Month, Day, Year) NOV 9 r 1004 | 32. Registrar | s Signature | | | venue | # UUO, | KellS. | rug con, | rial y l | Lanu ZUO9 |
| Registra | 41 | NOV 2 5 1991 |) yellar | avidson-A | andell | 4 | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 37278 State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death %. Decedant'a Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 96 0121 DAVID P. OSBORNE 11 /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** NATIONAL NAVAL MEDICAL CENTER MONTGOMERY BETHESDA If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthdey) 8. Data of Birth (Month, Dey, Year) Birthpiace (Stete or Foreign Country) **Funeral** 1 X M 2 ☐ F Yrs **Director** 185-18-7956 81 Feb.20,1915 Pennsylvania Usuai Rasidance of Dacedent doa. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits the Manylar 1 XYas 2 No Directo 28a-f Florida Brevard Satellite Beach 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? HIP. r than "natural", or items 23a or the Medical Examiner must be r 159 Queens Court 32937 United States Funeral death 12. Was Dacedant Evar in U.S. Armed Forcas? 11. Maritei Stetus Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Bieck, Whita, atc. Affied Forcas?

1 Myes 2 No WWII,

If Yas, Giva Korea,

Yaar or Datas Korea, hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: à Specify: 3 ₩ Widowed 4 Divorced White Completed 16a. Decedent's Usuef Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind ot Businass/Industry Pages 1 and 2 should be filed within 72? nant of Health and Mental Hyglene. Int: If item 27 is marked other than "nat Elementery/Secondary (0-12) Coliage (1-4or 5+) 5+ Physician Medicine 17. Father's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Surname) Plummer Nathaniel Osborne 7 is marke traumatic 2 Louella Harrison 19a. informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Robert Michael Osborne / Son 870 W. 181st Street, #67, New York, New York 10033 enthunical interpretation of important. If its any injury or oth once. 20b. Place of Disposition (Nama of cometery, cramatory or other place) Dec. 9.1990 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Buriai 2 □ Crametion 3 □ Removal from State 4 □ Donation 5 □ Othar (Specify) Arlington National Cemetery Arlington, Virginia 21. Signature of Funarei Service Licenses 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc., 75 Bethesda, Maryland 20814-3501 7557 Wisconsin Ave. - Sulla M00348 23e. Part1. Enter the disaase, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or haart failura. List only one ceusa on each lina. Approximeta Intarvai Between Onset end Death **Physician** /Medical Immediata Causa (Finei disaasa or condition rasulting in death) CEREBRAL VASCULAR ACCIDENT Examiner Dua to (or as a consequence ot): Examiner physician and the buriel-transit Sequentielly list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Diseese or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): P.O. Box 68760 Physician/Medical Due to (or as a consequence of): 8 USB ò Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy tindings 24a. Was an eutopsy Completed peed available prior to completion of cause of death? hes 1 Yes 2 ₹ No 1 Tyas 2 No funeral director. 25. Was casa retarred to medical axaminar? Be 26. Piece of Deeth (Check only ona) Hospitai: 1 ☐Xinpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) P this 27. Menner of Deeth 28a. Date of injury (Month, Dey Year) 28b. Tima ot Injury 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? 5 Pending invastigation After 1 Naturai The Hospital or Attending in 24 hours efter death.

Pe Funeral Director: After pletely filled in by the fun. 1 Yas 2 No 2 Accidant 6 ☐ Could not be datermined 3 Suicida 28a. Place of injury - At home, ferm, street, tactory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifiar (Check only one) 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated. Medical completely To the Within 2 29b. Signature 29c. Licansa number 29d. Deta signed (Month, Day, Year) RESIDENT

State Registrar

31. Dete tiled (Month, Day, Year) NOV 2 7 199

MC, JENNIFER L. CROOK, LT **USN** 32. Registrer's Signatura

30. Nama and address of person who complated causa of death (flam 23a) (Type, Print)

rela Davidson-Randolle

NATIONAL NAVAL MEDICAL

BETHESDA MD 20889-5600

CENTER

State of Maryland / Department of Health and Mental Hygiene 96

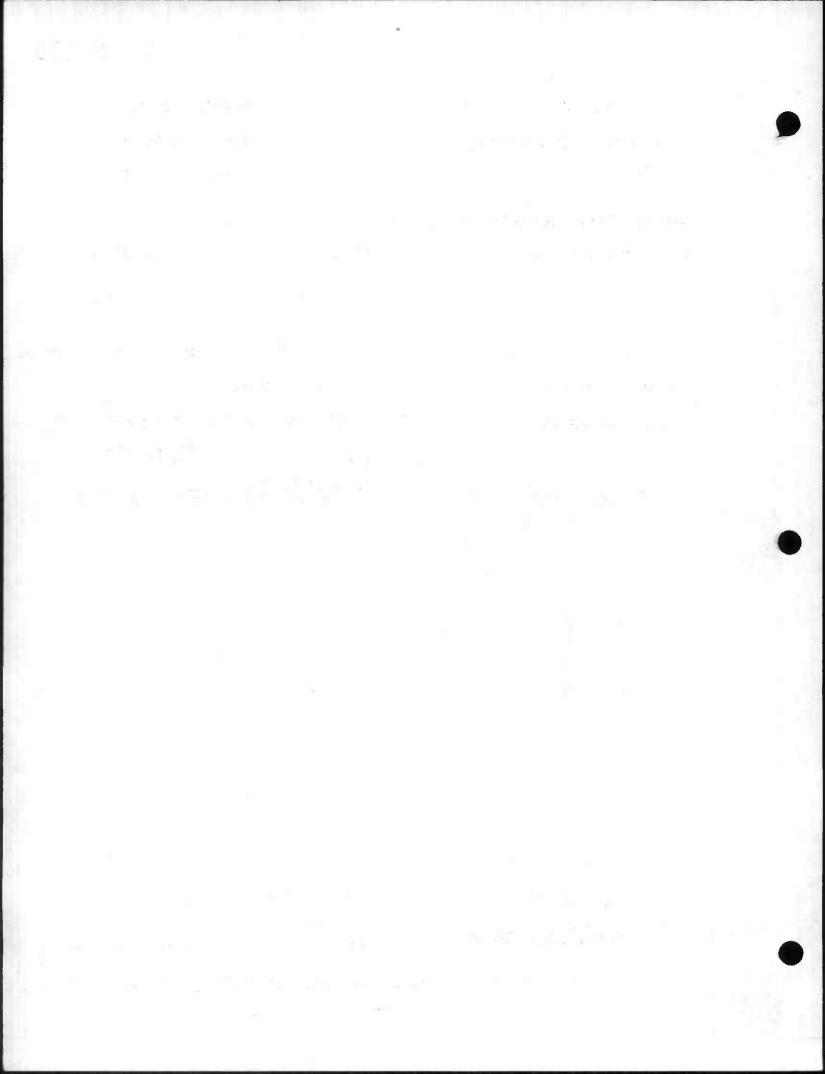
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| | | and the same of th | | | Ce | rtificat | e of | Death | | | Reg. No. | | | |
|--|------------------|--|---|------------------------------|----------------------|---|-------------------------|---|-----------------------------|-----------------------------------|------------------------------------|---------------------------|---|--|
| Physic | | 1. Decedent's Neme (First, Middle, Charles J | | ald | | | | | | Dete of De Month Vembe | | 1996 | 3. Time of Deeth 7:30 PM | |
| /Medi Exami | | 4e. Fecility Name (If not institution, | | | | | | 4b. City, Town | | | | | 7.00 111 | |
| Exami | ner | Manor Care of S | | | | | | Silver | | | | | | |
| | | | | ge (In yrs. la | st hirthday | If Under | | | | | Montgo | - V | iece (State or Foreig | |
| Funeral Director | | 059-01-0730 Usuei Residence of Decedent | 10 M 2□ F | 92 | Yrs. | Months | Deys | Hours | Min. Ja | Date of Bir Month, De Nuary | 25, 1904 | Vew New | York | |
| and *= | | 10a. Stete 10b. County | | 10c. City, | Town or Le | ocation | | | | | | 1 | 0d, Inside City Limit | |
| the Mary 28a-f sho | ector | Maryland Prince | George's | Belts | sville | | 0.1 | | | | | | 1 □ Yes 2 1 N | |
| 23a or | Funeral Director | 3201 Dunnington | Road | | | | 705 | | | | 10g. Citizen of V United | | | |
| is 1 and 2 should be filed within 72 hours after death with the Maryland of Heath and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic evant, its Musical Examiner must be notified at | by | 11. Maritel Status 1 Never Merried 2 Marrie 3 Widowed 4 Divorced | 12. Wes Decedent Armed Forces? 1 Yes 2 1 If Yes, Give Year or Dates: | Ever in U,S ? No | | Was Deced If Yes, spec 1 ☐ Yes | | lispenic Orlgii en, Mexican, I Specify: | n? (Specify Puerto Rica | Yes or No n, etc.) | - 14. Rad Bled Specify | ca - Americock, White, | etc. | |
| d 2 should be filed within 72 hours af th and Manial Hygiene. 7 is marked other than "natural", or traumetic evant, the Mudical Exam | ted | 15. Decedent's | Education | | 16e. Deca | dent's Usue | Occup | etion | ddeta | | 16b. Kind of B | usiness/Ind | dustry | |
| filed within 7 Hygiene. rther than "r | Completed | (Specify only highest Elementery/Secondery (0-12) 12 | College (1-4or | 5+) | | neer | rk done se retire | during most o | or working | | mechani | ical (| engineeri | |
| Hyg other | BeC | 17. Fether's Neme (First, Middle, Lo | est) | | | | | 18. Mother's | s Neme (Fir | st, Middle, | Meiden Sumen | | ong meet t | |
| 2 should be and Mental is marked o | To B | Herman Osterwa | ld | | | | | Anna | Germa | n | | | | |
| M bid M | F | 19e. Informant's Name/Reletionshi | | | 19h Maili | na Address | (Street | | | | er, City or Town, | State Zin | Code | |
| d 2 s th an 7 is | | Marilyn Landgre | | | | | | | | | lle, Ma | | | |
| os 1 and of Health I item 27 r other tr | | 20e. Method of Disposition | : DE | 20h Ple | | | - | | | | | | | |
| Page nent c int: If iry or | | 1 Buriel 2 Cremetion 3 | | | _ | ca of Disposition (Nome of netery, cremetory or other place) e of Heaven Dete 20c. Location - City or Town, Mt. Pleasant, New York | | | | | | | t, | |
| permit. Pag Department Important: it any injury o | | 21. Signeture of Funeral Servica Licansee 22. Name end Address of Fecility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, MD | | | | | | | | | | | | |
| Physician /Medical Examiner | | 23a. Pert1. Enter the disease, or c shock, or heart feilure. List or immediate Cause (Finel disease or condition resulting in death) | omplications that caused his one cause on each li | ine. | | | e of dyir | ng, such es ca | ardiec or res | spiretory e | rrest, | 1 | Approximate Intervel Between Onset and Death | |
| ed is | Examiner | | Acute | Myoca | | | arct | ion | | | | 1 | 1/92 | |
| certificata be axecuted adding physician and use as the burial-transit | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events | CRF | Due to (or e | es e consec | quence of): | | | | | | 1 | 992 | |
| hysi the t | dica | thet initieted events resulting in deeth) Lest | v | Due to (or e | es e consec | juenca of): | | | | | | | | |
| | an/Medicai | | d. ASCVD | | | | | | | | | 1 | .992 | |
| the atte | Physicia | Pert II. Other significant conditions | contributing to death b | out not result | ing In the u | nderlying co | ause giv | en in Pert I. | | 23b. Dld 1 | tobacco uee co | ntribute to | the cause of death | |
| requires that the death een signed by the atte hould be datached for | by Ph | Alzheimer's Disc | ease | | | | | | | 1 🗆 | Yes 2 No | 3 □ Prot | bably 4 Unknow | |
| 2 s 1 s | Completed | | | | | | | | | 24e. Wes perfo | en eutopsy med? | COI | ere eutopsy findings bileble prior to mpletion of cause death? | |
| : The lavicate has | | | | | | | | | | 1 🗆 🗅 | res 2 No | 1 🗆 | Yes 2⊠ No | |
| Physician: This certifica | Be | 25. Wes case referred to medical exeminer? | Hospitel: | | | | 0.0 | | f Deeth (Ch | | | | | |
| 0 0 | 1º | 1 ☐ Yes 2 🛣 No | 1 L Inpatie | | R/Outpetier | | | 4/LI NUIS | | | denca 6 □Oth | | 1) | |
| after fune | Certification: | 27. Menner of Deeth 1 Aneturel 5 Pending 2 Accident investigation | | y Year) 2 | 8b. Time o Injury | M 2 | 8c. Injur Wor 1 □ | yet k? Yes 2⊡No | | Describe i | now injury occur | red | | |
| after death Blrector: | ertific | 3 Suicide 6 Could no 4 Homicide determin | ad 286. Piece of Inj | ury - At hom c. (Specify) | e, ferm, str | eet, fectory | , offica | | 28f. L | Location (S City or Tox | Street end Numb vn, Stete) | er or Rure | l Route Number, | |
| To the Hospital or At within 24 hours after of To the Funeral Direct complately fillad in by | edical C | 29e. Certifier 1 Certifying (Check only one) 1 Madical Ex | Physician: To the best of aminer: On the basis of end menner ste | f examinetio | edge, deeth | occurred evestigetion, | et the tin | ne, date end p pinion, deeth | pleca, end d occurred et | due to the | ceuse(s) end me date end pleca, | enner es st end due to | eted. the ceuse(s) | |
| To the within ? To the comple | Me | 29b. Signeture end title of certifier | | | | 29c | . Licens | e number | | | 29d. Dete signe | d (Month i | Dev. Year) | |
| F 3 F 8 | | D BP | the Mi |) | | | 1772 | | | | lovember | | | |
| 10 | | 30. Neme end eddress of person wh | o completed cause of d | leeth (Item 2 | 3a) (Type, | Print) | | | | | | | | |
| 1 | | George B. Patric | k III, MD | 9221 | Coles | ville | Roa | ad, Sil | lver S | Sprin | g, Mary | and | 20910 | |

32. Registrare Signeture Fundamental

DHMH 16 Rav 6/95

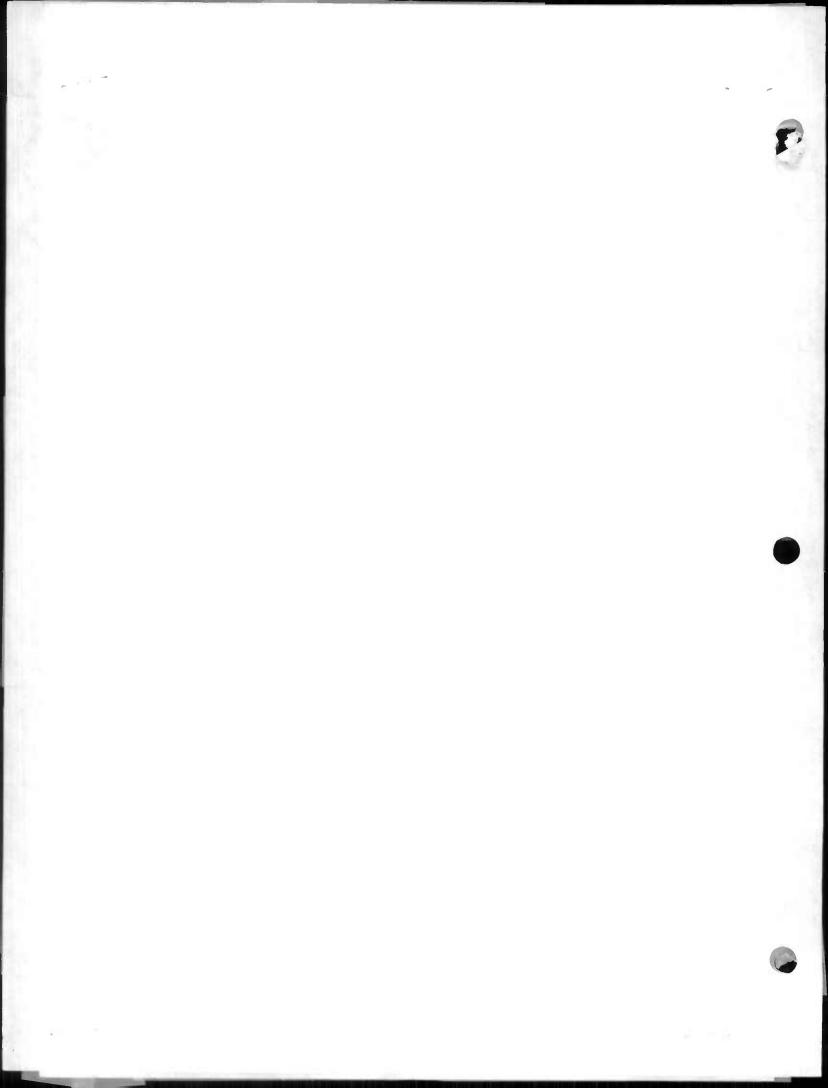
State Registrar 31. Dete filed (Month, Dey, Year) NOV 2 5 1996



37280

| 1. Decedents have print, Michael Land 1. Decedents from print, Michael Land 1. D | | | | | Cer | tificate o | f Death | | Reg | No. | | |
|--|----------|--|-----------------------|---------------------|------------------|-------------------------------------|----------------------|-----------------|---------------|----------------|--------------------|-------------------------|
| THOWAS TRACED PRESTON, JR. A Facility Name of a destinating better and numbers of a secondary of the second | 7 | 1. Decedent's Neme (First, Middle, L | Last) | | | | | | | Dev | | Time of Dea |
| Social Security Name of Fort Intellifution, pive states and number 3.337 Thomas Bridge Rd. Survey Proceedings Fort Proceedings Procedings Proceedings Procedings Proceedings Pro | | THOMAS TR | RACEY PRE | ESTON, | JR. | | | | | | | 9 PM |
| 337 Thomas Bridge Rd. 20-08-0835 10M x 20 F 81 10x Cpr Code 10x County 10x Street 10x County 10 | | 4a. Facility Nama (If not institution, g | ive street and numb | ber) | | | 4b. City, To | wn, or Location | on of Deeth | | | |
| 213-03-0885 180 M 20F 81 Vrs. Mornins Days Nov. 25, 1915 104 Maryland 105 Conty 106 | | 3337 Thomas Bri | dge Rd. | | | | | Street | | H | Marford | |
| The companies of the content The companies of the companies The companies of the companies The compani | | Social Security Number 6. | Sex 7. | . Age (In yrs. I | est birthday) | | | | Data of Birth | (224) | 9. Birthplaca | Stata or Fo |
| United President of Decendant United Copy United Cop | | 213-03-0885 | 1 ⊠ M 2□ F | 81 | Yrs. | Months Dey | s Hours | | | | Maryla | nd |
| Carry Land Harford Street 10/12 pc Code 10/12 pc C | | Usual Rasidanca of Decedant | | | | | | 14.90 | | | A BACK Y A-C | 4.14 |
| 10 | | 10e. Stete 10b. County | | 10c. City | , Town or Lo | cation | | | | | | |
| 11 Maried Status 12 Wes Deposited (Ever in U.S. 13 Wes Deposited of Happenic Chighry (Specify Year or Not- 18 Year, Gard Chief (Specify Year) 14 Wes Care to Specify 15 Specify 16 Deposited (Specify Year) 16 Deposited (Specify Year) 17 Year (20 No. Specify) 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify | io | Maryland Harf | ord | | | Stree | et | | | | 1 | ☐Yes 28 |
| 11 Maried Status 12 Wes Deposited (Ever in U.S. 13 Wes Deposited of Happenic Chighry (Specify Year or Not- 18 Year, Gard Chief (Specify Year) 14 Wes Care to Specify 15 Specify 16 Deposited (Specify Year) 16 Deposited (Specify Year) 17 Year (20 No. Specify) 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 18 Wes Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify 19 West Care to Specify | re | 10e. Street end Number | | | | 10f. Zip Code |) | | 100 | . Citizen of \ | Whet Country? | |
| Specify Spec | <u>e</u> | 3337 Thomas Bri | dge Rd. | | | | 2115 | 54 | | US | SA | |
| Specify Spec | ner | 11. Marifal Status | | | | Ves Decedent o | f Hispenic Ori | igin? (Specify | Yes or No- | | | dian, |
| See Decedent's Sueel Cocception 16e. Decedent's | | 1 ☐ Never Merried 2X Married | 1 ☐ Yes 2 | X No | | | | | in, etc.) | 100 | | |
| Thomas Tracey Preston, Sr. Alberta (u/k) Brazier | | 3 ☐ Widowed 4 ☐ Divorced | | | ' | ⊔ Yes 2KIN | o Specify: | | | Specify | White | |
| Thomas Tracey Preston, Sr. Alberta (u/k) Brazier | B | | | Ī | 16e. Deced | ent's Usuel Occ | upation | | 16 | b. Kind of B | | |
| Thomas Tracey Preston, Sr. Alberta (u/k) Brazier | ple | | | lor 54) | life. D | kind of work dor OO NOT use reti | ne dunng mos ned) | st of working | | | | |
| Thomas Tracey Preston, Sr. Alberta (u/k) Brazier | E | | | | 5 | Sales Ma | nager | | | Metal | Manufac | cturi |
| Time | Se C | 17. Fether's Neme (First, Middle, Las | st) | , | | | | er's Name (Fi | | | | |
| 19e. Informant's Name/Reletionship (Type, Pint) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zp Code) 3337 Thomas Bridge Rd., Street, Md. 21154 20e. Method of Disposation of Disposation (April 2) Chemedion 3 Ramoval from State 20c. Method of Disposation (April 2) Chemedion 3 Ramoval from State 20c. Method of Disposation (April 2) Chemedion 3 Ramoval from State 20c. Method of Disposation (April 2) Chemedion 5 20c. Method of Care Chemedion 5 20c. Method of Care Chemedion 5 20c. Method of Care Chemedion 5 20c. Method of Care Chemedion 5 20c. Method of Care Chemedion 5 20c. Method of Care Chemedion 5 20c. Method 5 | 0 | Thomas Tracey | Preston, | Sr. | | | A | Alberta | u/k |) Bra | azier | |
| Mary E. Preston - Wife 200. Method of Disposition 138 Burids 2 Coremeton 3 Ramoval from State 4 Donesion 5 Others (Specify) 21. Signeture contends a service Licensee 12. Signeture contend | - | | (Type, Print) | W | 19b. Mailin | g Addrass (Stre | | | | | | 1) |
| 20e. Marhod of Disposition 20e. Marhod of Disposition 20e. Place of Disposition (Alame of Albonator (Specify) 21. Signeture of Dinner (Specify) 22. Name and Address of Facility HOWARTA K. MCCOMAS TITI Funeral Home, P. A. 1317. Cokesbury Rd., Abingdon, Md. 21009 23e. Port Enife ha disease, or completions have during the deeth. Do not anise the mode of dyrig, such as cereilar or respiratory errest. 1317. Cokesbury Rd., Abingdon, Md. 21009 23e. Port Enife has disease, or completions have during the deeth. Do not anise the mode of dyrig, such as cereilar or respiratory errest. 23e. Port Enife has disease, or completions have during the deeth. Do not anise the mode of dyrig, such as cereilar or respiratory errest. 23e. Port Enife has disease, or completions have during the deeth. Do not anise the mode of dyrig, such as cereilar or respiratory errest. 23e. Port Enife has disease, or completions have during the deeth. Do not anise the mode of dyrig, such as cereilar or respiratory errest. 23e. Port Enife has disease, or completions have during the deeth. Do not anise the mode of dyrig, such as cereilar or respiratory errest. 25e. Was case reliared to conditions, and the disease of completions and the disease of co | 1 | | | | | | | | | | | |
| Sequentially list conditions Core as a consequence of | ŀ | | | 20b. Pi | ace of Dispos | sition (Neme of | | | | | | itate |
| 22. Name and Address of Facility HOWART K. MCCORNAS ITIT Funeral Home, P.A. 1317 Cokesburry Rd., Abingdon, Md. 21009 Approximate shock, or heref tailure. List only one cause or place in the mode of dying, such as cardac or respiratory errest. Immediate Cause (Fine) disease, or complications hat alread the death. Do not entar the mode of dying, such as cardac or respiratory errest. Immediate Cause (Fine) diseases or condition, and the place of the place | | | | ata | | | | 11 | | | | |
| Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 | | | | MOU | | | | | 20-30 | ooppa | i, Maryl | auu |
| 23a. Part : Enler the disease, or complications hat disease the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate history eleves of fine disease or conditions. Due to (or as a consequence of): 24b. Were an eutopsy that evaluate prior to conditions of court of death? Due to (or as a consequence of): 25c. Was case reterred to medical evamins of court of the cause of the course of the cause of the cause of the course of the cause o | | 21. Signeture dynamical Service Lic | ensee | 1 | | | | | Funer | al Hom | no D A | |
| 28. Part I. Chief ris disease, or complete inch shat disease in conjugate the deeth. Do not entar the mode of dying, such as cardiac or respiratory errest, shadow or heart fellium. List only one cause of continue. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): | | System | 12/ Hur | els | | | | | | | | |
| Due to (or as a consequence of): Sequentially list conditions Sequentially list conditio | | 23a. Pert1. Enter the disease, or co | mplicetions that | sed the daeth | | | | | | | App | oximata |
| Due to (or as a consequence of): Due to (or as a consequence of): | | 01-11-201-201-0-1 | | | | | - | | | | | |
| Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate the list of the cause of th | - 1 | | | D d | | . 101 . 0 | (2) | 1 111 | | | 2 | - lu |
| Sequencially list conditions, if any, leeding to immediate cause. Enter Underlying Cause Disease or Injury and Indiana. Due to (or as a consequence of): Due to (or as a conse | | | θ | Dua to (or | as a conseq | uance of): | | | | | | , ,, |
| Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 | ja l | | | | | | toot. | | | | | |
| Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 | E | Sequentially list conditions | b | | | 1 | 1 4211 | 3 9 | | | | |
| Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part III. Other significant conditions contribute to the ceuse of death of the completion of ceuse of death? | EX | if any, leeding to immadiata causa. Entar Underlying | | | | | | | | | | |
| Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 | Ca | Cause (Disease or Injury | C | Due to (or | as a consequ | ience of): | | | - | | | |
| Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death performed? 1 Yes 2 No 3 Probably 4 University 24b. Were eutopsy performed? 24a. Wes en eutopsy performed? 24a. Wes en eutopsy performed? 24b. Were eutopsy find available prior to completion of ceuse of death examiner? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No No No No No No No | P | resulting in death) Lest | | 200 (0 (0) | 40 4 00 1004 | .01.00 01/. | | | | | | |
| 248. Were autopsy performed? 248. Were autopsy performed? 249. Were autopsy ind available prior to completion of cause of deelth? 1 Yas 2 No | 3 | | d | | | | | | | | | |
| 248. Were autopsy performed? 248. Were autopsy performed? 249. Were autopsy ind available prior to completion of cause of deelth? 1 Yas 2 No | S | Part II Other elgoificant conditions | contributing to don't | th but not recu | eltina in the cu | doddina acusa | sives in Dest I | T | 22h Didtoh | 9000 1100 00 | entelligate to the | nause of d |
| 248. Were autopsy performed? 248. Were autopsy performed? 249. Were autopsy ind available prior to completion of cause of deelth? 1 Yas 2 No | hys | r art ii. Othar signinicant conditions | contributing to deal | in but not resu | intang in the ui | denying cause | given in Fert i | " | | | | |
| 248. Were autopsy performed? 248. Were autopsy performed? 249. Were autopsy ind available prior to completion of cause of deelth? 1 Yas 2 No | V P | COPD | Hype | rtenga | oy | | | | 1 L. Yes | 2 U NO | 3 Probably | 4 Uni |
| 25. Was cese raterred to medical exeminer? 1 Yes 2 No | | | 00 | | | | | | 24a Was an | eutonsv | 24b. Were ex | itopsy flndi |
| 25. Was cese raterred to medical exeminer? 1 Yes 2 No | ete | | | | | | | | | | available | prior to ion of caus |
| 25. Was cese raterred to medical exeminer? 1 Yes 2 No | E I | | | | | | | | | ./ | of deeth | 7 |
| 1 Yes 2 No | | | | | | | | | 1 🗆 Yas | 2 () No | 1 ☐ Yes | 2□ No |
| 1 Yes 20 No | Be | 25. Was cese ratarred to medical exeminer? | | | | | | e of Deeth (C | heck only one |) | | |
| 27. Manner of Deeth 1 | | 1/ | Hospital: 1 ☐ Inp | patient 2 I | ER/Outpetien | 3□ DOA | Other: 4 Nu | ursing Home | 5 D Rasiden | ce 6 □Oth | ner (Specity) | |
| 2 Accident 3 Suicide 4 Homicida 28e. Piece of Injury - At home, ferm, streat, fectory, office 28f. Location (Street and Number or Rural Route Number City or Town, Stata) 29a. Cartifiar (Check only one) 1 Cartifying Physician: To the basis of axaminetion end/or Investigation, in my opinion, deeth occurred at the time, date end piace, and due to the causa(s) and mannar as steled. (Spacify) 29b. Signeture and title of cartifiar 29c. Licansa number 29d. Dete signed (Month, Day, Year) 29d. Dete signed (Month, Day, Year) 29d. News and address of account of the causa (s) (Nonth, Day, Year) 29d. News and address of account of the causa (s) (Nonth, Day, Year) 29d. News and address of account of the causa (s) (Nonth, Day, Year) 29d. Dete signed (Month, Day, Year) 29d. News and address of account of the causa (s) (Nonth, Day, Year) 29d. News and address of account of the causa (s) 29d. Dete signed (Month, Day, Year) 29d. News and address of account of the causa (s) 29d. Dete signed (Month, Day, Year) 29d. News and address of account of the causa (s) 29d. Detection (Month, Day, Year) 29d. News and address of account of the causa (s) 29d. Detection (Month, Day, Year) 29d. News and address of account of the causa (s) 29d. Detection (Month, Day, Year) 29d. News and address of account of the causa (s) 29d. Detection (Month, Day, Year) 29d. Detection (Month) 29d. Detection (M | | _/ | 28a. Dete of (Month. | Injury Day Year) | | 28c, In | jury et ork? | 28d. | Describe how | injury occur | red | |
| 29a. Cartifiar (Check only one) Certifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and mannar as steted. | atic | 2 ☐ Accidenf Investigati | ion | ,, | . 11 | | | No | | | | |
| 29a. Cartifiar (Check only one) Certifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and mannar as steted. | tific | determine | d 289. Piece of | f Injury - At ho | me, ferm, stra | at, fectory, offic | ю | 28f. | | | ber or Rural Rou | te Number, |
| 29a. Cartifiar (Check only one) Certifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and mannar as steted. | Ser l | | building | , ato. (Spaully | / | | | | ony or rown, | Jaiu/ | | |
| 29b. Signeture and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) 11 2 6 9 6 | | | | | | | | | | | | |
| 29b. Signeture and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) 11 2 6 9 6 | S S | (Check only 2 Madical Exa | aminar: On the basi | is of axamineti | | | | | | | | ausa(s) |
| 20 Norma and address of passacruba annual death //tem 02s) (Time Driet) | Me | 29b. Signeture and title of certifier | | | | 29c. Lica | nsa number | | 290 | d. Dete signe | d (Month, Day, | Year) |
| 20 Norma and address of passacruba annual death //tem 02s) (Time Driet) | |) (J) I Cha | evelidi. | M | | DO | 9574 | 1 | | 11/2 | 6 96 | |
| 30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print) | - | | | , , | | | , 5 / 7 | ₹ | | 1.1 | 1,0 | |
| | | | | of death (item | 23a) (Type, i | Print) | 7 10 | 11.17 | | | | |
| | e l | 31. Deta filad (Month, Dev Year) 10 | ent as an | THE STREET | metardal | 4 | | | | | | |

Rev 6/95

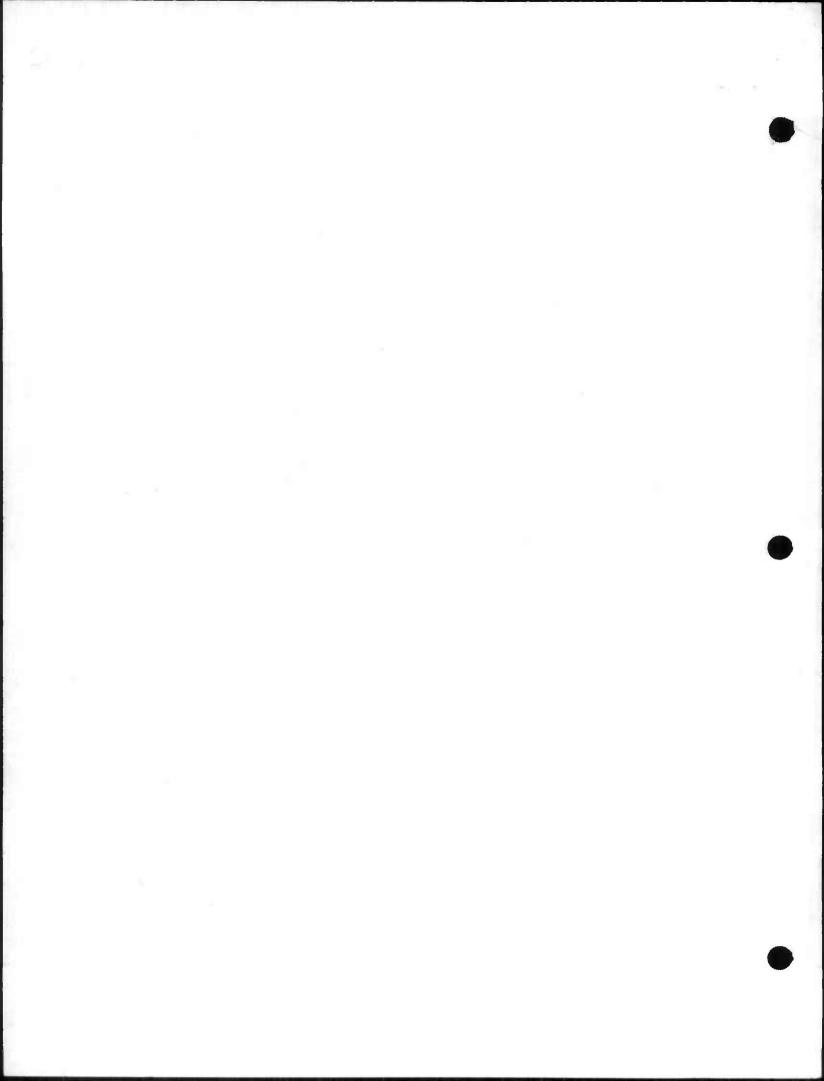


State of Maryland / Department of Health and Mental Hygiene 96 3728 |

| | | | | | | Certifica | te of | Death | | Reg. No. | | 01201 | |
|---------------------|---|----------------|---|--|--------------------------------|---|-------------------------|---|--|----------------------------------|------------------------------------|--|--|
| | Dhyaia | | 1. Decedant's Nama (First, Middle, Las | t) | | | | | 2. Date of Dec | eth Day | Yaar | 3. Tima of Death | |
| | Physici /Medi | | LAURA ALE | THA PARKER | } | | | | NOV. 20 | | | 9:30pm | |
| 1 | Examir | | 4a. Fecility Nama (If not institution, giva | street and number) | | | | 4b. City, Town, or | Location of Death | 4c. Coun | ty of Death | | |
| | | Н | FAIRFIELD NURSING | LLE | | ARUNI | DEL | | | | | | |
| | Funeral Director | | 5. Social Security Number 6. Se 219-16-0214 | TM 21XE | a (In yrs. last bi | Yrs. Months | Days | if Undar 24 Hrs Hours Min | | h y, Year) 1905 | Coui | plece (State or Foreign ntry) YLAND | |
| | P. | | Usual Rasidance of Decedent | | | | | | | | | | |
| | anyla | _ | 10a. Stata 10b. County | | 10c. City, Tov | vn or Location | | | | | 1 | 10d. Inaide City Limits 1 ☑ Yas 2 ☐ No | |
| | Ne M | Director | MARYLAND ANNE ARU | NDEL | ANNAP | | | | | | | 7.5 | |
| | with t | | 10e. Street and Number 32 JOHNSON PLAC | F | | | p Coda 1401 | | | 10g. Citizen o | I What Coul | ntry? | |
| | me 2 | Funeral | 11. Meritel Stetus | 12. Was Decedant B | evar In U,S. | | | | Specify Yes or No- rto Rican, atc.) | | ace - Americ | | |
| 020 | d within 72 hours after death with the Maryland jiene. Ir then "natural", or flema 23a or 28a-f show the Medical Examine must be notined at | by | 1 ☐ Navar Married 2 ☐ Merried 3 🖾 Widowed 4 ☐ Divorced | Armed Forcas? 1 ☐ Yas 2 ☒ N If Yas, Giva Yaar or Datas: | lo | If Yas, sp 1 ☐ Yas | | | rto Rican, atc.) | | Black, Whita, atc. Specify: BLACK | | |
| 5-0 | 72 ho | Completed | 15. Decedent's Edi (Specify only highest grad | ucation da complated) | 168 | . Decedant's Us | uai Occu | pation during most of we | orkina | 16b. Kind of | Businass/In | dustry | |
| 121 | within lene. then | npie | Elementery/Secondary (0-12) | College (1-4or 5 | +) | | | during most of wo | | | | | |
| 12 | Il Hygie other th | | 6th | 0 | | DC | MEST | | | | | SE HOME | |
| Maryland 21215-0020 | a a b | To Be | 17. Fathar'a Nama (First, Middla, Last) LCUIS ALTON, S | R. | | | | GEORGIA | ama <i>(First, Middl</i> a, MOULDEN | Maidan Suma | ima) | | |
| lan | 2 should and Men is marke sumstic | ' | 19a. Informant'e Neme/Ralationship (7 | ype, Print) | 19 | b. Meiling Addras | s (Stree | t and Number or F | Rural Routa Numbe | er, City or Tow | n, Stata, Zip | Code) | |
| | | | CHARLES PARKER (| GRANDSON) | _ | | - | STREET A | NNAPOLIS | , MD. | 21401 | | |
| Baltimore, | or or | | 20a. Mathod of Disposition 1X Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify, | | cemate | of Disposition (No ary, cramatory or ONT CEME | othar pla | * | Dete 1/26/96 | 20c. Location | | own, Stata LE, MD. | |
| Balt | permit. Pa Departmen Important: any Injury once. | | 21. Signeture of Funaral Sarvice Licens | 1 £00 | 20 | | | | ORTUARY, | | | | |
| | | | 23a. Part1. Enter the disease, or comp shock, or heart failure. List only of | 1./ | | | | | POLIS, MD | | L | Approximete | |
| Ų. | Physician | | shock, or haart failure. List only c | | | | | | | | i | Intarval Between Onset end Death | |
| И | /Medicai | | Immediata Causa (Final disaasa or condition | (041 | Bus. | Vase | ula | NW | ceidon | T | 1 | Weille | |
| | Examiner | 2 | resulting in death) | Due to (or as a consequence of): | | | | | | | | | |
| | ted nsit | 듄 | | b. X. | - | V | | | | | - 1 | | |
| 30, | certificate be executed rding physician and use as the buriel-transit | i Examiner | Sequentielly list conditions, if any, laading to immediata causa. Entar Underlying Cause (Disease or Injury | | Dua to (or as a | consequance of |): | | | | | | |
| 68760, | cate t | Medicai | that initieted events rasulting in death) Lest | | Due to (or es e | consequence of | : | | | | | | |
| Box 6 | S S S | | | d | | | | | | | | | |
| | death ce | Physician/ | Part II. Other algorificant conditions co | atributing to death H | t not reculting | n the undeduine | 201100 0 | ven in Bart I | 22h Did | obacca usa c | Janibura 1 | o the cause of death? | |
| P.0. | by the | hys | NA AMA | 0 9 | | 1 (| oausa gi | vori in ir dict. | 10 | | | bably 4 Unknown | |
| | s that pned b | by P | 100 000 | 77 | COPC | | | | | | | | |
| of Vital Records, | v requires that the death ce been signed by the attendi should be detached for use | Completed I | | | | | | | | an autopsy med? | av | fara autopsy findings vailable prior to omplation of cause | |
| Re | The law ate hes b page 2 s | | | | | | | | 40) | res 25 No | | death? | |
| tal | ician: The certificate rector, pag | | 25. Was casa rafarrad to medical | | | | | OC Disease of As | 101 | | 11 | □Yas 2□No | |
| > | Physician: r this certific ral director, | To Be | axaminar? | Hospital: 1 ☐ Inpatia | nt 2 ER/O | utpatient 3 C | OA Ot | har | eath (Check only of Homa 5 Rask | | ther (Specia | fu) | |
| | g Phy er thi | | 27. Manner of Deeth | 28e. Data of Injur (Month, Day | | Tima of | 28c. Inju | | 28d. Dascribe I | | | 97 | |
| jo | Attending or death. ector: After by the fune | atio | 1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation | (WOM, Day | rear/ | Injury M | | Yas 2 □ No | | | | | |
| Division | or Atte | Certification: | 3 Suicida 6 Could not be datarmined | 28a. Place of Inju- building, etc | ry - At homa, f . (Specify) | erm, straat, fecto | ry, office | | 28f. Location (S City or Tox | | nber or Run | al Routa Number, | |
| | To the Hospital or Attending Physicien: The i within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page | edical C | 29a. Certifier (Check only one) 1 Certifying Phy 2 Meet Example | reician: To the best of iner: On tha basis of end menner ste | axamination as | a, daath occurred nd/or Invastigetio | d et the ti n, In my | me, dete end piec opinion, daath occ | e, end due to the curred at tha tima, | cause(s) end r data and place | manner as s | steted. o the cause(s) | |
| | To the comp | Me | 20th Signature and title of certifier | NAVOD | m |) (D 25 | c. Licen | sa number (2 | 8 | 29d. Data sign | ned (Month, | Day, Year) | |
| • | | | 30, Name and address of person who o | ompleted enume of de | eath (Item 23e) | Type, Print) | 5 | | | 11/6 | 1/0 | 16 | |
| | Sta | te | 31. Date filed (Month, Day, Year) | 32 Registra | r's Signature | TOR | | | | | | | |
| | Registr | | NOV 2 5 19 | 196 Jul | ie Davids | n-Randall | - | | | | | | |

| DIVISION OF VITAL RECORDS, P.O. BOX 68/61 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL PRECIDIAL After his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. |
|--|
| MPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | 1 - FOR STATE REGISTRAR | STATE OF MARYLA | ND / DEPARTM | | | NTAL HYGIENI REG. NO. | | | |
|---------------|--|--|--|-------------------|--|--|-----------------|-----------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | FRAN | 1410 | 2 6 4 7 | 2 | DATE OF DEATH | Y YE | 3. T | IME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE (1) | 1 | INDER 1 YEAR | IF UNDER 24 HRS. 7 | DATE OF BIRTH | 2 199 | 94 | 7 < 18 M |
| | The state of the s | 1X M 2 D F 85 | | 1 | MOUTES MIN | (Month, Day, Year) Oct. 8, 19 | | country) | |
| _ | 9e. FACILITY NAME (If not institution, give stre | | | - | R LOCATION OF DEAT | н | 9c. COUNTY | OF DEATH | |
| DIRECTOR | RESIDENCE OF DECEDENT | NTY GEN. | 140SP. 4 | 1537 | MINSIE | R | CARR | OLC | COUNTY |
| REC | 10e. STATE 10b. COUNTY | | | WN OR LOCAT | | | | | INSIDE CITY LIMITS? |
| 1 | Maryland Carro | OTT | West | minste | ZIP CODE | | 10g. CITIZEN | | YES 2 XNO |
| FUNERAL | 1730 Old Liber | ty Road | | 100 | 21157 | | U.S. | | COOKINIT |
| P. N. | 11. MARITAL STATUS 1 Never Married 2 Married | 12. WAS DECEDENT EVER IN FORCES? 1 YES | U.S. ARMED 2 XNO | | ENDENT OF HISPANIC polify Cuben, Mexican, I | | or No — 14. | RACE - A Black, Wh | mericen Indien, ite, etc. |
| B | 3 Widowed 4 Divorced | IF YES, GIVE WAR OR DA | TES TY | | 2 XNO Specify | | | Specify: | nite |
| ED | 15. DECEDENT'S EDUCA (Specify only highest grade c | | 16e. DECEDENT'S USU. (Give kind of work iffe. Do NOT use reti | AL OCCUPATIO | N st of working | 18b. KIND OF BUS | INESS/INDUST | | 12.00 |
| 1= | Elementary/Secondary (0-12) | College (1-4 or 5+) | | | Painter | Painti | ng Con | tract | cor |
| COMPLET | 17. FATHER'S NAME (First, Middle, Last) | | | | | (First, Middle, Meiden | | | |
| BE C | Josiah | Scott | PICKETT | | Cele: | st | BAR | NES | |
| 0 | 19e. INFORMANT'S NAME (Type/Print) | Comi tala | | | nd Number or Rural Rou ood Court | | | | 78/ |
| | Mrs. Florence E. | 20b. | PLACE AND DATE OF DI | | | | CATION — City | | |
| | 1 M Burial 2 Cremation 3 Remote 4 Donetion 5 Other (Specify) | val from State Cem | etary, crematory or other pake View Men | orial P | ark, Nov. 1 | , 1996 E1 | dersbu | rg, l | id. |
| | 21. SIGNATURE OF FUNERIAL SERVICE LICE | NAME I | | Keen | ey and Ba | sford P.A | . Fune | ral I | Tome |
| | Kicharge, 7 | 1100 |)255 | 106 | East Chur | ch St., F | rederi | ck,Mo | |
| | 23. PART i. Enter the diseases, or coehock, or heart failure. L. | omplications that caused let only one cause on ea | the death. Do not e ich line. | inter tha mo | da of dying, auch i | is cardiac or respi | ratory arrest | . | Approximate interval Between |
| | IMMEDIATE CAUSE (Final disease or condition resulting in death) | PULIYIC | NAR | 4 1 | MBOL | 18m | | ĺ | ONE WE |
| | resulting in country | | CONSEQUENCE OF): | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| NO NO | Sequentially list conditions, b. | DUE TO (OR AS A | CONSEQUENCE OF): | | | | | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | | | | | | | | |
| E | that initiated events resulting in death) LAST | DUE TO (OR AS A | CONSEQUENCE OF): | | | | | | |
| | d. | | | | | | | - | |
| CAL | PART II. Other eignificant conditions | contributing to deeth be | ut not resulting in th | e underlying | g ceuee given in Pa | PERFOR | MED? | AWA | LABLE PRIOR TO |
| MEDIC | | | | | | _ 1 🗆 YES 2 | THE . | | DEATH? |
| N. | DID TOBACCO USE CONTR | | | | UNCERTAIN | | | | 7 |
| SICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | | HER: | | | | | |
| PHYS | 1 VES 2 NO 27. MANNER OF DEATH | 1 Inpetient 2 ER/Outp | 28b. TIME OF | 26c. INJ | | Other (Specify) 8d. DESCRIBE HOW II | NJURY OCCUR | ED | |
| ВУ Р | 1 Natural 5 Pending 2 Accident Investigation | (Month, Day, Year) | INJURY | | PRK? | | | | |
| ETED E | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spec | — At home, ferm, atree | t, lectory, offic | 2 | 6t. LOCATION (Street e City or Town, State) | and Number or I | Rural Route | Number, |
| LET | 29e. CERTIFIER CERTIFYING PHYSIC | IAN: To the beat of my knowl | ados desth occurred at | the time date | and place, and due to | the councie and more | | | |
| COMPL | onel | t: On the beels of exemination | | | | | | ause(s) end | manner as stated. |
| BE C | 296. SIGNATURE AND TITLE OF CERTIFIER | 0.1 | 45 | | 29c. LICENSE NUMB | ER | 29d. DATE SI | GNED (Mor | nth, Day, Year) |
| TO B | SIL HAMP AND ADDRESS OF PERSON WHO | THE CAUSE OF OF | M D | e). | D250 | 52 | NO | 113 | 196 |
| | HAFEE2 1 | 4 5451 |) | DIA | IInIn | 1 DR | 1115 | 87 n | INSTA |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAMS SIGN | ATURE PONTARI | 4:11 | | 1 2/1 | VVL | 111 | 7.75.0 |
| | NOV 1 4 1996 | 117 | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

37283 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 20, **Physician** Month Gertrude Kirby **PORR** 1996 November 3:00 P.M. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Citizens Nursing Home Frederick Frederick Hours Min. April 4, 1915 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign **Funeral** Days 10 M 2 F 81 Mary Land 214-10-3692 Yrs. Director Usual Residence of Decedent with the Maryland 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits Items 23a or 28a-f ahow Maryland Frederick 1 Yes 2□No Director Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1900 Rosemont Avenue 21702 U.S.A. Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, 7 is marked other than "natural", or itan traumatic event, the Mexical Examples Black, White, etc. Pagas 1 and 2 should be filed within 72 hours eftarnent of Haalth and Mental Hygiene. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify. White 3 Widowed 4 Divorced Specify: 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade permit. Pagas 1 and 2 should be filed within Department of Haalth and Mental Hygiene. Important: If itam 27 is marked other then any fujury or other traumatic event, tra Magnes. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) John Samue 1 Eicholtz Gertrude Kirby 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Larry K. Porr, Son 2813 Kings Way, Las Vegas, Nevada 89102 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Date 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stete Mount Olivet Cemetery, Nov. 25, 1996 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Reeney & Basford P.A. Funeral Home 106 East Church Street, Frederick, MD 21701 21. Signature of Funeral Service Licenses M00703 23a. Part1. Enter the disease, or complications that countries shock, or heart failure. List only one ceuse on the death. Do not enter the mode of dying, such es cerdiac or respiratory errest, Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as e consequence of): Hospital or Attending Physician: The law requires that the death certificate be axecuted ate has been signed by the attanding physician end page 2 should be deteched for usa as tha burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as e consequence of) P.O. Box 68760. Physician/Medical Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of ceuse of deeth? Completed 24a. Was an autopsy performed? cartificate hes 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Aftar this in by tha funaral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Naturel 5 Pending investigation death. Accident 1 ∏Yes 2 ∏No Director: 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospital within 24 hours e To the Funeral C 29a. Certifier Medical 🗲 eartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and the of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D16428 November 21, 1996 30. Name and address of person who completed cause of death (fiem 23a) (Type, Print) Casper E. Cline, III, M.D. 300 West Ninth Street, Frederick, MD 21701 32. Registrar's Signature
Shucker-Randall

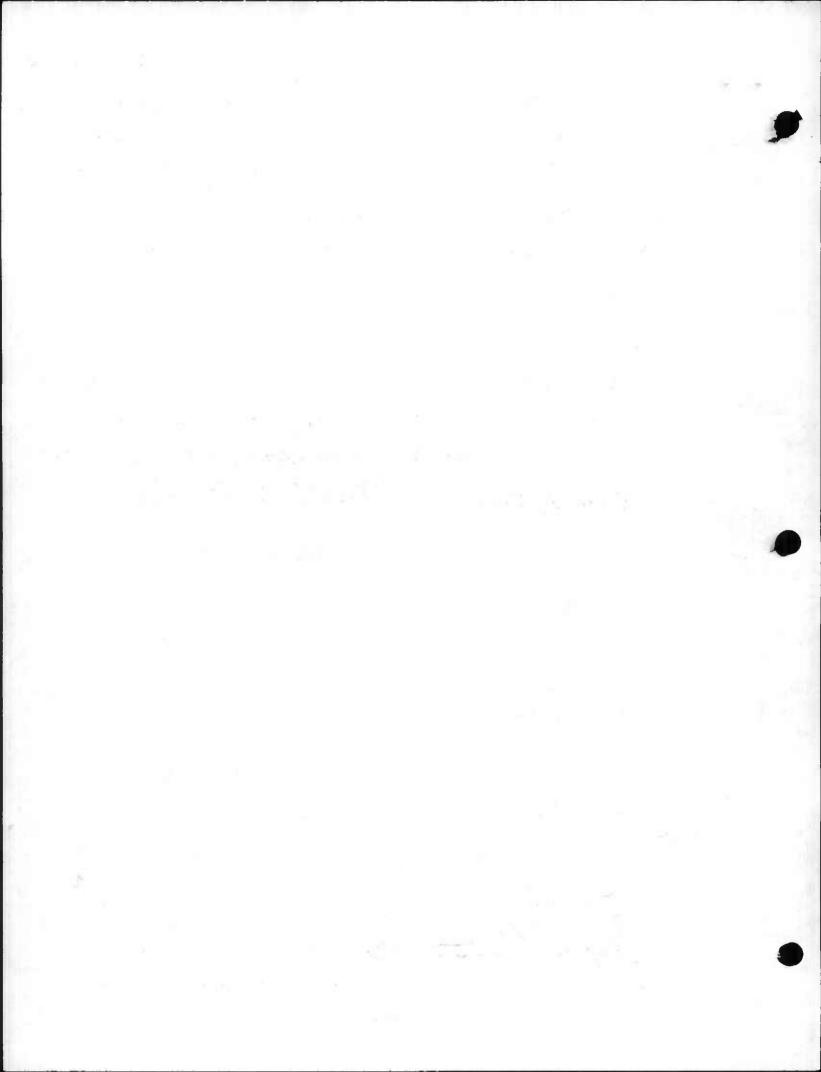
DHMH 16 Rev 6/95

State

Registrar

31. Dete tiled (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene Q 6 27291.

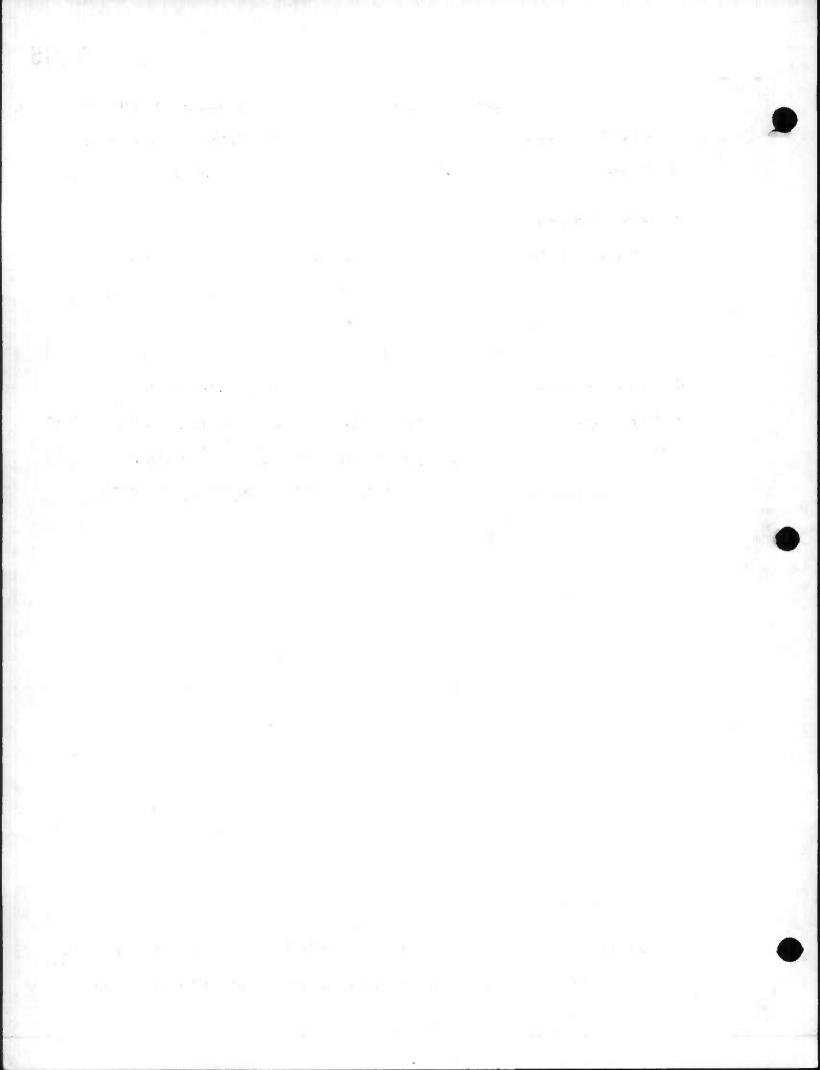
| Physicia /Medic | | 1. Decedent's Name (First, Middle, L | ast) | | | of Death | 2. Date of De | Reg. No. | 3. T | me of Death |
|---|------------------------------|---|--|--|--|---|--|--|--|-----------------------------------|
| /Modio | - 1 | Margaret M T | atahan | | | | Month | Day | Year | |
| Examin | | Margaret M. P 4a. Facility Neme (If not institution, g | | | | 4b. City, Town, o | Novemb Location of Deat | | | 1:24 PM |
| Examin | er | | | | | | | 101 000.11 | | |
| Funeral | | Manor Care - Be 5. Social Security Number 6. | | e (In yrs. last birt | hday) If Under 1 Ye | Chevy C | hase s. 8. Date of Bir | MO1 | ntgomery | tate or Foreign |
| Funeral Director | | 196-03-4702 Usual Residence of Decedent | 1□ M 2⊠ F | | rs. Months Dey | | | y, Year) | 9. Birthplace (S Country) Pennsylv | |
| Mental Hygiene. arked other than "natural", or items 23a or 28a-f show atic event, the Medical Examinar must be notified at | | 10a. State 10b. County | | 10c. City, Town | or Location | | | | 10d. Ins | de City Limits |
| a-f a- | tor | Maryland Montgon | nerv | Kens | ington | | | | 1 | Yes 2 No |
| N 28 | Director | 10e. Street and Number | | 1,0110 | 10f. Zip Code | Ð | | 10g. Citizen of V | What Country? | |
| 4 | | 3102 Edgewood Ro | ad | | | 20895 | | U.S.A. | | |
| S E | Funeral | 11. Maritel Stetus | 12. Was Decedent Armed Forces? | Ever in U,S. | 13. Was Decedent of If Yes, specify Co | of Hispanic Orlgin? (| Specify Yes or No | - 14. Rac | a - American tndi | an, |
| | þ | 1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorcad | 1 ☐ Yes 2X If Yes, Give Year or Dates: | No | 1 □ Yes 2 ☑ N | | | Specify | | |
| lical | ted | 15. Decedent's E | Education | 16a. | Decedent's Usuel Occ | cupation | a efeta a | 16b. Kind of Bu | usiness/Industry | |
| | Completed | (Specify only highest gi | Coilege (1-4or s |)+) | (Give kind of work dor life. DO NOT use ret eral's Ass | | orking | W4146 | | |
| | | 17. Father's Neme (First, Middle, Las | | Gen | erar s Ass | | eme (First, Middle | Militan Maiden Sumam | | |
| | To Be | William Spellman | • | | | | | | | |
| | - | 19a. Informant's Name/Relationship | | 19h | Malling Address (Stre | Mary eet and Number or F | | er. City or Town | State, Zin Code) | |
| | | | | | | | | | | 0000 |
| | 1 | Mary S. Monen 20a. Method of Disposition | | 20b. Place of | 412 Leslie Disposition (Name of commatory or other p | Louri Si | Lver Spr | 20c. Location - | yland 2 City or Town, Sta | 0902 |
| | | 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec | Removal from State | | | | 11/07/05 | | | |
| once. | | 21. Signature of Funeral Service Lice | | Gate of | Heaven Ce | emetery dress of Facility | 11/27/96 | Silver S | pring,M | aryland |
| eny i | | 01.11. | +1 | . // | Francis J | | Funeral | Home, 1 | Inc. | |
| | \dashv | 23a Part 1 Enter the disease or con | | I the death. Do n | 500 Unive | rsity Blv | d.,W. Si | lver Spi | | |
| | | 23a. Pert1. Enter the disease, or conshock, or heart failure. List only | one cause on each li | ne. | ot enter the mode of o | lying, such es cardie | c or respiretory e | rrest, | Interv | kimate il Between end Deeth |
| ian cai | П | immediate Cause (Final | | 200 | : D111 10 | > | 1, 5 | 111.00 | | end Deem |
| er | | disease or condition resulting in deeth) | a | HKVI | GYULM | nonfic | 9 1 | 41400 | | |
| | ē | | | Due to (or es a c | OPULA onsequence of): ARY A | 1777 | 1, 71 | Core | 0 | |
| | Examiner | | b | | 1 | 71 -140 | 7 61 | JUAS 4 | 4 | |
| | xai | Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury | | Due to (or es e c | onsequence of): | | | | | |
| 1 | cal | cause. Enter Underlying Ceuse (Diseese or Injury that initieted events | c | Down to d | | | | | | |
| 1 | edical | resulting in deeth) Lest | | Due to (or as a co | onsequence of): | | | | | |
| - 10 | - | | d | | | | | | | |
| | Physician | Pert II. Other significant conditions | contributing to death b | ut not resulting in | the underlying cause | given in Part I. | 23b. Did | tobacco use cor | ntributa to the ca | use of death? |
| | | (LIZON) | LC AT | RIAI | ar | CLATIJI | V 10 | Yes 2000 | 3 ☐ Probably | 4 Unknow |
| 1. | 2 | 1. 1 | | LUIC | T CON | | | | | |
| | Completed | HOPATIA | SALL | 22L | 2 | | 24e. Wes | an eutopsy rmed? | 24b. Were auto evailable | prior to |
| | Die | 10/13/00 | 11100 | | | | | | completion of deeth? | n of cause |
| | | | | | | | 10 | Yes 20 No | 1 ☐ Yes | |
| | 있 | | | | | | | | | 2□ No |
| | 0 | 25. Was case referred to medical | | | | 26. Plece of De | eth (Check only o | one) | | 2□ No |
| 1 | o Re | 25. Was case referred to medical examiner? 1 ☐ Yes 2 ☐ 16 | Hospital: 1 ☐ Inpatie | nt 2 ER/Out | patient 3 DOA | Other: | eeth (Check only o | | er (Specify) | 2 No |
| | To Be | examiner? 1 ☐ Yes 2 27. Manner of Deeth | 1 □ Inpatie | | patient 3LI DOA | Other: ursing | Home 5□ Resi | | 1-1 | 2□ No |
| | To Be | examiner? 1 | 28a. Date of Inju (Month, Day | | me of jury 28c. In | Other: ursing | Home 5□ Resi | denca 6 □Othe | 1-1 | 2□ No |
| 1 | To Be | examiner? 1 | 28a. Date of triju (Month, Date) | y Year) 28b. Ti | me of jury 28c. In | Other: ursing jury at cork? | Home 5 Resi | denca 6 □Othe how injury occurr | 1-1 | |
| 1 | To Be | examiner? 1 Yes 2 2 27. Manner of Deeth 1 Deatural 5 Pending investigatic 3 Suicide 6 Could not be | 28a. Date of triju (Month, Date) | y Year) 28b. Ti | me of jury M 1 | Other: ursing jury at cork? | Home 5 Resi | denca 6 □Othe how injury occurr | ed | |
| | Certification: To Be | examiner? 1 | 28a. Date of triju (Month, Date) | y Year) 28b. Ti | me of jury M 28c. In W 11 | Other: Jursing jury at Jork? Yes 2 No | 28d. Describe 28f. Location (City or Total | denca 6 □Other how injury occurr Street and Number vn, State) | er or Rural Route | Number, |
| | ledical Certification: To Be | examiner? 1 | 28a. Date of triju (Month, Da) 28a. Placa of Inju building, etc | y Year) 28b. Ti | patient 3L DOA me of lury M 1 1 m, street, factory, offic death occurred at the for investigation, in my | Other: Jursing jury at Jork? Yes 2 No | 28d. Describe 28f. Location (City or Total | denca 6 Other how injury occurr Street and Number wn, State) cause(s) end me date and place, s | er or Rural Route | Number, |
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| Dage 7 | ledical Certification: To Be | examiner? 1 | 28a. Date of Inju (Month, Da) 28a. Placa of Inju be 28b. Placa of Inju building, etc. 28b. Placa of Inju building, etc. 28b. Placa of Inju building, etc. | y Year) 28b. Ti | patient 3L DOA In the of Juny M 11 M 11 M 11 M 11 M 11 M 11 M 11 M | Other: ursing jury at Jork? 2 No Pe time, date and place of opinion, death occurse number | Home 5 Resi 28d. Describe 28f. Location (City or Tota a, and due to the urred at the time, | denca 6 Other how injury occurr Street and Number wn, State) cause(s) end me date and place, s | er or Rural Route Inner as stated. and due to the ca | Number, |
| Compression median by the lutiestal director, page 2 | Medical Certification: 10 Be | examiner? 1 | 28a. Date of Inju (Month, Da) 28e. Placa of Inju building, etc anysictan: To the best of miner: On the basis of and manning se completed cause of d | ry Year) 28b. Ti In Jury - At home, fan b. (Specify) of my knowledge, examination and | patient 3L DOA In the of Juny M 11 M 11 M 11 M 11 M 11 M 11 M 11 M | Other: ursing jury at Jork? 2 No Pe time, date and place of opinion, death occurse number | Home 5 Resi 28d. Describe 28f. Location (City or Tota a, and due to the urred at the time, | denca 6 Other how injury occurr Street and Number wn, State) cause(s) end me date and place, s | er or Rural Route Inner as stated. and due to the ca | Number, |
| pletely filled in by the funeral director. | Medical Certification: To Be | examiner? 1 | 28a. Date of Inju (Month, Da) 28a. Placa of Inju bilding, etc. 28a. Placa of Inju bilding, etc. 28a. Placa of Inju bilding, etc. 28a. Date of Inju bilding, etc. 28a. Date of Inju bilding, etc. 28a. Date of Inju bilding, etc. 28a. Date of Inju bilding, etc. | ry Year) 28b. Tinn In In In In In In In In In In In In I | patient 3L DOA 28c. In Jury M 28c. In In In In In In In In In In In In In | Other: ursing jury at Jork? 2 No Pe time, date and place of opinion, death occurse number | Home 5 Resi 28d. Describe 28f. Location (City or Tota a, and due to the urred at the time, | denca 6 Other how injury occurr Street and Number wn, State) cause(s) end me date and place, s | er or Rural Route Inner as stated. and due to the ca | Number, |

도시". 12MPTH. J. 프랑트라트 트립트 포스텔트 프로그램 트릴

State of Maryland / Department of Health and Mental Hygiene 95

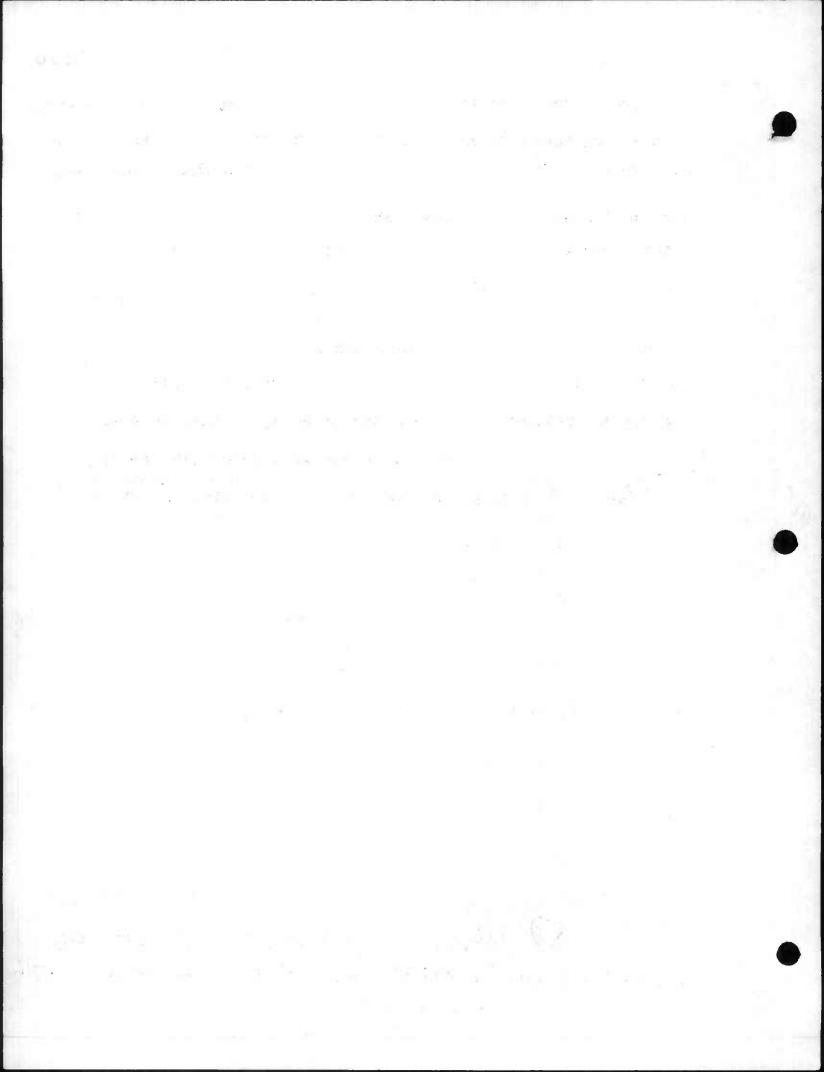
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| | | | | | | Ce | rtificat | e of | Death | 7 | | Reg. No. | 20 | 37203 |
|--|----------------|---|----------------------------------|-------------------|--------------------------------|--------------------------|------------------------|-----------------------|----------------------------|--------------------------|-----------------------------------|--------------------|--|--|
| Physic | ian | Decedant's Nama (First, Midd | fla, Last) | | | | | | | | 2. Data of D Month | eeth Day | Yaer | 3. Tima of Death |
| /Medi | | | | ricia | | Pec | k | | | | Noveml | ber 2 | 2, 1996 | 11:15 P.M |
| Exami | ner | 4e. Fecility Nama (If not institution | | d numbar) |) | | | | 4b. City, To | own, or Lo | ocation of Daa | th 4c. 0 | County of Deat | 1 |
| | | 14117 Clemsford | | | | | | | | | ville | | Montgom | ery |
| Funeral | | 5. Social Security Number | 6. Sax 1 □ M 2 🖾 | | ge (In yrs. las | | If Undar Months | 1 Year Days | | Min. | 8. Date of Bi (Month, D | irth lay, Year) | 9. Birth | nplaca (Stata or Foreign untry) |
| Director | | 284-36-3373 | | | 55_ | Yrs. | | | | | Feb.24 | 4,1941 | 1 | Ohio |
| and ** | | Usual Rasidance of Dacedent 10a. Stata 10b. County | / | | 10c. City, 7 | Town or Lo | ocetion | | | | | | | 10d. Insida City Limits |
| f sho | 6 | Manyland Man | | | | | | | | | | | | 1 ☐ Yas 2 ☒ No |
| the l | Director | Maryland Mont | gomery | <u>.</u> | | R | ockvi 10f. Zip | | | | | 40 000 | | 1041 - 11-2 |
| with o | ā | | 1 5 1 | | | | | | | | | 10g. Citiz | an of What Co | untry? |
| eath | era | 14117 Chelmsfor | 7 | Decedent | Evar In U.S. | 12 | | 208 | | ining (Co. | noife. Van an N | . 14 | USA | lana tadina |
| Hen Hen | 5 | 1 Navar Married 2 Mar | Arma | d Forces? | , | 13. | If Yes, spec | ify Cub | an, Mexica | n, Puarto | ecify Yas or N Ricen, etc.) | 0- | Race - Amar Black, Whita | |
| filed within 72 hours after death with the Maryland Hygiena. "natural", or items 23a or 28a-f show int, the Medical Examiner must be notified at | by Funeral | 3 □ Widowad 4 □ Divorcad | If Yas | , Giva | NO | | 1□ Yas 2 | 2⊠ No | Specify. | : | | 5 | Specify: | White |
| 2 hou | 8 | 15. Decedar | nt's Education | | | I6a. Decad | dant's Usua | d Occur | nation | | | 16h Kin | d of Businass/I | |
| in 7 | Completed | (Specify only highe | st grada complat | | | (Giva | kind of wor | rk dona | during mos | st of work | ing | TOD. KIII | d of Dusiliass/i | ndustry |
| with in the | mo | Elamantary/Sacondary (0-12) | | ge (1-4or : 5+ | 5+) | N | urse | | , | | | Med | lical | |
| Hyg orthe | 0 | 17. Fathar's Nama (First, Middla, | | , , | | 41 | arse | | 18. Moth | ar's Name | (First, Middle | | | |
| 2 should be filled within end Mantel Hygiena. Is marked other than aumatic event, the Mantel than the Mantel t | To B | William Corcora | n | | | | | | | | | | | |
| shot mar mar | | 19e. Informant's Name/Reletions | | | | 19b. Mailir | ng Addrass | (Straat | | | se Gold | | Town, Stata, Z | ip Code) |
| s 1 and 2 should be filed within 72 hours after dea f Health end Mantel Hygiena. Itam 27 is markad other than "natural", or items other traumatic event, the Medical Examine In | | Charles A. Peck | | | | | | | | | | | | |
| of Health itam 27 | | 20a. Mathod of Disposition | | | 20b. Plac | e of Dispo | sition (Nam | na of | ora Ki | | | 20c. Loc | ation - City or T | nd 20853 own, Stata |
| | | 1 ☑ Burial 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (S | | om Stata | | | | | | 1 | 1/27/96 | | | |
| permit. Paga Department of important: If any injury or once. | | 21. Signatura of Funeral Sarvica | | - 1 | MITTI | | | | L Ceme | | | Arti | ngton, | Virginia |
| Depa impo any ir | | 0.1:11. | f. | K | // | F | ranci | s J. | . Col | lins | Funera | 1 Hom | e, Inc. | 1907 |
| _ | | 220 Dodd Enter the disease of | mo | Sign | -ex | 5 | UU Un | ivei | rsity | Blvc | I.W. Si | lver | Spring | MD 20901 |
| N | | 23a. Part1. Enter tha disaasa, or shock, or haart failure. List | only one ceusa | on eech li | ne. | Do not ant | ar the mode | e or dya | ng, such as | cerdiac c | or respiratory a | arrest, | 1 | Approximate Intervel Betwaan Onsat and Daath |
| Physician /Medical | | Immadiata Cause (Final | | | | | | | | | | | - | Olisat and Daatii |
| Examiner | | Immadiata Cause (Final disaase or condition rasulting In death) Malignant Melanoma 6 weeks | | | | | | | | | | | | |
| 11 | P. | | | | Dua to (or es | a consac | uance of): | | | | | | | |
| nsit | Examiner | | b | | | | , | | | | | | | |
| certificeta be executed ding physician and use as the bunal-transit | Exa | Sequantially list conditions, if eny, leading to immediate | | | Dua to (or es | a consaq | uance of): | | | | | | | |
| rceta be executed physician and s the burial-transit | | Sequantially list conditions, if eny, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury that initieted avants | c | | | | | | | | | | | |
| ficet phy as th | /Medicai | rasulting in death) Last | | | Dua to (or as | a conseq | uance of): | | | | | | | |
| | M | | d | | | | | | | | | | | |
| d for | Physician | Part II. Other significant condition | na contributing to | n dooth h | ut not rooutin | a in the | | | i- D1 | | ant Did | A-b | | |
| thet tha deaned by the eaderched f | hys | Tarin Only significant conduct | Me continuing to | o deem pi | ut not rasultin | g in tha ur | idanying ca | ause gr | en in Parti | ١. | | | | to the causa of death? |
| thed le det | by P | | | | | | | | | | 10 | Yes 265 | No 3 Pro | bably 4 Unknown |
| requires thet tha death ween signed by the etter hould be detached for u | | | | | | | | | | | 24a. Was | an autops | y 24b. W | /ara autopsy findings |
| > 11 () | lete | | | | | | | | | | | ormed? | a | vailabla prior to omplation of ceusa |
| 9 - 6 | Completed | | | | | | | | | | | | | death? |
| certificate rector, pag | e Cc | 25. Was cesa raferred to medical | | | | | | | | | | Yas 2 🔀 | No 1 | ☐ Yes 2☐ No |
| this certific | 00 | axaminar? | Hospital: | D | | | | Oth | or. | | (Chack only | | | |
| r this rel di | 5.7 | 1 ☐ Yas 2 ☐ No 27. Mannar of Death | 1 | ☐ Inpatie | | Outpatien b. Tima of | | A | 4 LI NU | | | | Other (Speci | fy) |
| After funer | tor | 1 ☑ Natural 5 ☐ Pandin | g (M | fonth, Day | Year) | Injury | M | Bc. Injur Wor | yat k? Yes 2□ | | 28d. Dascribe | now injury | Delinoo | |
| r daath. ector: Affe by the fune | Certification: | 3 ☐ Suicida 6 ☐ Could i | not be | ace of Ini- | un/ a At ham a | form | | | 100 2 | | Of Location (| Ctront | Number of D | al Bouto Number |
| after daat Director: d in by the | Ta | 4 ☐ Homicide datarm | inad bu | ilding, ato | ury - At homa, c. (Spacify) | , restill, Střá | at, ractory, | OHICE | | 2 | City or To | wn, Stata) | rvum <i>oer of Hut</i> | al Routa Number, |
| within 24 hours after daath. To the Funeral Director: After th completaly filled in by the funeral | | 29a. Cartifiar 1 P Certifyin | a Physician, Y- | the best | of many less and a | dan d" | | 4 Ab - 4' | | - 1- | | | | |
| within 24 hours after To the Funeral Dire completely filled in the | edical | (Check only one) | g Physician: To Examinar: On the | a basis of | examination | age, daath and/or inv | occurred a astigation, | it tha tin in my o | ne, dete an pinlon, dee | d place, a th occurre | ind dua to tha ed at the time, | deta and p | nd manner es : lace, end dua t | stetad. to the causa(s) |
| ithin or the | Med | 29b. Signature and title of certifier | anum | annar sta | neu. | | | | a number | | | | | |
| - ≱ ≓ 8 | | | 7 | 1 | -1 | 00 | 250. | | | | | 250. Data | signed (Month, | Day, Tolli) |
| | - | Nous | T. 0 | | Ju | We | | | D3267 | 1 | | Nover | mber 25 | , 1996 |
| 10 | | 30. Nama and eddrass of person | | | | | | | | | | | | 20307 |
| | | Lewis F. Deihl | | Hemo | tology | y-Onc | ology | -SV | C Wal | ter | Reed Ho | ospita | al, Was | hington DC |
| Sta Registr | | 31. Data filed (Month, Day, Year) | | | ar's Signatura | | | | | | | | | |
| Registra | | NOV 2 7 1996 | July | a Davi | don-pa | nels tota | | | | | | | | |
| MH 16 Rev 6/95 | | | U | | | - Indial | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene O.C.

| | | | Oldio Ol I | viai yiaiia / | | ificate of | Death | | Reg. No. | 0 | 3/286 | |
|--|---------------------|---|---|--|---|---|---|--|----------------------------------|--|---|--|
| Physic | ian | Decedant's Name (First, Midd | | | Data of Death Month Day Yaar 3. Tima of Death | | | | | | | |
| /Medi | | | EON PORT | | | | | | 22,199 | | 4:46 P.M. | |
| Exami | ner | 4a. Facility Nama (If not institutio | | er) | | | 4b. City, Town, or | | 4c. County | y of Death | | |
| * | | PRINCE GEOR | | RAL HOS | | | CHEVE | | | PRINC | | |
| Funeral Director | | 5. Social Sacurity Number 213–58–9845 | 6. Sax 7. | Aga (In yrs. last b | | If Undar 1 Yaar Months Days | Hours Min. | 8. Data of Birth Month, Day | 1951 | 9. Birthpl Coun Washi | laca (Stata or Foreign try) ngton, DC | |
| and w | | Usual Rasidance of Dacadant 10a. Stata 10b. County | | 10c. City, Tov | wn or Loca | tion | | | | - | Od Japaida City I Imite | |
| with the Maryland a or 28a-f show to notified at | 5 | Maryland Montgo | k | | | | " | 0d. Inside City Limits 1 ☑ Yas 2 ☐ No | | | | |
| tha Mar 28a-f st | rect | 10e. Straat and Numbar | | 200101110 | 2 2 42 | 10f. Zip Coda | | | log. Citizan of | What Coun | 21 | |
| | al D | 7519 Carroll A | ve. | | | 20912 | | | | | | |
| items | by Funeral Director | 11. Marital Status 1. Mavital Status 1. Mavar Marriad 2 | If Yas Giva | \$? ∑ X lo | | as Decedant of F ras, specify Cub | dispanic Origin? (S an, Maxican, Puart Specify: | pecify Yas or No- o Rican, atc.) | | ce - Amarica ck, Whita, a y:whit | atc. | |
| 21215-0020 d within 72 hours aff giene. r then "natural", or the Wedfall Event | | 15. Decedan | t's Education | 168 | a. Deceder | nt's Usual Occup | pation | | 16b. Kind of B | usinass/Ind | Justry | |
| within 7 within 7 ene. | Completed | Elamantary/Secondary (0-12) | st grade completed) Collega (1-4d) | r 5+) | | | pation during most of wor d) | | | | | |
| e filed wi at Hygien other th | Cor | TIEVEL W | | | | r worke | | | none | | | |
| ore, Maryland Z1 s 1 and 2 should be filed wir f Haelth and Mental thygien them 27 is marked other thy | Be | 17. Fathar's Nama (First, Middle, Last) Herbert Porter | | | | | 18. Mothar's Nama (First, Middle, Maiden Sumama) Jeannette Freeman | | | | | |
| should by and Menta | 10 | 19a. Informant's Name/Ralations | | 101 | de - 8.6 - 111 | Add (Ot | | | | | - //- | |
| Maryland d 2 should be file lith and Mental Hy 77 Is merked oth Traumatic event | | Herbert Porter | | | | | Ave. Hya | | | 20783 | Code) | |
| Fe, Has other | | 20a. Mathod of Disposition | / | | | ion (Name of tory or other place | | Data | 20c. Location | | wn, Stata | |
| 0 = 5 P | | Donation 5 ☐ Other (S | | a deorde | | | Cemeter | Nov 27 | 1996 A | dolph | i MD | |
| DESTRICT PER PROPERTY IN INC. THE PROPERTY IN INC. | 1 | 21. Signature of Funeral Service | / | george | 22. N | Nama and Addra | | koma Fui | | _ | 2 | |
| Depa Impo Impo | H | 172. | 14.000 | 21 | | | 1 St. NW | | | • | | |
| N.V. | | 23a. Parth linter the disease, or shock, or heart failure. List | complications that caus | ad tha daath. Do | | | | | | 2001 | Approximata | |
| Physician /Medical | | Immediate Cause (Final disease or condition | Hi | gh | her | res. | | | | | Interval Batween Onsat and Death | |
| Examiner | ner | resulting in death) | Cent | Due to (or as a | conseque | onca of): | | | | | | |
| od / ou, icata be axecuted physician and s tha burial-transm | Examiner | Sequentially list conditions, | b. 89 | Dua to (or as a | consequa | noe of): | 11 | | | | | |
| e axe | | Sequantially list conditions, if any, isading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avents | E | m cen | alono | thy | > | 2-moulty | | | | |
| ificata be ax g physician a | Physician/Medical | thet initiated avents rasulting in death) Last Dua to (or and consequence of): | | | | | | | | | | |
| Sertific ding p | Me | | d | | | V | | | | | | |
| aath cert attendin for usa | cian | | | | | | | | | | | |
| that the death cered by the attendir detached for use | ysi | Part II. Other significant condition | arlying causa giv | an in Part I. | | | | the cause of death? | | | | |
| that the | | Kerma | : 4 | zi zu | re dige | Meles 10 Y | es 2 No | 3 Prob | ably 4 Unknown | | | |
| The law requires that the death certificate be executed at hes been signed by the attending physician and page 2 should be detached for use as the burial-transmission. | ted by | 30 | 7 | | | | | 24a. Wes a | n autopsy | 24b. Wa | ra autopsy findings iileble prior to | |
| a law re hes be | plet | | | | | | | penor | neur | con | nplation of causa leath? | |
| Tha I | Completed | | | | | | | 1 🗆 Y | es 2 No | 1 🗆 | Yas 2□ No | |
| | Bec | 25. Wes casa rafarred to medical | | | | | 26. Plece of Daa | th (Check only or | (e) | | | |
| | To | axaminar? 1 → Yas 2 □ No | Hospital: 1 ☐ Inpa | tient 2 R/O | utpatient | 3□ DOA Oth | ar: 4□ Nursing H | oma 5 🗆 Rasida | anca 6 Oth | nar (Specify |) | |
| Attending Physic death. | | 27. Mannar of Death 1 ☐ Natural 5 ☐ Pandin | 28a. Date of In (Month, D | | Tima of Injury | 28c. injun Wor | y at k? | 28d. Describe h | ow Injury occur | red | | |
| Attending ir daath. ector: Aftai by tha fune | cati | 2 ☐ Accidant invastig | ation | | | M 1 🗆 | Yas 2□No | | | | | |
| or Attending efter death. Director: After | Certification: | 3 ☐ Suicida 6 ☐ Could r 4 ☐ Homicide datarm | ned 288. Place of I | njury - At homa, fa atc. <i>(Specify)</i> | arm, straat | , factory, office | | 28f. Location (S. City or Town | reet and Numb n, State) | per or Rural | Routa Number, | |
| oltal ours e | | 20 0 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | | |
| To the Hospital or A within 24 hours effar To the Funeral Direct complately filled in the complete of the formula of the formu | edical | 29a. Cartifiar (Check only one) | Physician: To the bes examinar: On the basis and manner | of examinetion an | a, daath oo nd/or invas | ccurred at tha tin tigation, in my o | na, data and piaca, pInlon, daath occur | and dua to tha c red at the time, d | ausa(s) and ma ata and placa, | annar as sta and due to | ited. the ceuse(s) | |
| ithin of the complete | Mec | 29b. Signatura and titia of certifiar | ~~ | Natiana. | _ | 29c. Licans | a number | 2 | 9d. Data signe | d (Month, E | Day Year) | |
| 6464 | | | S/200 | no | | N-7 | 1452 | 5 | 11-2 | 1- | -96 | |
| 2 | - | 30. Name end address of person | who completed causa of | death (Item 23a) | (Typa Pri | 1 D D | ond : # | +990. | Po N | 0-11 | D-20716 | |
| | | 31. Deta filed (Month, Day, Year) |)-4000- | 7 41 00 | Very | IVQ 1 | June / | 1 | DOW 16 | - 000 | y doing | |
| Sta Registra | - | NOV 2 7 19 | 96 Julia | trar's Signature | indelle | | | | | | | |



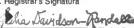
| | | | | | State | JI Maryla | and / D | Certific | ate of | Death | ı mentar H | ygiene C | 56 3 | 1281 | |
|---------------------|--|------------------|--|---|--|----------------------------------|------------------|--|--|---|---------------------------|---|-----------------|--|--|
| | = = - | | 1. Decedent's Neme (First, | Middle, Li | est) | | | | | | 2. Data of | Death | | 3. Time of Daath | |
| | Physic /Med | | INDECTION IN CONTRACT TO THE PARTY OF THE PA | | | | | | | | | 6 Yeer | 9:55 P. | | |
| 1 | Exam | | 4a. Facility Name (If not ins | titution, gi | ve street and no | umber) | | · · · · · · · · | | 4b. City, Town, | or Location of De | | ty of Deeth | | |
| i. | LAUIIII | 1101 | | | | | | | | | | | ONTGOMERY | | |
| | Funeral | | 5. Sociel Security Number | | | | | der 1 Year | | Irs. 8. Date of I | | | | | |
| | Director | | 260-40-0055 | | 1□M 21 F | 90 | Yı | rs. Mont | hs Days | Hours M | in. JAN. | Birth Day, Year) 1906 | WASHIN | GTON, DC | |
| ٠ | to | | Usuei Residenca of Dacad | ant | | | | | | | | | | | |
| | show at at | | 10a. State 10b. C | county | | 10c. | City, Town | or Location | | | | | 10d | . Inside City Limits | |
| | the Maryla 28a-f shor notified at | Sto | MARYLAND MO | NTGON | TERY | BE | THESDA | SDA | | | | | | 1 ☐ Yes 24 No | |
| | | ire | 10e. Street and Number | | 10f. Zip Code | | | Zip Coda | | | 10g. Citizan of | What Country | 7 | | |
| | 25a o | Funeral Director | 6504 ROCKHURST ROAD 20817 U.S.A. | | | | | | | | | | | | |
| | 8 84 | ner | 11. Marital Stetus | 12. Wes Dacedent Ever in U.S. Armed Forces? | | | 13. Wes De | cedant of | Hispanic Origin? oan, Maxican, Pu | (Specify Yas or i | No- 14. Re | ca - American | | | |
| 0 | ather or itse | | 1 Never Merried 2 | Married | 1 ☐ Yes | 1 ☐ Yes 2 ANo | | | | | ano Hican, etc.) | | eck, Whita, atc | | |
| 02 | 400 | b | 3 X Widowed 4 □ Div | rorced | If Yas, Giva Yaar or Datas: | | | 1 ∐ Yas | 2 X No | Specify: | | Spec | ity: WHII | WHITE | |
| 5-6 | natural. | Completed | 15. Decedant's E (Specify only highest gr | | ducation | | 16a. D | 16a. Decedant's Usual Occupation (Giva kind of work dona during most of work life. DO NOT usa retirad) | | pation | undina | 16b. Kind of I | Businass/Indus | stry | |
| 21 | | ğ | Elamantery/Secondary (0 | 1 | College (1-4or 5+) | | - 9 | | | vorking | | | | | |
| 2 | od with rgiens. er than | 5 | 12 | | | | | MAKER | | | | OWN HO | ME | | |
| Maryland 21215-0020 | tal Hyg d othe event, | Be | 17. Fether's Nema (First, M | | To the same of the | | | | | | | lle, Maidan Suma | me) | | |
| yla | Menta Menta erked erked erked | 2 | ALFRED B. | GOODI | IAN | | | | | MYRA M. | BOTELER | } | | | |
| lar | and and and and and and and and and and | | 19a. Informant's Name/Rai | ati <i>on</i> ship (| (Type, Print) 19b. Mailing A | | | | g Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) | | | | | | |
| | t had Health Itam 27 other tr | | RICHARD F. P | AYNE, | SON | | 650 | 4 ROC | KHURS | ST RD. B | ETHESDA, | MD. 20 | 817 | | |
| Saltimore, | できます | | RICHARD F. PAYNE, SON 20a. Method of Disposition 20b. Placa of Disposition (Nama of cemetary, crematory or other place) 20c. Location - City or To | | | | | | | | | | - City or Towr | , Stete | |
| Ĕ | parmit. Pages Department of Important: If I any injury or pose. | | 4 Donation 5 Ott | | | M | C. OLI | VET C | EMETI | ERY | 11/30 | WASHIN | GTON, D | C. | |
| alt | P interest | | 21. Signature of Funeral Sa | arvice Lice | nsee | | | CAS Name | end Addr | ess of Fecility | NC TNC | 5130 W | TCCONCI | M AUE | |
| B | 20118 | |) / \ . | 1 | 11/ | | / | | | IINGTON, | | | T2CON21 | N AVE. | |
| | | | 23a. Part1. Enter the disea shock or heart failure | or com | plicetions that | caused tha da | ath. Do no | | | | | | A | pproximata | |
| | Physician | 6 | shock or heart failure | List only | ona cause on | aach iina. | | | , | | | | In | tarvel Between | |
| | /Medical | | Immediata Causa (Finel | | | ACTION INVOCADATAL THURSDOMES | | | | | | | | | |
| | Examiner | | diseese or condition rasulting in death) ACUTE MYOCARDIAL INFARCTION | | | | | | | | | IN | ISTANT | | |
| | | ē | Due to (or as a consequence of): | | | | | | | | | | | | |
| | betr | 튙 | | | b. ATHEROSCLEROTIC HEART DISEASE Due to (or as a consequence of): | | | | | | | | | | |
| _6 | ste be executed hysician and the burial-transit | Examiner | Sequentially list conditions if any, laading to immadiate causa. Enter Undarlying Cause (Disease or injury | a I | | Due to | (or as a co | nsequanca | | i | | | | | |
| 8760, | Siciar buri | dicai | Cause (Disease or injury that initiated evants | ~ | C | | | | | | | | | | |
| 687 | certificate be executed Iding physician and Ise as the burial-transit | ğ | rasulting in death) Lest | 1 | | Due to (or as a consaquanca of): | | | | | | | 1 | | |
| Box | certification of the second of | | | | d | | | | | | | | i | | |
| m | death certific e attending p od for use as | Physician/M | 2 | | | | | | | | | | | | |
| 0 | | ıysi | htreatension, mulii- infarci | | | | | | | | 23b. Di | Bb. Did tobacco use contribute to the cause of deat | | | |
| ₾. | that the ed by th deteche | | | | | | | | | | 3 Probet | oly 4 ☐ Unknow | | | |
| ds, | requires the een signed hould be de | d by | | | | | | | | | 040 14/ | and Maria | | | |
| Record | v requir been s should | Completed | | | | | | | | | | | evaila | autopsy findings able prior to detion of cause | |
| Sec | 8 8 W | idu | No. | | | | | | | | | of dea | ath? | | |
| = | E se | S | | | | | | | | | 10 | 1 Yes 2 No 1 Yas 2 N | | | |
| Vital | ysician: The s certificate director, pag | Be | 25. Was casa raferred to medical axaminar? | | | | | | | 26. Placa of D | of Daath (Check only ona) | | | | |
| of | Physician: this certific ral director, | 2 | 1 ☐ Yas XX No | | Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: | | | | | her: Nursing Home 5 Rasidanca 8 Othar (Specify) | | | | | |
| | | ü | 27. Mannar of Death XX Natural 5 □ P | anding | 28a. Data (Mon | of Injury th, Day Year) | 28b. Tin Inju | na of ury | 28c. Injury at 28 Work? | | | 28d. Dascribe how injury occurred | | | |
| Sio | Attending or death. octor: After by the fune | Sati | 2 Accident | vastigation | | | | M | 1 | 1 Yas 2 No | | | | | |
| Division | | Certification: | | 3 ☐ Suicide 4 ☐ Homicide Could not ba datamined 28a. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 28f. Location City or | | | | | | | | (Street and Num own, Stata) | ber or Rural R | louta Number, | |
| | ours after ours after oral Dir filled in | Ö | | | | , , , , , , | | | | | | | | | |
| | thin 24 hours of the Funeral I | edicai | 29a. Certifier 1 ☐ Certifier (Check only 2 ☐ Me | rtifying Ph | ysician: To the | best of my ki | nowledge, d | leath occurr | ed at tha ti | ma, data and pla | ce, and dua to the | e causa(s) and m | nannar as state | ed. | |
| | To the Hos vithin 24 h To the Fun completely | 8 | one) | | and men | ner statad. | .omeri strisit | | | | at the time | -, auto ond piaca | , and dud to th | | |
| | 0 = 0 6 | Σ | 29b. Signetura and titla of c | ertifier | | | | | 29c. Licen: | se number | | 29d. Dete sign | ed (Month, Da | v. Year) | |

State Registrar

30. Nama and eddrass of person who completed causa of death (Itam 23a) (Type, Print)

MARTIN C. SHARGEL, M.D. 3720 FARRAGAT AVE. KENSINGTON, MD. 20854 31. Date filed (Month, Day, Year)

32. Registrar's Signatura



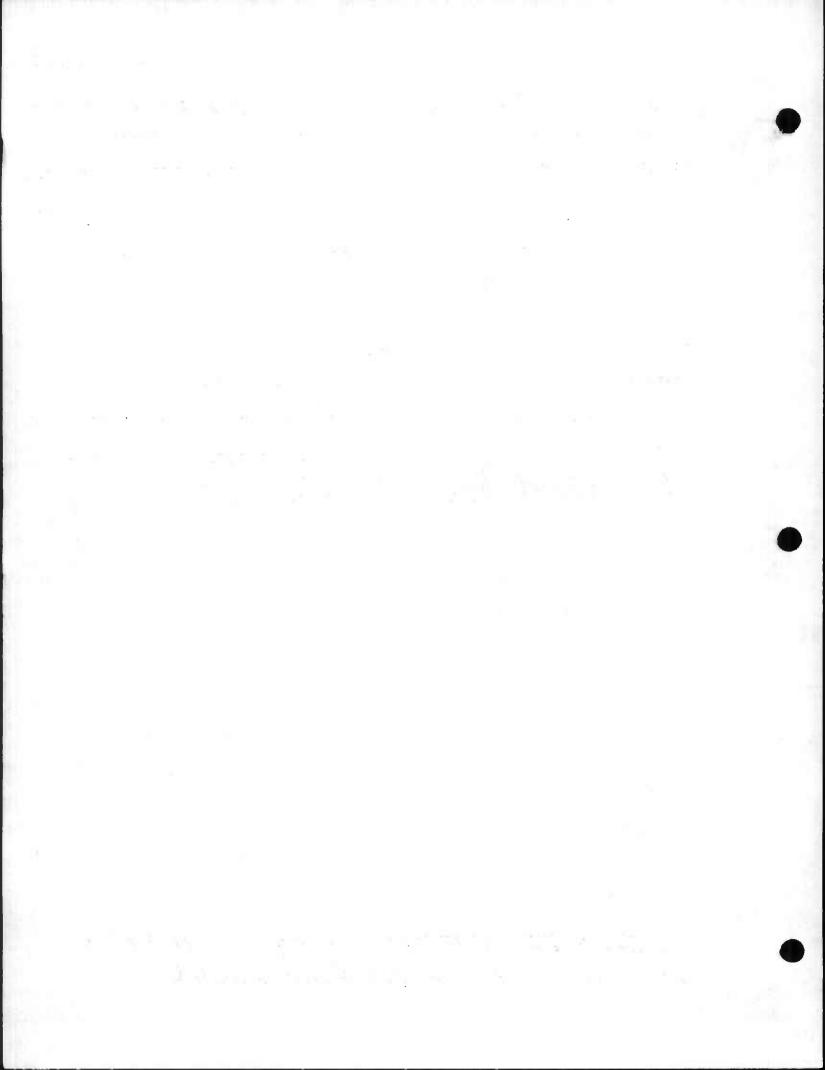
DO 8944

NOV. 27, 1996

State of Maryland / Department of Health and Mental Hygiene 95

37288

| | | | | | | Cei | rtificate of | f Death | 7 | | Reg. No. | 20 | 3/200 | | |
|--|---|------------------|--|---------------------------------|---|---|--|--|-----------------------------------|---|--------------------------------------|---------------------------|---|--|--|
| | Physic | ian | 1. Decedant's Name (First, Middla, Last) | | | | | | | | 2. Dete of Death Month Day | | 3. Tima of Daath | | |
| /Medi | | | EVERETT. PARKER | | | | | | | NOV. | 27 | 496 | 11:574 | | |
| | Exami | ner | 4a. Facility Nema (If not institution, given | | r) | | | 4b. City, T | own, or L | ocation of Daet | h 4c. Coun | ty of Death | | | |
| Ĺ | | | RESIDENCE. POMFI | | | | | | FRET | <u> </u> | C | HARLE | S | | |
| ŀ | , Funeral Director | Г | 577-01-8449 | Sex 7. A 10 M 2□ F | Nge (In yrs. last bi | irthday) Yrs. | If Undar 1 Yea Months Day | | Min. | 8. Date of Bir (Month, Da NOV . 2 | av. Year) | 9. Birthp Cour WASH | olece (Stata or Foraign ntry) INGTON, D.C. | | |
| | and * | | Usuel Rasidanca of Dacedent 10a. Stata 10b. County | | 10c. City, Tow | vn or Lo | cation | | | | | | IOd. Insida City Limits | | |
| | f sho | 5 | MARYLAND CHARLES | • | | | | | | 1 ☐ Yes 2XXIvo | | | | | |
| the | the the tage | Funeral Director | 10e. Street end Number | • | POMFRI | ST | 10f. Zip Coda | | | 10g. Citizan of What Country? | | | | | |
| | s i end 2 should be liled within 72 hours after death with the Marylan Health and Mental Hygians. Health and Sa or 28s-f show them 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notined as | | POMFRET | ROAD | | | | 6 7 5 | | | UNITED STATES | | | | |
| 5-0020 72 hours after death with the Maryland | Jeath Fe 2: | | 11. Marital Status | 12. Was Daceden | t Evar in U.S. | 13. \ | | | rlain? (Sn | acify Yas or No | | S TATI | | | |
| 0 | r Her | | 1 Navar Marriad 2 Marriad | ? No | 1 | f Yes, specify Cu | dant of Hispanic Origin? (Spacify Yas or N cify Cuban, Maxican, Puarto Rican, etc.) | | | Black, White, atc. | | | | | |
| 21215-0020 | urs a | þ | 3 ☐ Widowad 4 ☐ Divorced | If Yas, Giva Yaar or Datas | : | | 1 ☐ Yes XX N | Yes XX No Specify: | | | | ify: | ACK | | |
| 20 | 72 ho | Completed | 15. Decadent's E | ducation | 16a | . Deced | lant's Usual Occi | upation | | | BLACK 16b. Kind of Businass/Industry | | | | |
| 2 | within and. | pje | (Spacify only highast gra Elemantary/Secondary (0-12) | Collaga (1-4or | 5+) | lifa. L | DO NOT usa ratir | work dona during most of working usa ratired) | | | | | | | |
| | Hygian Hygian Ither th | Sol | 12TH GRADE | | | CUF | RATOR |)R | | | GOVERNMENT | | | | |
| Pu | be filed double of the filed | Be | 17. Fathar's Nama (First, Middla, Last | | 18. Mothar's Nam | | | | | ma (First, Middla, Maidan Surnama) | | | | | |
| yla | should Ind Meni | 2 | JOSEPH S. PARKER | | | | | MARY | COC | KE PARK | ŒR | | | | |
| Maryland | 2 short and is ma | | 19a. Informant's Name/Relationship (| | | | ng Addrass (Stree | | | | | | Code) | | |
| | Health Health em 27 | | LA VERNE GRAY / D | AUGHTER | | | WILLS RO | DAD, E | BEL A | | MARYLANI | 206 | 311 | | |
| altimore, | Pages 1 e nent of Hea int: If item iry or othe | | 20e. Mathod of Disposition 12 Burlal 2 ☐ Cramation 3 ☐ | Ramoval from State | cemate | ry, cren | sition (Neme of netory or other pi | | | Dete | 20c. Location | - | | | |
| E | men tant: jury | | 4 Donation 5 Othar (Spacif | y) | TRINIT | ry M | EMORIAL | GARDE | NS 1 | 2/2/96 | WALDOR | F, MAF | RYLAND | | |
| Baltim permit. Pag Department important: I | permit. Pages Department of Important: If if any injury or once. | | 21. Signature of Funeral Service Lices | 1 - 6- 1 | h | TH | Name and Add | ress of Fecil | L HO | ME.P.A. | | | | | |
| — & (| 00 22 6 0 | | THORNT | ON JOHN | N M00583 | #3 | 439 LIV | INGSTO | N RO | AD, IND | IAN HEA | D, MI | 20640 | | |
| | | | 23a. Part1. Entar the diseese, or com shock, or haart failure. List only | | | | | | | | | | Approximata Intarval Batween | | |
| | Physician | | | | | | | | | | | 1 | Onsat and Death | | |
| | /Medical Examiner | ш | Immediate Causa (Final disease or condition | | | | | | | | | | | | |
| п | Examine | _ | Immediate Causa (Final disease or condition rasulting in daath) a. The to (or as a consequence of): | | | | | | | | | | | | |
| | ed sit | Examiner | | b. C | onon | _ | -40 | | تر | , le | rea | ee | | | |
| | ertificata be axecuted ling physicien end le es the buriel-transit | хап | Sequentially list conditions, if any, leading to immadiata | | Dua to (or es e | conseq | uance of | | | | | | | | |
| 90 | be a | | causa. Entar Undarlying Cause (Disaase or Injury | c. | iten | -0- | all | - | - ze | - | | | | | |
| 68760, | phys the | edical | that initiated evants rasulting in death) Last | 1000 | Dua to (or as e | consequ | uance of): | , | | | | | | | |
| × | Jing Jing Jing | 2 | | . 1 | Legge | N | eped | en | - | a | | - 1 | | | |
| 90 | eath certific ettanding pl | ia. | | 0.54 | // | | / | | | | | | | | |
| o. | The law requires that tha death or ate has been signed by the ettand paga 2 should be datached for us | by Physician | Part II. Other significant conditions of | ontributing to death i | but not rasulting li | n tha un | ndartying ceuse g | ivan in Part | l. | 23b. Dld | tobacco usa c | ontribute to | the causa of death? | | |
| J. | that the ed by data | P. | Depletes melles, Hypothyroden | | | | | | | 10 | 1 Yes 2 10 3 Probably 4 Unknown | | | | |
| d _S | sign d be | | 1 - 0 | -1 | | | | 1 | | 04-144 | | 245 146 | | | |
| ò | v require been sign | ete | Lever de | pages | na | 0 | | | | | en autopsy omied? | ava | era sutopsy findings ailable prior to mpletion of causa | | |
| ě | has ya 2 | Completed | 1 hase | , , | | | | | | | | of | death? | | |
| <u></u> | | | Byper | | | | | | | 10 | Yas 2 No | 10 | Yes 2 No | | |
| | ysician: The I s certificate ha director, paga | Be | 25. Was case refarrad to medical axaminar? | Hospital: | | | 10 | | e of Deat | h (Check only o | ona) | | | | |
| ō | E E = | 7 | 1 Yes 2 No | Hospitel: | | | 3L DOA | | 7 | me 5/2/Resid | | | 1) | | |
| | Attending Physician: or death. actor: After this certific by the funeral director, | lon | 27. Mannar of Death 1 Netural 5 Panding | 28a. Data of Inju (Month, Da | ay Year) 28b. | Tima of njury | 28c. Inju | | 28d. Dascribe how Injury occurred | | | | | | |
| S | Attendi death. ctor: A y tha fi | cat | 2 Accident Invastigation 3 Suicide 6 Could not be | | | | | Yes 2 | | | | | | | |
| Division of Vital Records, | or Attending P after death. I Director: After t | Certification: | 4 ☐ Homicida datarmined | 28a. Placa of In | ijury - At home, fe tc. <i>(Specify)</i> | rm, stra | aat, factory, office | • | | 28f. Location (3 City or Tox | Streat and Num vn, State) | ber or Rura | I Routa Number, | | |
| 3 | To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by | | 00 0 10 | | | | | | | | | | | | |
| | Hosp 24 ho Fund Hely f | edicai | 29a. Certifiar (Check only one) 1 Certifying Ph. 2 Medical Exam | unar: On the basis of | of axamination an | wledge, deeth occurred at the time, dete end placa, end due to the cause(s) and manner as steted. ion and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha cause(s) | | | | | | | | | |
| | thin the | ĕ | 29b. Aignature and fittle of certifier | and mannar st | tated. | | | sa number | | | | | | | |
| | F ¥ F 8 | | | | 1.11 | ton | 250. Elder | - | 27 | _ | 29d. Data sign | o (Month, I | Say, Yeyir) | | |
| | | ļ | Zuow | wer | any) | unp | 200 | 80 | >/ | 0 | 11/2 | 11 | 16 | | |
| | | | 30. Nama and eddress of parson who of | | | Туре Г | Print) POA | mi | - | 01 | 46 | | | | |
| | | | 31. Data filed (Month, Day, Year) | | | | CHO IT | TVVL | - 2 | 06 | 7 10 | | | | |
| | Sta Registr | - | | 1996 ► A | Signature | work | ardall | | | | | | | | |
| | i i c gisti | | DL002 | 1000 | | | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

| 6 | 3 | 7 | 2 | 8 | 0 |
|---|---|---|---------------|---|---|
| _ | _ | | George | - | - |

| | | | Otate of Marylai | _ | tificate of | | 0.0 | g. No. | 0 3 | 1209 |
|--|---------------------|---|---|---|--|---|---|-------------------------------------|--|-----------------------------------|
| Physic /Medi | | | Rebecca Ro | рр | | | 2. Deta of Deet Month Nov. 1 | Day 199 | Year 2:3 | ma of Death |
| Examination Funeral Director | ner | 4a. Facility Nama (M not institution, give Homewood Retire 5. Sociel Security Number 213-40-2969 6. Sa | ment Center | | If Un r 1 Y r Months Deys | 4b. City, Town, or L Freder If Undar 24 Hrs. Hours Min. | | | of Death lerick 9. Birthplece (S Country) Md. | teta or Foreign |
| show | or. | Usual Rasidence of Decedant 10a. Stata 10b. County Md. Freder | | ty, Town or Lo | cation iddleto | | | | 10d. Insi | da City Limits |
| with the N | I Director | 10e. Street end Number 8513 Hollow Rd. | 1011 | | 10f. Zip Coda | .769 | 10 | Og. Citizen of W | hat Country? | |
| filed within 72 hours after death with the Maryland Hygiene. rther than "natural", or items 23a or 28s-f show ent, the Modical Examiner must be notified at | by Funeral | 11. Marital Status 1 ☐ Never Merried 2 ☐ Merried 3 ፟ 3 Widowed 4 ☐ Divorced | 12. Was Decedant Ever in U Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: | | Vas Decedant of I Yes, specify Cub | Hispanic Origin? (Spen, Maxican, Puarto | ecify Yas or No- Rican, atc.) | 14. Race Biack | - Amarican India k, Whita, atc. White | an, |
| filed within 72 ho Hygiene. rther than "natur ent, the Medical | Completed | 15. Decedant's Edu (Specify only highast grad Elementary/Secondary (0-12) | cation a <i>complated)</i> Collega (1-4or 5+) | 16a. Deced (Giva lifa. L | lant's Usual Occu kind of work dona 00 NOT usa ratire homemal | pation during most of work d) | ing | | own home | |
| 8 m 8 | To Be C | 17. Fathar's Name (First, Middla, Last) N. A. Ste | ck Bussard | | | 18. Mother's Nam | | 4a <i>lde</i> n <i>Sur</i> name |) | |
| d 2 sho | | 19a. Informant's Name/Relationship (T) M. Lee Ropp (So | | | • | tand Number or Run | | | Stata, Zip Code) | 3 |
| m - = 0 | | 20a. Mathod of Disposition 1X Burial 2 □ Crametion 3 □ F 4 □ Donation 5 □ Other (Specify) | 20b. I | Placa of Dispo cematery, cren | sition (Nama of netory or other ple an Ceme | ce) | Data 2 | 20c. Location - C | City or Town, Sta | ite |
| permit. Page Department of Important: If i eny injury or once. | | 21. Signature of Funeral Service Licens | | 22 D | Neme and Addr Onald I | B. Thomp | son Fur | neral H | lome | 21769 |
| eath certificate be executed attending physician and ifor use as the burial-transit | an/Medical Examiner | 23a. Part1. Enter the disease, or complishock, or heart failure. List only or Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | Dua to (c | or as a consequence or a consequence or a | uance of): | guela Litu | or raspiratory arre | st, | Intarva | klmata il Between and Death |
| t the d by the achec | by Physician/W | Pert II. Other significant conditions cor | ntributing to death but not res | sulting In tha ur | ndarlying cause gi | ven in Pert I. | | | tribute to the ca | |
| The law requires that ate has been signed I page 2 should be det | Completed b | | | | | | 24a. Was ar perform | ned? | 24b. Wera auto evailable p completion of death? | n of cause |
| yaician: is certific director, | To Be C | 25. Was casa referred to medical axaminar? | Hospitai: 1 ☐ Inpatiant 2 ☐ | ER/Outpatien | t 3 DOA Ot | 26. Place of Deat | | a) | | 20 10 |
| Attending death. ctor: After y the fune | Certification: | 27. Mannar of Death 1 Natural 2 Accident 3 Sulcide 4 Homloida 27. Mannar of Death 5 Panding investigation 6 Could not be datarmined | 28a. Data of Injury (Month, Day Year) 28a. Place of Injury - At h building, atc. (Specia | 28b. Tima of Injury ome, ferm, stre by) | | ry at rk?] Yas 2 □ No | 28d. Dascribe ho 28f. Location (Str. City or Town | reet and Numbe | | Number, |
| To the Hospital or within 24 hours after To the Funeral Director Completely filled in E | edical C | 29a. Certifiar (Check only one) 1 Certifying Physical Example | elcian: To the best of my knotes: On the best of axemine end manner stated. | owledga, death itlon and/or inv | occurred at tha ti astigation, in my | ma, date and place, opinion, daath occur | and due to the ca red at tha tima, da | use(s) and man ata and place, ar | nnar as stated. nd due to the ca | use(s) |
| To the Within To the Comp | Me | 29b. Signeture and title of certifiar | Hughes | D | 29c. Licens | 5 5 1 1 / | 29 | ed. Data signed | (Month, Day, Ye | 1 E6 |
| | 1 | 30. Name and address of pareon who on | mainted sounded donth (Ital | n 22a) /Time | Drint\ | | | • | | |

700 Montclaire Ave., Frederick, Md.

21701

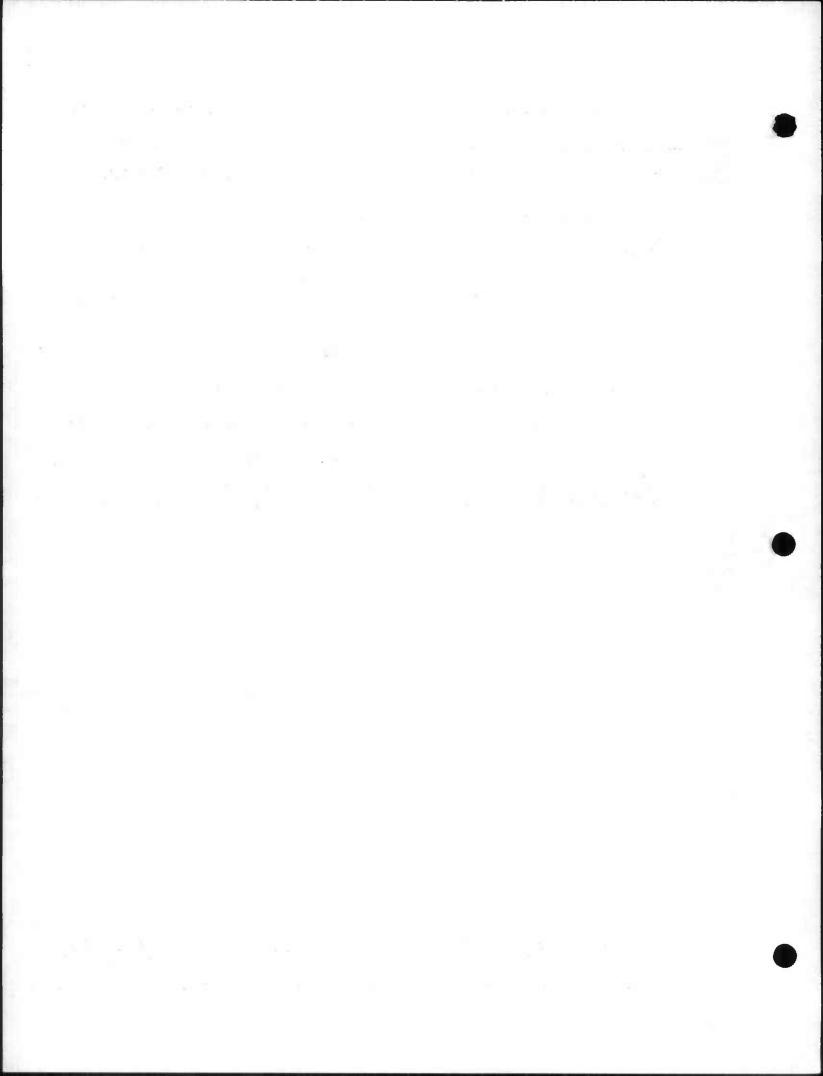
State Registrar

Dr. Robert S. Hughes

31. Data filed (Month, Day, Year) NOV 2 0 1996

32. Registrar's Signatura

Jisha Dhuwlson Randally



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month 16, 1996 **Physician** November 5:45 P.M. Vincent Louis Ruwet /Medical 4a. Facility Name (if not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Frederick Memorial Hospital Frederick If Undar 1 Yaar Months Days If Undar 24 Hrs. Hours Min. Social Sacurity Number 7. Aga (in yrs. last birthday) 8. Data of Birth (Month, Day, Year Birthplace (State or Foreign Country) **Funeral** Days Hours 1**X** M 2□ F 040-14-7387 Yrs 80 Director June 4, 1916 Connecticut Usuai Rasidance of Decedant death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 209 Crestview Court 21702 U.S.A. 12. Was Decedant Ever In U,S. Armed Forcas? 1∆ Yas 2 □ No If Yas, Give Yaar or Datas: Race - American Indian, Biack, White, atc. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status permit. Pagas 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiana. Important: If New 27 is marked other than "natural, or han any injury or other traumatic event, the Medical Exemptions. 1 Naver Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: White py 3 Widowed 4 Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Microbiological Elementery/Secondary (0-12) Collega (1-4or 5+) 6+ Research Management Associates 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Louis Joseph Ruwet Alice Begey 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Hazel P. Ruwet/ Wife 209 Crestview Court, Frederick, Maryland 21702 20a. Mathod of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. Place of Disposition (Nama of cematary, crematory or other place)
Smithsburg Crematory 20c. Location - City or Town, Stata Data 11/18 Smithsburg, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST., FREDERICK, MD 21701 Do not antar the mode of dying, such as cardiac or raspiratory arrest, or complications that carried by Approximata interval Betw **Physician** Immediata Causa (Final disease or condition rasulting in death) 7266-11 /Medical Examiner Dua to (or as a consequence of) Examiner requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disaase or Injury that initiated avents resulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 63 for usa signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed paga 2 certificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica director, 25. Was casa refarred to medical exeminer?
1 Yas 2 No Be 26. Place of Death (Check only ona) Hospitai: Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funerai 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. fnjury at Work? 28d. Describe how injury occurred Certification: 5 Panding invastigation 1 Naturel
2 Accident To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: All completely filled in by the fu 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 10 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) and mannar as stated. Medical 29a, Cartifier 2 | Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. Licanse number 29d. Data signed (Month, Day, Year)

State Registrar 31. Data filad (Month, Day, Year) 9 1996

Ochry

310 32. Registrar'a Signature : Paucker Rardall

55

30. Nama and address of person who completed cause of death (itam 23a) (Type, Print)

(Luca

lan in the second of the and the second of the

State of Maryland / Department of Health and Mental Hygiene 96 372

| | | | | | Cen | tificate of | Death | Re | eg. No. | 31291 |
|---------------------------------------|---|----------------|--|--|------------------------------|---|---|---|--|--|
| Г | Physic | ian | Decedent's Neme (First, Middle, Last | PATRICIA ANN | DAMTDE | 7 | | 2. Dete of Deet Month Nov. | 1 ^{0ay} , 199 | 3. Time of Deeth 6 9:45 PM |
| | /Medi Examir | cal | 4e. Facility Neme (If not institution, give | street and number) | KAMIKE | .4 | 4b. City, Town, or l | ocation of Deeth | 4c. County of I | Deeth |
| | Funeral Director | | 5. Social Security Number 6. Se 171–26–2059 | | est birthday) Yrs. | If Under 1 Year Months Deys | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Dec. 17 | Year) 9. | Birthplace (State or Foreign Country) Pennsylvania |
| | Maryland 4 show | tor | Usual Residence of Decedent 10e. State 10b. County Maryland Montgom | | Town or Loc | | | | | 10d. Inside City Limits 1 ☐ Yes 2 ☒ No |
| | 3a or 28a | i Director | 10e. Streel end Number 10739 Middleboro | Drive | | 10f. Zip Code | 872 | 10 | Og. Citizen of Wha | |
| 020 | n 72 hours efter death with the Maryland "natural", or frame 23a or 28a-f show solical Examiner must be notified at | by Funeral | 11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. Wes Decedeni Ever in U,s Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: | | /es Decedent of I Yes, specify Cub | Hispenic Origin? (Span, Mexican, Puerti | pecify Yes or No- o Rican, etc.) | | American Indien, White, etc. White |
| Baitimore, Maryland 21215-0020 | filed within 72 ho Hygiene. ther then "netur int, the Medical | Completed | 15. Decedent's Edu (Specify only highest grad | cation le <i>completed)</i> College (1-4or 5+) | (Give k iife. D | | during most of wor d) | king | 18b. Kind of Busin | ess/Industry |
| 2 pc | | Be Co | 12 17. Fether's Neme (First, Middle, Last) | | h | lomemake | 1 | ne (First, Middle, A | None Melden Sumame) | |
| ylaı | V 5 A . | ToE | Edward Barr | | | | Victori | a Brader | | |
| , Mar | end end ie m | | 19e. Informent's Neme/Reletionship (T) Ronald A. Ramirez | | | | end NumberorRu boro Driv | | | |
| Imore | Pege nent c ant: If ury or | | 20e. Method of Disposition 1 | Telliovel Ilolli State | | ition (Neme of etory or other ple vet Cem | | | 20c. Location - Cit Frederic | y or Town, Stete k, Maryland |
| g | Depart Import any Inj | | 21. Signature of Funday Service Liberts | Diles 1 | | | DAILEY & H MARKET | | | |
| Į, | Physician | | 23g Part1. Enter the disease, or compleshock, or heart-feiture. List only of | icanous managed of each | . Do not enter | r the mode of dyl | | | | Approximate Interval Between Onset and Deeth |
| 1 | /Medical Examiner | | Immediate Cause (Finel disease or condition resulting in death) | e. Due to (or | es a consequ | - VER | | | | Moull |
| | bed is it | Examiner | | b | | | | | | |
| oo, | cate be axecuted physician and s the burial-transit | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause, (Disease or Injury | Due to (or | es e consequ | ence of): | | | | |
| X 68/6U, | E 00 | /Medical | thet initiated events resulting in deeth) Last | Due to (or | es e consequ | | | | | |
| DOX | death e attend d for u | iciar | Pert II. Other aignificant conditions con | ptributing to death but not resu | ting in the un | deriving cause of | van in Part I | 23h Did to | hacco use contri | buts to the cause of death? |
| 7.7.0 | the the | by Physician/I | Total arginiosit conditions con | milesting to death out not resu | inig iii die die | Jonying cause gr | ven in Fait I. | DX | | □ Probably 4 □ Unknown |
| Division of Vital Records, | aw requir s been s 2 should | Completed b | | | | | | 24a. Was ar perform | | 24b. Were autopsy findings aveilable prior to completion of cause of death? |
| ב | The ate h | | | | | | | 1 ☐ Ye | s 2200 | 1 □ Yes 2 □ No |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Physician: The this certificate and director, pag | To Be | 25. Wes case referred to medical exeminer? | dospitel: 1 ☐ Inpatient 2 ☐ E | ER/Outpetient | 3□ DOA Ot | 26. Plece of Dea | th (Check only on | e) nce 8 🗆 Other (| (Canalla) |
| IO II OI | 는 무료 | | 27. Menner of Death 1 | | 28b. Time of Injury | 28c. Inju Wo | - | 28d. Describe ho | | <i>эрөспу)</i> |
| | 5 4 4 5 | Certification: | 3 Suicide 6 Could not be determined | 28e. Plece of Injury - At hor building, etc. (Specify) | me, ferm, stree | et, fectory, office | | 28f. Location (Sti City or Town | | or Rurai Route Number, |
| | To the Hospital within 24 hours of To the Funeral Completely filled | edical | 29e. Certifier (Check only one) 2 Medicat Exami | sician: To the best of my know ner: On the basis of examinetic end menner steted. | riedge, deeth on end/or inve | occurred et the ti estigation, in my | me, dete end plece opinion, death occu | , end due to the ca rred et the time, de | use(s) end manne ite end plece, end | er as stated. I due to the cause(s) |
| | To the within 2 To the comple | Mec | 29b. Signeture and little of certifier | one mainter stated. | | 29c. Licen | | 29 | d. Date signed (A | |
|) | | |) Kepl | ~ ms | | 03: | 5635 | N | | 18,1996 |
| | | | 30. Name and eddress of person who co | impleted cause of death (Item | | rint) Zos | eph ka | TORT | 2 | |
| | Sta | | 31. Dete filed (Month, Day, Year) | 32. Registrer's Signeti | ure | | | | _ | |

e fing description of the property of the first section of the first sec

24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

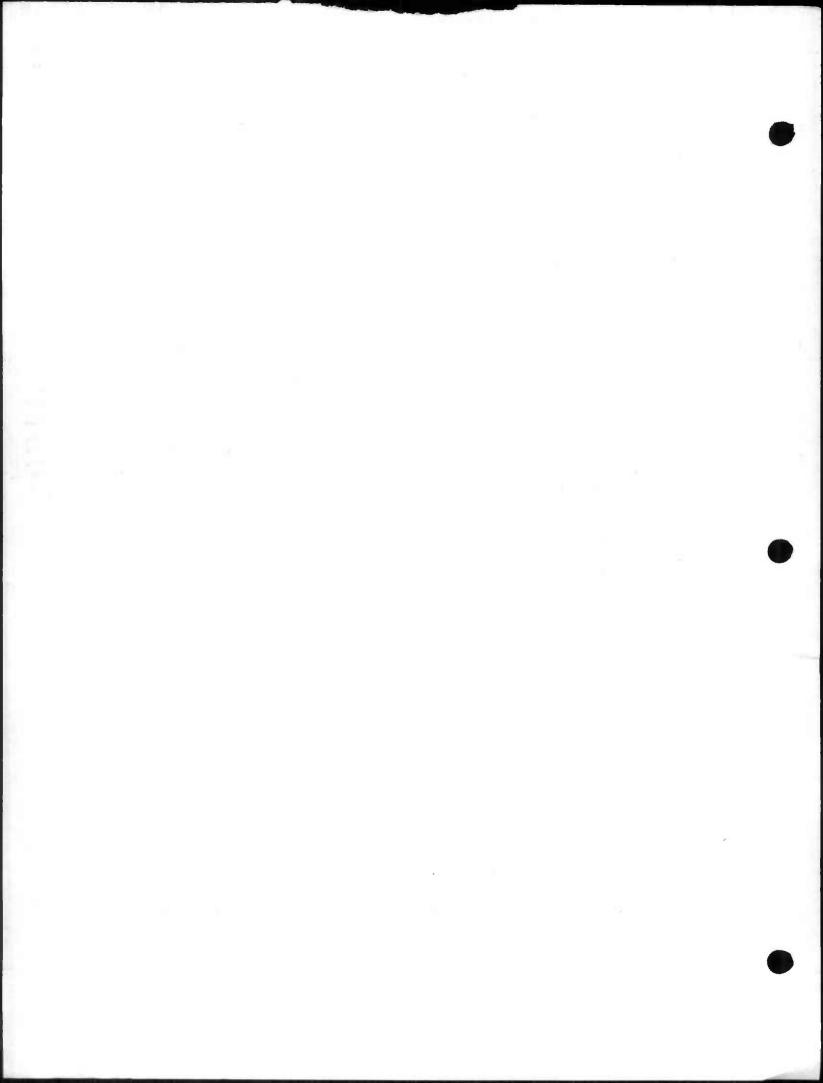
31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

| FOR 1 • STATE | STATE OF MARYL | | | | MENTAL HYGIEN | | 6 3/292 |
|--|--|---------------------------|---|----------------|--|------------------|---|
| REGISTRAR | | CERTIFIC | CATE OF DE | EATH | REG. NO. | | |
| 1. DECEDENT'S NAME (First, Middle, Linst) | GRANT CLA | UDE RIDG | GLEY | | NOV. 26 | , 1996 | |
| 4. SOCIAL SECURITY NUMBER | | D | | JNDER 24 HRS. | 7. DATE OF BIRTH | 8.5 | DIRTHPLACE (State or Foreign |
| 216-12-5027 | 12 M 2 F | 80 YRS. | ONTHS DAYS HOL | JRS MIN. | 7/28/19 | 16 N | NARYLAND |
| 9a. FACILITY NAME (If not institution, give str | | 9 | b. CITY, TOWN OR LO | | | 9c. COUNTY | |
| WESTMINSTER NU | RSING HOME | | WESTM | INSTE | R | CARE | ROLL |
| RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | | I too CITY | TOWN OR LOCATION | | | | Total Maria Committee |
| 300 300 000 | RROLL | | ESTMINS | TER | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| 10e. STREET AND NUMBER | _ | | 10f. ZIP | | | | OF WHAT COUNTRY? |
| 527 MARSHALL DI | ₹. | | 2 | 1157 | | USA | 1. |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER IN FORCES? 1 X YES | 0 100 | | | IC ORIGIN? (Specify Yes , Puerto Rican, etc.) | | RACE — American Indian, Black, White, etc. |
| 1 Never Married 2 Married 3 Widowed 4 Divorced | IF YES, GIVE WAR OR DA | ATES WW II | 1 PES 24 | NO Specify: | ; ruento nicen, etc.) | | Specify: WHITE |
| 15. DECEDENT'S EDUC (Specify only highest grade of | ATION completed) | 18a. DECEDENT'S US | SUAL OCCUPATION rk done during most of | working | 18b. KIND OF BUS | BINESS/INDUST | RY |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NOT use i | retired.) | | 200 | .=== | _ |
| 12 | | | CLER | K | POST | OFFIC | E |
| 17. FATHER'S NAME (First, Middle, Last) GI | RANT CLAUD | E RIDGLE | | | ME (First, Middle, Malden LY VIRGI | , | ICKER |
| 19a. INFORMANT'S NAME (Type/Print) | | | | | loute Number, City or Tow | | |
| HELEN L. RIDGLE | EY | 425 PL | EASTON | RD., WE | ESTMINST | ER, MI | , 21158 |
| 20a. METHOD OF DISPOSITION 1/A Burlal 2 Cremation 3 Remo | val from State 20b | PLACE AND DATE OF | DISPOSITION (Name of | RDENS | 11 29 FI | CATION — City | or Town, Stata |
| 21. SADNATURE OF FUNEJUAN SERVICE LICE | | VERGREEN | 22. NAME AND AL | DDRESS OF FAC | THE TI | 10001 | G, MD. |
| 11/1/10 | | | 254 E. | MAIN | ST., WES | HER FU IMINST | NERAL HOME PER, MD. 21157 |
| 23. PANT Enter the diseases, or cashock, of beatt feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) | list only one cause on a | ach ilna. | Birin | | | ratory arrest, | Approximata interval Batween Onset and Dasth |
| Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST | DUE TO (OR AS A | CONSEQUENCE OF): | | | | | |
| PART II. Other algnificant conditions | | | | usa given in i | Part i. 24e. WAS AN PERFOR | MED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| DID TOBACCO USE CONTR | | | | JNCERTAIN | 1 🗆 📗 | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | 26. PLACE OF DEATH | | | | | |
| 1 TYES 2 NO | 1 Inpatient 2 ER/Outp | | OTHER: Nursing Home 5 | ☐ Residence | 6 Other (Specify) | | |
| 27. MANNER OF DEATH | 26a. DATE OF INJURY (Month, Day, Year) | 28b. TIME | | AT | 28d. DEŞCRIBE HOW I | NJURY OCCUR | EO |
| 1 Natural 5 Pending 2 Accident Investigation | (Month, Day, Today | indo, | M 1 YES | 2 NO | | | |
| 3 Suicide 6 Could not be determined | 26a. PLACE OF INJURY building, atc. (Spec | — At home, farm, stroify) | eet, factory, office | | 26t, LOCATION (Street of City or Town, State) | | lural Route Number, |
| 29e, CERTIFIER | NAM. To the best of the | | | | | | |
| (Check only T CERTIFYING PHYSIC | CIAN: To the best of my know R: Dn the besis of examination | | | | | | nuse(e) end manner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIFIER | man. | mo | | D77 | | 29d. DATE SH | GNED (Month, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF DE | - 4 | Print) | C1 | (- D | Rei | forston, MI |

Reinforstorn, 2113 c

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State of Maryland / Department of Health and Mental Hygiene

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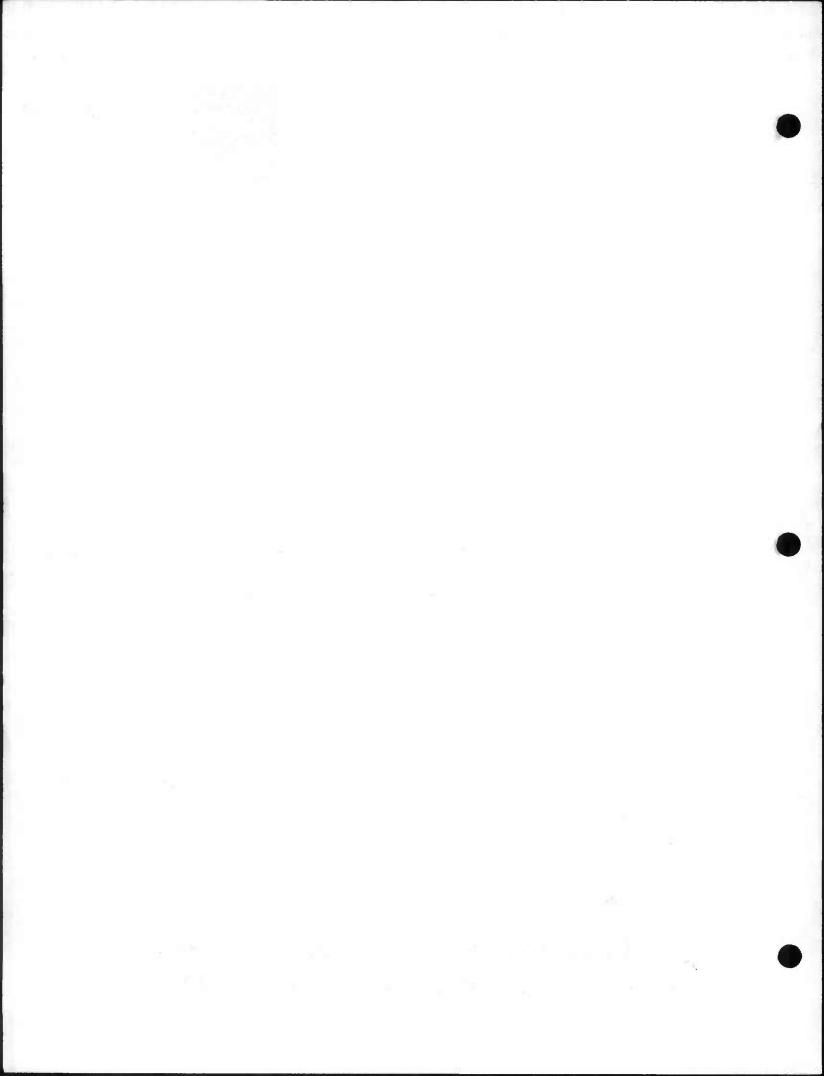
| Physician /Medicai Examiner Funeral Director | | ss Hospital | , | | | | 4b. City, Town, or | | 3, 1996 | Year | 7 00 |
|--|---|-------------------------------------|-------------------|------------------------|-----------------------|----------------------------|--|--|---------------------------|-------------------------------------|-----------------|
| Examiner Funeral Director | 4e. Facility Name (If not institution, Holy Cros 5. Social Security Number | give street and numbers SS Hospital | , | | | | 4b. City. Town, or | | | | |
| Funeral Director | Holy Cros | ss Hospital | , | | | | AD. LIEV. LOWEL OF | | | 4.00 | 7:20pm |
| Director | 5. Social Security Number | | | | | | | | | | |
| Director | | 6 Sev 7 | | | | | Silver S | | | tgomery | |
| of show thed at | | 18 M 2□ F | Age (In yrs. le | est birthday) Yrs. | If Unde Months | er 1 Year Days | If Under 24 Hrs Hours Min | 8. Date of Bird (Month, Da March 2 | th y. Year) 6, 1917 | 9. Birthplace (Country) New | State or Forei |
| 무를 이 | Usual Residence of Decedent 10a. Stete 10b. County | | 10c. City | Town or Loc | cation | | | | | | side City Limit |
| 6 m (A) | MD Mor | ntgomery | | Silver | Spr | ing | | | | 11 | □Yes 2☑N |
| be notified Director | 10e. Street and Number | | | | 10f. Zi | ip Code | | | 10g. Citlzen of V | What Country? | |
| 3a c | 9039 Sligo Cree | ek Parkway | | | | 209 | 01 | | United | States | |
| na rygiena. d other than "natural", or items 23a or 28a-f ehow event, the Medical Examiner must be notified at Be Completed by Funeral Director | 11. Marital Status 1 Never Married 2 XXMarrie 3 Widowed 4 Divorcad | 12. Was Decade Armed Force | s? ☑ No | | | adent of Hecify Cube | lispanic Origin? (S en, Mexican, Puer Specify: | Specify Yes or No to Ricen, etc.) | | e - Americen Ind ck, White, etc. | 7.0 |
| te at | 15. Decadent's | s Education | | 16a. Decede | ent's Usu | ual Occup | ation | | 16b. Kind of Bu | usiness/Industry | |
| ygiena. Nor than "natura nt, the Medical I | (Specify only highest | T | - 1 | (Give k | kind of w OO NOT i | rork done o use retired | during most of wo | rking | | | |
| than I | Elementary/Secondary (0-12) | College (1-40 | r 5+) | A TT | חדיים | T | | | II C | Twooour | |
| SEE O | 17. Father's Name (First, Middle, La | | | AU | DITO | , K | 18 Mother's Na | me (First, Middle, | | Treasur | У |
| ever dot | | • | | | | | | | | 10) | |
| To atic | ISADOR RUBIN | V | | | | | | THER WAL | | | |
| 2 8 8 9 | 19a. Informant's Name/Relationshi | lp (Type, Print) | | 19b. Mailing | g Addres | ss (Street | end Number or R | ural Route Numbe | er, City or Town, | Stete, Zip Code | 20901 |
| Department of nastin and wontal rivglena. Important: If item 27 is merked other than any injury or other treumetic event, the Manage. To Be Completed. | CALRA RUBIN (| | | 9039 | SLIG | O CR | EEK PARK | WAY, # 5 | 15 Silv | er Spri | ng MD |
| of the last | 20a. Method of Disposition | | 20b. Pla | aca of Dispos | sition (Ne | eme of | T | Date | | City or Town, S | |
| 0 0 | 1 Burial 2 Cremation 3 | | е | | | | | 11/15/06 | 01 | 1 - | 1 |
| yar I | 4 Donetion 5 Other (Spe | | Jud | | | | | 11/15/96 | Olney, | , Maryla | and |
| Important Irraportant Irraport | 21. Signature Emheral Service U | Canada [] [] [| 111 | D 22. | Name e | and Addres | ss of Facility Goldberg | Memoria | 1 Chane | 1s Inc | |
| 7 5 9 9 | Mach | 1/2011 | UL. | | | | ille Pik | | _ | | |
| | 23a. Part1. Enter the disease, or co shock, or heart failure. List or | omolications that caus | ed the deeth. | Do not ente | r the mo | de of dvin | o. such as cardia | c or respiratory a | rest. | | oximete |
| | shock, or heart failure. List or | nly one cause on each | line. | | | , | | , , . | | Inter | val Between |
| ysician ledical | Immediate Cause (Final | | | | | | | | | | |
| aminer | Immediate Cause (Final disease or condition | a Pnei | ımonia | | | | | | | 4 | 8 hour |
| | resulting in death) | | | as a consequ | uenca of) |): | | | | | |
| = ie | | Ather | roscle: | rotic 1 | Hear | t Di | CARCA | | | 1 | 0 Year |
| physician and s the burial-transit edical Examiner | Sequentially list conditions | b. Acres | | as a consequ | - 1 | | sease | | | | O Ital |
| EX2 | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | | 200 10 (0. | ao a comocqu | | ,. | | | | | |
| | Cause (Disease or Injury | C | | | | | | | | | |
| ng physicie as the bu | that initiated events resulting in death) Last | | Due to (or | es a consequ | enca of) |): | | | | i i | |
| 0 0 | | L | | | | | | | | | |
| for use | | d | | - | | | | | | | |
| d by the attendir attached for use Physiclan/A | Part II. Other significant condition | e contributing to deeth | but not result | ting In the un | derlying | cause give | en in Part I | 23b. Did 1 | obacco use cor | ntribute to the o | auss of deat |
| igned by the a be datached by by Physic | _ | | | | | 9 | | | | 3 Probably | |
| dati dati | | | | | | | | 10 | Yes 22 No | 3 Probably | 4 [] OHAHO |
| d by | | | | | | | | Ode Wee | an autopsy | 24b. Were au | toney finding |
| cate has been si page 2 should I | | | | | | | | perio | med? | available | prior to |
| 2 si Did | | | | | | | | | | of death | ? |
| page 2 | | | | | | | | 10) | res 2X No | 1 ☐ Yes | 2 No |
| certificate rector, pag | 25. Was case referred to medical | | | | | | OC Diseased Da | | | | |
| certific rector, | examiner? | Hospital: | | | | Oth | or: | ath (Check only o | | | |
| this of rail din | 1 ☐ Yes 2 ☑ No 27. Manner of Deeth | 1 🖾 Inpa | | R/Outpatient | _ | OA | 4 Li Nursing r | lome 5 Resid | | | |
| After | 1 ☑ Natural 5 ☐ Pending | 28e. Date of In (Month, L | jury Jay Year) | 28b. Time of Injury | | 28c. Injun World | y at k? | 28d. Describe | now injury occurr | red | |
| y the fu | 2 ☐ Accident investigat | ition | | | М | 1 🗆 | Yes 2 □ No | | | | |
| 0 E 0 | 3 Sulcide 6 Could no determine | ed 286. Placa of I | njury - At hon | ne, farm, stree | et, factor | ry, office | | 28f. Location (5 | Street and Numb | er or Rural Rout | te Number, |
| E 20 | 4 🗆 nomicide | building, | etc. (Specify) | | | | | City or Tox | vn, State) | | |
| Direct d in by | | Physician: To the bes | t of my knowi | edge, death | occurred | d et the tim | ne, date and place | and due to the | cause(s) and ma | inner as stated. | |
| filled in by the funers al Certification: | 29a. Certifier 17 Certifying | caminer: On the basis | of examination | on end/or inve | estigation | n, in my op | plnion, deeth occu | irred et the time, | date and place, | and due to the c | euse(s) |
| Funeral Direct staly filled in by dical Certiffi | | | Marau. | | 00 | c. License | a number | | 20d Date signer | d (Month Doy) | (oar) |
| o the Funeral Direct ompletaly filled in by Medical Certifi | (Check only 2 Madical Ex | and menner | | | | | | | 29d. Date signer | A STREET LINEY. | |
| To the Funeral Direct completally filled in by Medical Certifi | (Check only 2 Madical Ex | and member : | _ | | 29 | | | | | - (| , 04.7 |
| To the Funer completely fil | (Check only 2 Madical Ex | cs+m | ms | | 29 | | 9748 | | Jovember | | |
| Completely fill | (Check only 2 Madical Ex | estre | death (item 2 | 23e) (Type, P | | | | | | | |
| Completely fill | (Check only 2 Medical Expone) 29b. Signature and title of certifier | CS+VC | | | Print) | D 0 | 9748 | N | Jovember | 14, 19 | 96 |

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth ^{Dey} 23,1996 **Physician** November Burnette Rowland Sally 11:00 AM /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4914 Manheim Avenue Beltsville Prince George's 5. Social Security Number 229–16–7946 If Under 1 Year
Months Deys If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, 9. Birthpiace (State or Foreign **Funeral** 91 Yrs. Virginia 1 □ M 2 🗙 F September 10, 1905 Director Usuel Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location s or 28a-f show be notified at 10d. Inside City Limits Maryland Prince George's **Peltsville** 1 Yes & No Director 10a. Street end Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23a or the Medical Examinar must be. 4914 Manheim Avenue 20705 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2220 No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11 Meritel Status Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes XXNo White þ Specify: 3 XWidowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hygiene Spinning RM Helper Cotton Mill permil. Pages 1 and 2 ahould be file Department of Health and Mental Hy Important: If Ilem 27 is marked oth any Injury or other traumatic event 9069. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Wilson George Mammie Bray 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Beatrice B. Hankins (Daughter) same as #10 20b. Pleca of Disposition (Name of cemetery, crematory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Steta XX Buriai 2 Cremetion 3 Removel from Stete 4 ☐ Qonetion 5 ☐ Other (Specify) County Line Church Cemetery 11/26/1996 Axton, Virginia 21. Signature of Funeral Ser Name and Address of Fecility Funeral Hame, P.A. 4400 Powder Mill Road Beltsville, Maryland Pen1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause of each line. Approximete Interval Between Onset end Deeth Physician tramediete Cause (Finel diseese or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Box 68760, thet initieted events resulting in deeth) Lest Due to (or es e consequence of): USe P.0. Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings avelleble prior to completion of cause of death? 24e. Wes an autopsy Completed certificate has 1 ☐ Yes 2 ☐ No 1 Yes or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 1 ☐ Yes 2 No Certification: To 1 Inpatient 5 Residence 6 □Other (Specify) 2 ER/Outpetient 3□ DOA this 28d. Describe how injury occurred funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 1 Neturel 5 Pending investigation deeth. 1 Yes 2 Accident within 24 hours efter deet To the Funeral Director: 6 Could not be determined 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) filled in by 4 Homicide Hospital TX Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dele end pleca, end due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the bests of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date and pieca, and due to the ceuse(s) end menner steted. 29e. Certifier Medical completely (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30111 10 30. Name and eddress of person who completed cause of deeth (Item 2341) (Type, Print) Deltsville Md 20705-1757 W. Joues Trea 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State NOV 2 5 1996

Registrar



| | | Decedent's Name (First, Middle, La | ant) | | Ce | rtificate | e of | Death | 2. Date of D | Reg. No. | 96 | 37295 |
|---|--------------------|--|---|--|-------------------------------------|------------------------------|--------------------------------|---|---|---------------------------|---|---|
| Physic /Medi | cal | | Wash | | Rus | inko | | | Novemb | er 20, | 1996 | 2:15P• |
| Exami | ner | 4a. Facility Name (If not Institution, given Shady Grove Nurse | | | | | | Rockvi | or Location of Dee L1e | | ty of Death | У |
| Funeral Director | | | Sex XXX M 2□ F | e (In yrs. las 88 | st birthdey) Yrs. | If Under Months | 1 Yeer Days | if Under 24 H Hours M | | 1908 | 9. Birthp Coun Penn | place (State or Foreign ofry) sylvania |
| find at | tor | Usual Residence of Decedent 10a. State 10b. County Maryland Prince | George's | | Town or Lo | sville | е | | | | 1 | Od. Inside City Limits |
| litems 23a or 28a-f show iner must be notified at | Il Director | 10e. Street end Number 6013 37th Avenue | | 1 | | 10f. Zlp 20° | Code 782 | | | 10g. Citizen of United | | |
| si', or items 2 Examiner mu | by Funeral | 11. Meritel Stetus 1 Never Married 2 Merried XXWidowed 4 Divorcad | Armed Forces? | 1 ☐ Yes 2 /2\N io If Yes, Give | | Was Deced If Yes, spec | | llspenic Origin? an, Mexican, Pu Specify: | (Specify Yes or N erto Rican, etc.) | | Rece - American Indian, Black, White, etc. ecity: White | |
| e. am "natural", or . Medical Exam | Completed | 15. Decedent's E (Specify only highest on Elementary/Secondary (0-12) 12 | ducation ade completed) College (1-4or f | 5+) | (Give life. | | l Occup k done e retired | during most of working | | | b. Kind of Business/Industry | |
| ad other th | Be | 12 17. Father's Name (First, Middle, Last Wasil |) Rusi | Miner | 18. Mother's Name (| | | | e, Maiden Suma | Indus otsky | stry | |
| 27 is mer) or traumati | To | 19a. Intormant's Name/Relationable (Elaine R. Rothen | | hter) | | - | | | Rural Route Numb | | | code) and 20854 |
| artment of rie ortant: If item injury or others. | | 20a. Method of Disposition XX Burial 2 Cremation 3 4 Donation 5 Other (Special | | can | netery, cre | osition (Nam matory or of | her pled | * | Date /23/1996 | 20c. Location | | own, Stete ennsylvania |
| Depart Import any in once | | 21. Signature of Funeral Servica Lice | Suppose. | thou | D 4 | onald 400 P | V. owde | er Mill | | ltsville | P.A Mar | yland20705 |
| ysician Medical aminer | JK. | 23a. Pert1. Enter the disease, or com- shock, or heart failure. List only timmediate Cause (Finel disease or condition resulting in death) | | | | | | | | | ary | Approximate interval Between Onset end Deeth |
| attending physician and I for usa as the bunal-transit | n/Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | b. — — — — — — — — — — — — — — — — — — — | Due to (or a | | | | | | | | |
| ed by the atter | Physician/Me | Part II. Other significant conditions of | contributing to death b | ut not resulti | ing In the u | nderlying ca | ause giv | en in Part I. | | tobecco use c | | the cause of death? |
| been sign should be | Completed by | | | | | | | | | s an autopsy ormed? | av co | ere autopsy tindings eilable prior to mpletion of cause death? |
| ate ha | Be Comp | 25. Was case reterred to medical | | | | | | 26. Place of D | 1 Death (Check only | Yes 2□No | | Yes 21 No |
| n. After this funeral di | Certification: To | exeminer? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigation investigation | | | R/Outpaties 8b. Time o Injury | | Bc. tnjur Wor | 4 LILATUISING | 9 Home 5 ☐ Res 28d. Describe | how injury occi | | (v) |
| within 24 hours after deat To the Funeral Director: complataly filled in by tha | | 3 Suicide 6 Could not be determined | building, et | c. (Specify) | | | | | City or To | own, State) | | al Route Number, |
| the Fund | Medical | (Check only 2 Medicat Examone) | ysicien: To the best of niner: On the basis of and manner sta | examination | edge, deat n and/or in | vestigation, | in my o | ne, date and pla pinion, death oc e nu <i>m</i> ber | ice, and due to the curred at the time | , date and place | , and due to | the cause(s) |
| O O | | 29b. Signature and title of certifier | | <u> </u> | 0 | | 13.1 | e nu <i>m</i> ber | | Novembe | | _ |
| 0 | | 30. Name and address of person who Ronald J. Shumad | | | | | d Ro | ad Whea | aton, Mar | yland 2 | 20902- | 1825 |

State Registrar

31. Date tiled (Month, Day, Year) NOV 2 5 1996

2. Registrar's Signature Tulis Dawidson-Anders

State of Maryland / Department of Health and Mental Hygiene 37296 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** ROYCE MARY WELLER NOV 21, 1996 4c. County of Death /Medical 4a. Facility Name (If not institution, giva straet and number, 4b. City, Town, or Location of Death Examiner Suburban Hospital Bethesda Montgomery 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foreign Country)
 New York 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1 □ M 2 🖾 F Months Days Hours Min Yrs. Director 63 101-28-0679 July 9, 1933 Usual Rasidance of Decedent the Maryland 10a State ral', or items 23a or 28a-f show Example: must be notified at 10b. County 10c. City. Town or Location 10d. Insida City Limits Maryland Montgomery Rockville 1 N Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20850 United States 540 West Montgomery Avenue Funerai death 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11 Mantal Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. filed within 72 hours after 1 □ Naver Married 2 N Married 1 Yes 2 No Specify: þ Specify 3 Widowed 4 Divorced "natural", White Completed 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) the Medical 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) nd Mental Hygiene. marked other than Elementary/Secondary (0-12) College (1-4or 5+) Artist Art traumatic event, 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) Pages 1 and 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth jury or other traumatic even Be 9 Gerard Charles de Grandpre Mary Weller McCarthy 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) William R. Royce/Husband 540 West Montgomery Ave., Rockville, MD 20850 20b. Piace of Disposition (Name of cemetery, crematory or other place) Nov . 24, 20e. Method of Disposition 20c. Location - City or Town, Stata 1996 1 ☐ Buriai 2 ☑ Cremation 3 ☐ Ramovai from State permit. Page Department of Important: If is any Injury or Montgomery Crematorium, Inc. Bethesda, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee

22. Name and Address of Facility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,
Approximate **Physician** /Medical · MEMSTATIC OVARIAN FIBROSARCOMA Immediate Cause (Final disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed burial-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last pue Due to (or as e consequence of) physician Physician/Medicai the Due to (or es a consequence of): After this certificate has been signed by the attar funeral director, page 2 should be detached for t Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CARCINOMA þ 24b. Were autopsy findings available prior to completion of ceuse of deeth? Completed 24e. Wes an eutopsy performed? this certificate 1 ☐ Yes 2 ☒ No 1 ☐ Yes 2 No or Attending Physician: Be 25. Was case referred to medical examiner? 26. Piace of Death (Check only one) Hospitai: Certification: To 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Injury et Work? After 5 Pending Investigation Natural we Hospital or Attendison 24 hours after death. 2 Accidant 1 Yas 2 No 6 Could not be determined 3 Suicide 28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Numbar or Rural Routa Number, City or Town, Stata) filled in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date end place, and due to the ceuse(s) and manner es stated.

2 Medicel Examiner: On the bests of examination end/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) and manner stated. Medicai 29a. Certifier completaly (Check only one) To the To the To the 29b. Signature and titia of certifier 29c. License number 29d. Data signed (Month, Day, Year) Allo frugo, mo NOV. 22, 1996

21215-0020

Baltimore, Maryland

Box 68760.

P.O.

Records,

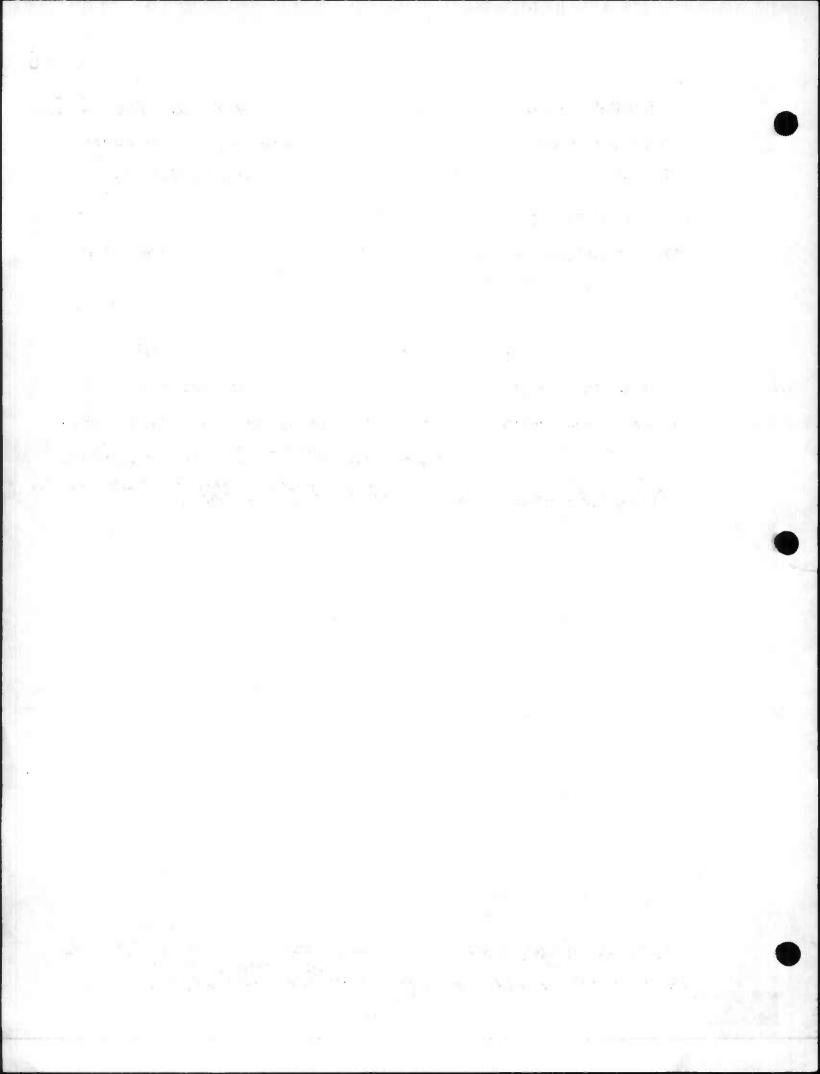
Division of Vital

11420 ROCKVILLE 31. Dete filed (Month, Day, Year) State NOV 25 Registrar

PIKE # 20 POCKVILLE, MO. 20852 32. Registrar's Signatura he Davidson

Victor M. Priego, M.D.

30. Name and address of person who completed ceuse of deeth (item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 37297

| _ | | | | | | | C | erimc | ale of | Deatr | 1 | | Reg. No. | | |
|----------------|--|----------------|--|-----------------------------|------------------------------------|--------------------------------|-------------------------------|-------------------------|--------------------|--------------|------------------------|--------------------------------|------------------------------------|---------------------------|--------------------------------|
| | Physic | ian | 1. Decedent's Nar | ne (First, Middle, | Lest) | | | 1.0 | | | | 2. Date of D Month | eeth Day | 3. Year | Time of Deeth |
| | /Medi | | | EVZ | A | Α. | REC | GIO | | | | NOV. | | 996 | 9:45 AM |
| | Exami | | 4e. Facility Name | (If not institution, | give street end nu | um <i>ber)</i> | | | | 4b. City, To | own, or L | ocation of Dee | th 4c. County | of Deeth | |
| L | | | 11002 | MIDD | LESHIRE | PL. | | | | ROCK | VIL | LE | MO | NTGOME | ERY |
| | Funeral | | 5. Social Security | | S. Sex 1 □ M 25√grF | 7. Age (II | n yrs. lest birtho | Mont | der 1 Yea | | r 24 Hrs. Min. | 8. Date of Bi (Month, D | ey, Yeer) | 9. Birthplace Country) | (Stete or Foreign |
| | Director | | 105-24-0 | | 7 X | 72 | 2 Yr | | | | | MARCH | 24,1924 | HUNGA | RY |
| | pue *_ | | Usuai Residenca o | 10b. County | | 10 | c. City, Town o | r Location | | | | | | 10d ii | nside City Limits |
| | Aanylan | ö | | | Marase | 1 | | | | | | | | | Yes 2 □ No |
| | the A | Director | MD. 10e. Street end Nu | MONTGO | MERY | | K | CKVI | کابلیا Zip Code | | | | 40 - Ohio 41 | | |
| | with with | Ö | | | | **** | | 101. | | 0 | | | 10g. Citizen of V | | |
| | s 23 | Funerai | 1100 | DS WIND | LESHIRE | | -1-110 | O Mas Da | | 852 | -1-1-0 (0- | | | S.A. e - American In | elia e |
| | lterr ner | 'n | 11. Maritel Stetus 1 ☐ Never Mar | ried 3E Marrie | 12. Wes Dec | orces? | r in U,S. | If Yes, s | specify Cu | ban, Mexica | n, Puerto | ecify Yes or N Rican, etc.) | Blac | ck, White, etc. | Julen, |
| 21215-0020 | 72 hours after death with the Maryland natural; or Items 23a or 28a-f show orea Examinal must be notified at | by F | 3 Widowed | A. | If Yes, G | | | 1 ☐ Yes | 2 N | Specify | : | | Specify | WHIT | er . |
| 9 | 72 hours natural', | 8 | | 15. Decedent's | | | 16a. De | cedent's U | Isual Occu | pation | | | 16b. Kind of Bu | usiness/Industry | |
| 15 | hin 72 h h. In "natu Medical | Completed | | cify only highest | grede completed) | | (6 | ive kind of e. DO NO | work done | during mos | st of work | ing | 100.14/10 01 21 | 3011000011100001 | |
| 212 | E E SI WI | mo | Elementery/Sec | ondary (0-12) | College (| (1-4or 5+) | | RET | r | PRODU | CER | | VOIC | E OF A | MERICA |
| pu | be filed htal Hygie d other evant, tt | BeC | 17. Father's Neme | (First, Middle, La | ist) | | | | | 1 | | e (First, Middle | , Maiden Sumem | | |
| lar | Mental Mental arked o | 0 | L | ASZO | VISZE | ENTI | | | | | MAR | ГНА | WOI | LTER | |
| Maryland | 2 should and Men is marke | - | 19a. Informant's N | | | | 19b. N | ailing Addr | ess (Stree | t end Numb | er or Rur | al Route Numi | ber, City or Town, | | (e) |
| | DENA | | LOUIS | 6 C. | REGGIO | | 5 | SAME | AS | ITEM | #10 | | | | |
| altimore, | - I = = | | 20a. Method of Dis | | | | 20b. Place of D | | | ace) | | Date | 20c. Location - | City or Town, 5 | State |
| m | ent H: h | | | Cremation 3 □Other (Spe | | State | CHAMBI | | * | | 1 | 11/27 | RTVE | RDALE, I | MD. |
| alti | Departm Importar any Injur | | 21. Signeture of F | uneral Service Lig | ensee | | | | | ess of Fecil | ity | / | | J. 22. | |
| 6 | Depa Impo | | 1/// | 11/1/10 | mhurst | 12. | 100003 | ** ** | CITA | *m=na | | T.110 6 | | | |
| | _ | | 23a. Part1. Enter shock, or he | the disease, or co | omplications that | | 100091 death. Do not | enter the n | node of dy | ing, such as | cardiac | or respiratory | SILVER SI | | roximete |
| | Physician | 10 | shock, or her | art failure. List or | lly one cause on | each line. | | | | | | | | Inte | rval Between set and Deeth |
| | /Medical | 10 | Immediete Cause | (Final | 1 | SI | 1711- | 1 | mo | Zant | _(| ence | | a | 41000 |
| В | Examiner | | diseese or condition resulting in death) | on | a | O Due | to (or as a con | 0 1 | | ay | | THE CE | | | Colle |
| _ | | je | | | | Due | 10 (Or as a CO | sequenca | 01). | | | | | | 0 |
| | certificate be executed nding physician and use as the burial-transit | Examiner | Sequentially list co | onditions. | b. ——— | Due | to (or as e con | sequenca | of): | - | | | | | 17 |
| ó | an an an an an an an an an | | Sequentially list or if eny, leading to it cause. Enter Und Cause (Disease or | nmediate erlying | | | | | | | | | | | |
| 68760, | nysic The br | n/Medical | that initiated event resulting in deeth) | 5 | C | Due | to (or es e con | sequenca o | of): | | | | | | |
| | ing p | Mec | | | | | | | | | | | | | |
| Box | attend for us | an | | | a | | | | | | | | | | |
| | ras that the death signed by the atter if be detached for it | Physicia | Pert ti. Other signi | ficent conditions | contributing to d | death but no | ot resulting In th | e underlyin | g cause g | iven in Part | l. | 23b. Did | tobacco use co | ntribute to the | causa of death? |
| P.0 | at the | F. | | | | | | | | | | 10 | Yes 2□ No | 3 Probably | 4 Unknown |
| | as the | by | | | | | | | | | | | | | - |
| ord | v requiras been sign should be | Completed | | | | | | | | | | 24a. Wa | s en autopsy ormed? | evallabi | utopsy findings ie prior to |
| ecc | 2 S | ple | | | | | | | | | | | | of death | tion of cause |
| <u> </u> | 0 - 5 | 5 | | | | | | | | | | 1 🗆 | Yes 2 No | 1 □ Yes | s 2 No |
| Vital Records, | ysician: The is certificate director, pag | Be (| 25. Was case reference | rred to medicai | | | | | | 28. Plec | e of Deat | h (Check only | one) | | |
| of | 2 00 | 2 | 1 ☐ Yes 2X | No | Hospital: 1 | Inpatient | 2 ☐ ER/Outpa | tient 3 | DOA | ther: 4 N | ursing Ho | me 5 KRes | idenca 6 □Oth | er (Specify) | |
| ם | ng Pl | | 27. Manner of Dea | th 5 Punding | 28a. Date (Mor | of Injury oth, Day Ye | ar) 28b. Tim | | 28c. inju | ork? | | 28d. Describe | how injury occur | red | |
| Sio | Attanding or death. Sctor: Aftar by the fune | cati | 2 Accident | Investigat | | | | М | 1[| Yes 2 | No | | | | |
| Division | r Att ter d irect | Certification: | 3 ☐ Suicide 4 ☐ Homicide | 8 Gould not | 288. Place | e of injury - ling, etc. (S | At home, farm, pecify) | street, fac | tory, office | | | 28f. Location City or To | (Street and Numb wn, Stete) | er or Rurai Rou | ite Number, |
| | ital o | | / | | | | | | | | | | | | |
| | To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: Affar thi completely filled in by the funeral | edicai | 29s. Certifier (Check only | 2 ☐ Medical Ex | Physician: To the pminar: On the b | e best of my | y knowledge, deminetion and/o | eth occurr | ed et the t | ime, date ar | nd placa, eth occur | and due to the | cause(s) and ma date and piaca, | nner es stated. | cause(s) |
| | the the the nple | Med | one) | 1/1/ | aind men | nner steted. | 1. | | | | | | | | |
| | 5 1 5 S | | 29b. Signature and | // / Certifier | 11 m | e | 11,1 | | | se number | | | 29d. Dete signe | | rear) |
| | 1 | | | 1000 | TUI | | VW. | | 0 | 101030 | 0768 | | 11-2 | 5-96 | |
| | 1 | | 30. Neme and add | | completed caus | se of deeth | | | | | | | | | |
| | | | | | | M.D. | | KENMO | RE A | VE #73 | 10, 1 | LEXAND | RIA, VA. | 22304 | |
| | Sta | ite | 31. Date filed (Mor | Day, Year) | 100C 32. F | legistrar's | Signature | Randal | 2 | | | | | | |

00 E. .

State of Maryland / Department of Health and Mental Hygiene

96 37298

| | | | | | C | ertificate of | f Death | F | leg. No. | - | 012 | |
|-------------------|---|-----------------|--|---|---------------------------------|--|--|---|---------------------------------|----------------------------|--|---------|
| | Physic | ian | Decedent's Neme (First, Middle, Last | | | | | 2. Date of Dee | | Yeer | 3. Time of D | Deeth |
| ı | /Med | cal | GRACE | ROYST | ON | | | NOVEMBE | | 1996 | 6:53 | PM |
| | Exami | ner | FOX CHASE NURS 5. Social Security Number 6. S | ING HOME | | av) If Under 1 Yea | 4b. City, Town, or L | PRING | | ONTGO | | |
| | Funeral Director | | 5. Social Security Number 6. S 720 16-7513 1 Usual Residence of Decedent | BX 7. Age | 96 Yrs | Months Dev | | 8. Dete of Birth (Month, Dey JAN . 12 | , Year) , 1900 | 9. Birthp Coun VIRG | lace (State or try) INIA | Foreign |
| | the Marylan 28a-f show | ctor | MARYLAND 10b. County MONTGOM | ERY | 10c. City, Town or GERMAI | | | | | 1 | 0d. ineida City 1 ☐ Yes | |
| | or 28 | Director | 10e. Street end Number | | | 10f. Zip Code |) | 1 | 0g. Citizen of | What Coun | try? | |
| | items 23a | erai | 11105 HOFFMAN | | Sale III a | | 20876 | | JNITED | | | |
| 21215-0020 | # P | by Funeral | 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ②N If Yes, Give Year or Detes: | | if Yes, specify Cu | Hispanic Origin? (Sp ben, Mexican, Puerto Specify: | ecity Yes or No- Rican, etc.) | | ck, White, | etc. | |
| 15-0 | 72 hours "natural", | Completed | 15. Decedent's Ed (Specify only highest gre | ucation de completed) | (G | cadent's Usuei Occu | e during most of work | king | 16b. Kind of B | | | |
| 121 | filed within Hygiene. ther than " | I DE | Elementery/Secondary (0-12) | College (1-4or 5- | +) | DO NOT usa <i>retir</i> ELEPHONE (| red) | | TELE | DUONE | COMPA | |
| pd 2 | be filed tal Hygi d other | Be Co | 17. Fathar's Name (First, Middle, Last) | | 1 | LEPHUNE (| 18. Mother's Nam | e (First, Middle, i | | | COMPA | VY |
| /lar | | ToB | CLAUDE EDWARD | ROYSTON | | | BLANCHE | POPH | MA | | | |
| , Maryland | nd 2 shuith end 27 is m | | 19e. Informent's Neme/Relationship (7 GEORGE P. BONBRES | | 19b. Ma 111(| ailing Address (Stree D5 H0FFMAN | ot and Number or Ru | ral Route Number ERMANTOV | N, MD. | Stete, Zlp 2087 | Code) | |
| altimore, | 8 7 2 0 | | 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☑ 4 ☐ Donetion 5 ☐ Other (Specify | | FAIRVIEV | sposition (Name of remetory or other plants CEMETERY | 11 | | 20c. Location | | | |
| Ball | permit. Page Department of Important: If any Injury or once. | | 21. Signeture of Funeral Service Licen | 7- Bar | her | | ress of Fecility H. BARBER K 5038, LA | | | 200 | 0.0 | |
| 1 | Physician /Medical Examiner | Examiner | immediete Ceusa (Finel diseese or condition resulting in deeth) | b | Due to (or as e con: | sequenca of): | Herry | Dog. | lese | | Onset end De | etn |
| Box 68760, | n certificate be executed anding physician end use es the bunel-transit | VMedical | Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initietad avants resulting in deeth) Lest | c | Due to (or as a cons | | | | | | | |
| | death he etten ed for u | Physician | Pert II. Other significent conditions co | ntributing to death but | not resulting in the | underlying cause g | iven in Pert i. | 23b. Did to | bacco ues ço | ntribute to | the cause of | deeth? |
| s, P.O | es that the death igned by the ette be detached for | by Phy | | | | | | 1 🗆 Y | s 20 No | 3 Prob | ably 4⊡Ur | nknown |
| of Vital Records, | aw requir as been s 2 should | Completed | | | | | | 24e. Wes e | n eutopsy ned? | eve | re eutopsy find ilable prior to appletion of cau leeth? | |
| <u>س</u> | The bete h | Соп | | | | | , | 1□ Ye | s all No | 1 🗆 | Yes 2□ N | 0 |
| <u> </u> | Physician: The this certificete ral director, par | Be | 25. Was case referred to medical exeminer? | Hospitel: | | 0 | 26. Pleca of Deat | h (Check only on | ө) | | | |
| | dlng h. After fune | ation: To | 1 Yas 2 No 27. Menne of Deeth 1 Naturel 5 Pending 2 Accident investigation | 1 ☐ inpatian 28e. Dete of injury (Month, Dey | 28b. Time | of 28c. inju | 4 Mursing Ho | me 5 Reside 28d. Describe ho | | |) | |
| Division | al or Attend s efter death al Director: A ed in by the f | Certification: | 3 Suicide 6 Could not be 4 Homicida | 28e. Pleca of injur building, etc. | y - At home, farm, (Spacify) | street, fectory, offica | | 28f. Location (St City or Town | reet end Numb , Stete) | er or Rure | Routa Numbe | N, |
| | To the Hospital within 24 hours To the Funeral completely filled | edicai | 29a. Cartifier (Check only one) 1 Certifying Phy 2 Medical Exami | aicien: To tha bast of ner: On the basis of e end manner state | waminetion end/or | eth occurred at the ti investigation, in my | ima, data and placa, opinion, deeth occurr | and due to tha ca red at the time, do | usa(s) and me ete end plece, | enner es sta end due to | ated. the ceusa(s) | |
| , | To t To t | M | 29b. Signeture end title of certifier | Lev | ker | 29c. Licen | se number 74 | | OVEMBER | | | |
| | 5 | | 30. Name and address of person who company L | empleted causa of dea | ath (Item 23a) (Typ | e, Print) 2309 | SHOREFIEL | D ROAD,W | HEATON | ,MD.2 | 0902 | |
| | Sta Registr | 153 | NOV 2 7 1996 | S. Belleville | Hallen Hand | 486 | | | | | | |

Registrar

II GIL . E G PETERSIII II 8 8 45 2F 5 5 8 5 4 5 5 1

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

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| | irector, | | must |
| - | funeral d | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at |
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH Una Reid November 20, 1996 2:45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 578-07-6781 1 M 2 K F 87 YRS. Nov. 18, 1909 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Mariner Nursing Center Rockville Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington, D.C. 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1860 Wyoming Avenue, N.W. 20009 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 2 NO IF YES, GIVE WAR OR DATES 1 YES 2 X ND BY Specify 3 K Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Elevator Supervisor Smithsonian Institute 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, Basil Mason Ella Sommerville BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Anna C. Mason 725 24th Street, N.W. #202 Washington, D.C. 20037 20a. METHOD OF DISPOSITION
1 ♀ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - Cify or Town, State Arlington National Cemetrey11/27/96 Donation 5 Other (Specify) Ft. Myer, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc 7400 Georgia Avenue, N.W. Washington, D.C. 20012 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta shock, or heert failure. List only one ceuse on each line. interval Batw IMMEDIATE CAUSE (Final Onset and Death disease or condition Cerebro Vascular Accident week resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): if sny, lesding to immediate . Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEDUENCE DE) that initisted events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE Diabetes 1 TYES 2 X NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATH (Check only one) OTHER:
4 & Nursing Home 5 Residence 8 Other (Specify) HOSPITAL 1 YES 2 NO Inpetiant 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED Naturel 5 Pending BY 1 YES 2 ND 2 Accident 28a. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 3 Sulcide ETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide COMPL 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 29b. SIGNATURE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Qay, Year) 1120516 25

9410 Old Georgetown Road, Bethesda, MD



HOSPITAL

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

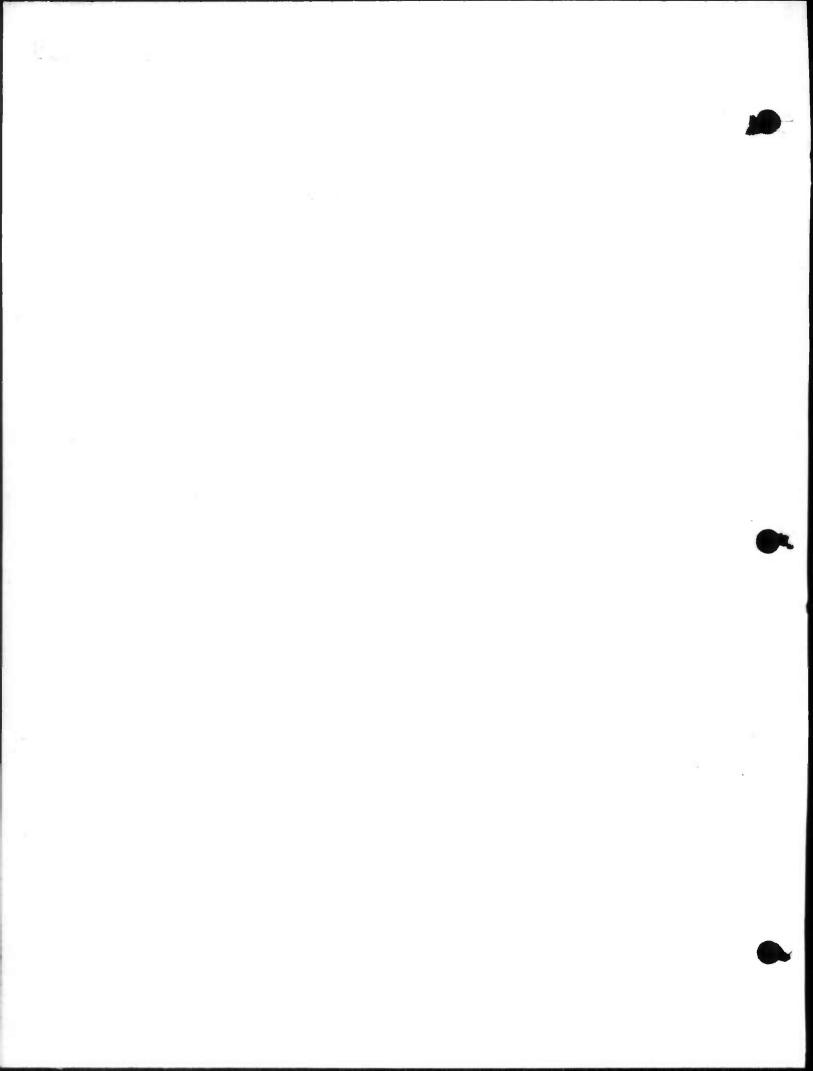
32. REGISTRAR'S SIGNATURE

whia Davidson

Joel R. Schulman, MD

31. DATE FILEO (Month, Day, Year)

NOV 27



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

| | | | - 4 41 | | | | | T | | | |
|--|-------------------|--|--|--|---|---|--|--|--|------------------------------------|---|
| Physi /Med | ician dical | 1. Decedent's Nama (First, Middle Paul | Emer | | Rei | sing, I | | 2. Dete of I Month Novemb | ber 24, | | 3. Time of Deeth 10:11P. |
| Exam | niner | 4e. Fecility Neme (If not institution Washington Adv | | | | | 4b. City, Town, Takoma | or Location of De Park | | y ol Deeth ntgom | ery |
| Funera Directo | | 5. Social Security Number 213–50–9442 | 6. Sex XXIM 2□ F | 7. Age (In yrs. | lest birthday) 45 Yrs. | If Under 1 Yes Months Day | | lin. B. Data of the (Month), December 1 | Birth Dey, Year) Oer 13,195 | 9. Birthr Cour Was | place (State or Foreign hington, D.C |
| pu * | | Usuel Residence of Decedent 10e. Stete 10b. County | | 100 Ci | ty, Town or Lo | ontine | | | | | |
| he Manyla 8a-f sho | ctor | Maryland Prince | George's | | eltsvil | | | | 10d. Inside City Limits 1 ☐ Yes 💥 🖔 No | | |
| th with the 23a or 2 | Funeral Director | 10e. Street end Number 11505 Nevis Dr | rive | | | 10f. Zip Code 2070 | | | 10g. Citizen of Whet Country? United States | | |
| 5-0020 72 hours efter death with the Manyland natural, or items 23s or 28s-f show dical Examiner must be notified at | b | 11. Maritel Stetus 1 N ever Merried 2 Marr 3 Widowed 4 Divorced | Armed F | XX No | | Was Decedent of f Yes, specify Cu 1 ☐ Yes XXN | | (Specify Yes or I verto Rican, etc.) | No- 14. Ra Bla Specia | ce - Americ ck, White, fy: W | |
| 5-U 72 hc | eted | 15. Deceden (Specify only higher | t's Education | | 16a. Deced | dent's Usuel Occ | upation | working | 16b. Kind of E | usiness/In | dustry |
| within within then. | Completed | Elementery/Secondery (0-12) | | 1-4or 5+) 2 | | | e during most of red) Ce Worke | | United States | | tes Govn. |
| be filed tel Hygid dother | BeC | 17. Fathar's Neme (First, Middle, | Last) | | | | 18. Mother's N | Neme (First, Midd | lle, Maidan Sumai | | |
| irylan should be od Mentel merked o metic ev | ToB | Paul E. Rei | sing | | | | Franc | es L. | Howard | | |
| Mar nd 2 sh lith end 27 is m r traum | | 19a. Informent's Name/Ralations Paul E. Reisi | | er) | | as #10 | et end Number or | Rural Route Nun | nber, City or Town | , Stete, Zip | Code) |
| more | | 20e. Method of Disposition 1\(\mathbb{Y}\)\(\mathbb{B}\) urial 2 \(\mathbb{C}\) remetion 4 \(\mathbb{D}\) onetion 5 \(\mathbb{O}\) ther (S) | | State | Plece of Dispo cametery, cren ion Cen | sition (Neme of netory or other p | | Dete /27/1996 | 20c. Location Burton | , | own, Stete |
| Caltim permit. Pag Department Important: any injury o | | 21. Signature of Funerel Servica | icensee A | lordi | J DX 44 | Name end Add | ress of Fecility Corgwardt I Mill Road | Funeral Ho i Beltsvil | me, P.A. le, Maryla | nd 20 | 705 |
| /Medica Examined pulper pulper | | fmmediete Cause (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to Immadiate cause. Enter Underlying Cause (Disease or Injury | a | Dua to (c | or es e conseq | uence of): | ell Carci | noma of | Larynx | 1 | 2 years |
| h certificate be executed ending physician end r use es the bunal-transit | Physician/Medical | Ceuse (Disasse or Injury that Initieted avants resulting In daeth) Lest | d | Due to (o | r es e consequ | consequence of): | | | | | |
| a = 0 | clar | Dod II Othor al- 101 and 101- | | | | | | | | 1 | |
| d by th | by Phys | Pert II. Other significent condition | ne contributing to di | eath but not res | ulting in the un | derlying cause g | iven in Pert I. | | The state of the s | | o the cause of death? pably 4 - Unknow |
| v requir | Completed b | | | | | | | | es en eutopsy formed? | co | ere autopsy findings ellable prior to mpletion of cause deeth? |
| The The pegg | Sol | | | | | | | 30 | Yes 2□No | 10 | Yes 2000 |
| Physician: The lev rthis certificate has ral director, pege 2 | Be | 25. Was cese raferred to medical examinar? | 11 | | | | | aath (Check only | ona) | 1 | |
| this c | 10 | 1 ☐ Yes XXNo | | | ER/Outpatient | 3L DOA | | | sidence 6 □Ott | | 1) |
| Attending P r deeth. ctor: After by the funer | ertification: | 27. Mannar of Death XXNetural 5 Panding 2 Accident Investig | ation | of injury th, Day Year) | 28b. Time of Injury | 28c. Inj W | ury et ork? □ Yes 2 XX 0 | 28d. Dascribe | e how Injury occur | red | |
| al or Attendes sater deeting Director: | Certific | 3 ☐ Sulcide 6 ☐ Could n 4 ☐ Hornicide determi | ned 288. Piece | ol Injury - At ho ng, atc. (Specif) | ome, lerm, stre | et, lectory, office | | 28l. Location City or To | (Street end Numb own, Stete) | er or Rura | I Route Number, |
| To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After completely filled in by the funeral or the funeral o | edical (| 29e. Certifier (Check only one) Cartifying Cartifying Cartifying Cartifying | Physician: To the examiner: On the be | best of my knowns of examination of examination of examination of examinations of the control of | wiedge, deeth tion end/or Inv | occurred et the testigation, in my | time, date end ple opinion, deeth oc | ce, end due to the curred at the time | e causa(s) and me e, date end placa, | enner as st and due to | eted. the ceusa(s) |
| withir To th | Me | 29b. Signeture end title of cartilier | | | | 29c. Licer | nse number | | 29d. Dete signe | d (Month, I | Dey, Year) |
| | | David A | Birch | M | | | 3289 | | Novembe | r 25 | 1996 |
| 25 | | 30. Name and eddress of person v. David A. Bianch | ni, M.D. | e of daath (Itam 2415 Mu | 23e) (Type, F Sgrove | Road, S | Suite#203 | Silver | | | • |

Gioria Davidson Randalle

DHMH 16 Rev 6/95

Registrar

NOV 2 9 1996

and a second of the second of E. Market North Co.

96-6683-015 CMK

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

MD

10d. Inside City Limits

Approximate Intervel Between Onset end Deeth

12 Yes 2□ No

1 Yes 2 No

Certificate of Death

Physician /Medical **Examiner** 1. Decedent's Name (First, Middle, Last) CHARLES

EDWARD

RAINES

2. Date of Death 3. Time of Death Month Day Year NOVEMBER 23, 1996 0227AM

Funeral Director

the Maryland 28a-f show vail be notified at 6 234 death Hems be filed within 72 hours after de ntal Hygiene. d other than "natural", or item event, the Medical Examiner

21215-0020

Baltimore, Maryland . Pages 1 end 2 should be file ment of Health and Mental H-tant: if Nam 27 is marked oth jury or other traumatic even permit. Page Department of Important: if any Injury or once.

Physician /Medical Examiner

Box 68760.

P.O.

Records,

of Vital

Division

The law requires that the deeth certificate be executed burial-tran physician the 80 USe lor been signe should be d page 2 certificate Attending Physician: funeral director, Certification: To this if or Attending efter death.

Director: Afferde in by the further To the Hospital or within 24 hours eft To the Funeral Di completely lilled in

4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth SUSQUEHANNA RIVER ROAD CECIL COUNTY 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 X M 2 □ F Yrs. 217-92-4104 21 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Director MD Harford Aberdeen 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 44 Swan Street 21001 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Maritel Stetus Black, White, etc. 1 ☐ Yes 2 M No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify þ Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11 Fork Lift Operator Warehouse 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Gerald L. Raines Blanche Pauline Vaught 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Streat end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Hiram Ware - Brother 901 Liberty Grove Rd., Conowingo, MD 21918 20b. Placa of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1

Burial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Harford Memorial Gdns 11/27/96 Aberdeen, MD 21. Signature of Funeral Servica Licansee 22. Neme and Address of Facility Mitchell-Smith Funeral Home, P.A Havre de Grace, MD 21078-3197 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in deeth) Complement Copyra Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

1 Yes 2 No 27. Manner of Death 1 Natural Accident

3 ☐ Suicide

4 Homlcide

5 Pending Investigation 6 Could not be determined

28a. Date of Injury (Month, Day Year) 11/23/96 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)

File of Yoadway

28b. Time of injury 0215AFR

28c. injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Dother (Specify) AT SCENE injury et 28d. Describe how injury occurred Subject Lives stuck building, our turned vehicle

281. Location (Street end Number or Rural Route Number, City or Town, Stete) Sus que keruna Kwez

29e. Certifier (Check only one)

Medical

Scale of Youdular In Harford County Manyfar

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

NOVEMBER 23, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

THEODORE MIKE

31. Date flied (Month, Dey, Year) State NUV 25 1996 Registrar

39. Registrar's Signature

21047

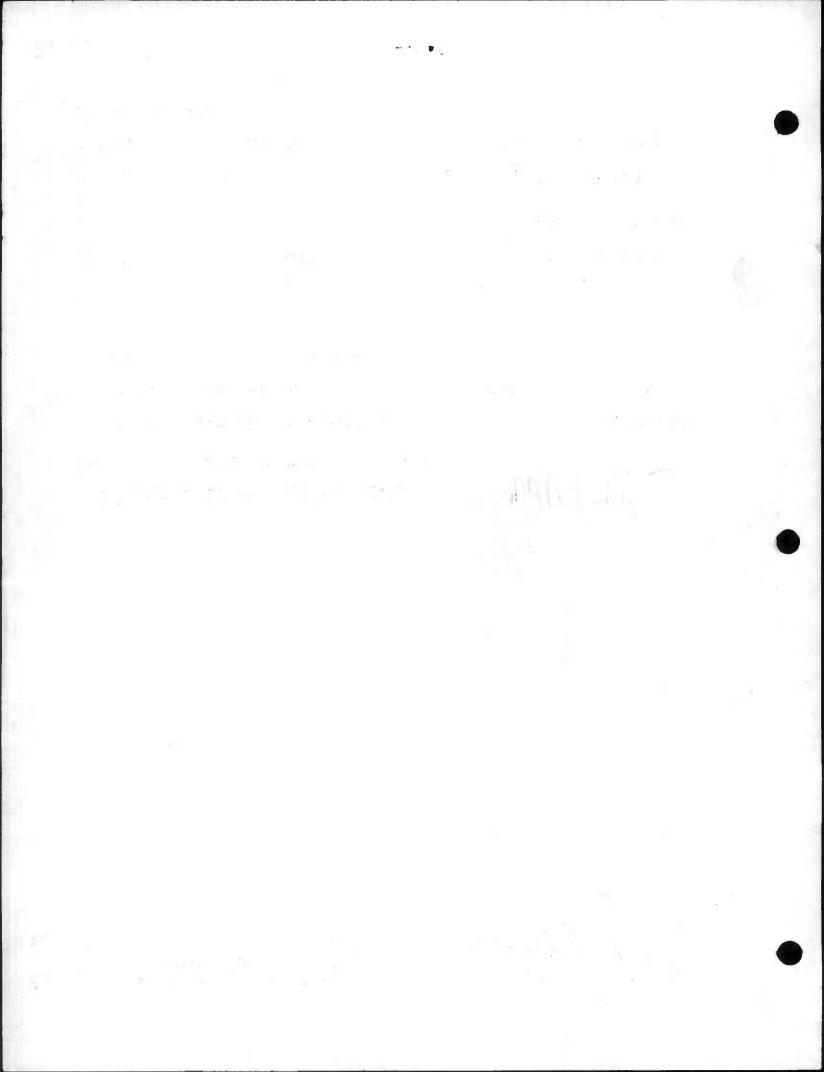
| be of think in black indelible link. Assule All Copies Are Legible. | - | - | - | |
|---|---|---|----|---|
| State of Maryland / Department of Health and Mental Hygiene 96 | 3 | 7 | 31 | J |
| Cartificate of Doubt | | | | |

| | | | | | | C | ertificate | of Death | | Reg. No. | | | | | |
|-------------------------|---|--|---|--|-----------------------------------|---------------------------|---|---|--|---|--|--|--|--|--|
| | Physic /Medi | | 1. Dacedant's Name (First, Middle, Stella Rus |)// | | | | | 2. Deta of Da Month NOVEMD | | Yaar 1996 | 3. Tima of Death | | | |
| | Exami | | 4e. Facility Nama (If not institution, | | | | | 4b. City, Town, o | Location of Deat | th 4c. County | of Death | | | | |
| | | _ | Fallston Gener | | | | | Falls | | | Harfo | ord | | | |
| | Funeral Director | | 5. Social Sacurity Number 089-30-7422 Usuel Rasidance of Decedant | 3. Sex 1□M 2∏ F | 7. Aga (In yrs. 81 | last birtho | Months D | ays Hours Mir | . (Month, De | 27, 1915 | | eleca (Stata or Foreign etry) York | | | |
| 1 | B 11 | | 10a. Stata 10b. County | | 10c. Ci | ty, Town o | r Location | | | | 1 | Od. Insida City Limits | | | |
| No. March | with the Manyland a or 28a-f show Lbe notified at | Director | | ford | | | Bel Air | | | | | 1⊠Yes 2□No | | | |
| £ 28 | | | 10e. Street and Numbar | | | | 10f. Zip Co | | | 10g. Citizen of V | Citizen of What Country? | | | | |
| - Constitution | 23 | a la | 107 Idlewild S | T | 21014 | | | | | USA | | | | | |
| 3 # 6 | by Funeral | 11. Marital Status 1 □ Nevar Marriad 2 □ Marria 3 ☑ Widowad 4 □ Divorcad | Armed Fe | 2 XNo | ,S. | | | | | | e - Amarican Indian, kk, Whita, atc. " | | | | |
| 2 5 | 2.2 | pet | 15. Decedant's | | | 16a. De | ecedent's Usual O | ccupation | | 16b. Kind of Bu | usinass/înc | dustry | | | |
| D200-C1212 | than 'n | Completed | (Specify only highest Elementery/Secondary (0-12) 12 | grada complated) College (| | (G lii | (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Homemaker Own Home | | | | | | | | |
| 2 8 | a di di | Bec | 17. Fathar's Nama (First, Middla, L. | ist) | | | AADAIIG | | ma (First, Middla | | | | | | |
| 12 should be fle | and Menta is marked summific e | TOE | Stanley (u/k) 19a. Informant's Name/Ralationshi | Karpins | ki | 19b M | ailing Addrage (S | Blanch | | | | | | | |
| 0,0 | Trau trau | | Joyce B. Kirch | | achton | | | | | | | | | | |
| semil Paper Lan | If of Heal If Item 2 or other | | 20a. Method of Disposition 1 XBuriel 2 Cramation | | Stata 20b. F | Place of Di cematary, | sposition (Nema of cremetory or othai | of r place) | Place, Port St. Lucy, FL 34952 Data 20c. Location - City or Town, State rdens 11-26-96 Bel Air, Maryland | | | | | | |
| 6 | epartmer opertant ny injury nce. | | 4 Donation 5 Other (Spe | | Bei | l Air | | 1 Gardens | 11-26-9 | 6 Bel A | ir, N | Maryland | | | |
| PI | hysician /Medical | | 23a. Part1. The rithe diseasa, or c shock, or haart failbre. List of Immediate Causa (Final diseasa or condition | | | h. Do not | 1317 COK entar tha moda of | | , Abingo | don, Md. | 2100 | A. Approximata Interval Between Onsat and Deeth MONTH. | | | |
| | xaminer | Jer | rasulting in death) | a, | | | sequance of): | | | | 0 | | | | |
| Certificate be executed | sician and bunal-transit | I Examiner | Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or injury that initiated avants | b | Due to (c | or as a con | sequance of): | | | | | | | | |
| certificate be ex | attending physi | /Medical | that initiated avants rasulting in death) Lest | d | Due to (o | r es e con | sequance of): | | | | | | | | |
| eath cert | atter (| Clar | D . II Ou 1 10 | | | | | | | | | | | | |
| requires that the death | signed by the s d be detached | by Physician/ | Part II. Other significant condition £ 5 C/F EVC / C F | | | | | a givan in Pert I. | | 23b. Did tobacco use contribute to the cause of dea 1 Yes 2 No 3 Probably 4 Unkn | | | | | |
| ne law requires t | 2 5 5 | Completed b | | | | | | | | en autopsy ormed? | ave | tre autopsy findings allable prior to appletion of causa daath? | | | |
| | 2 0 | E O | | | | | | | 10 | Yas 2 No | 10 | Yas 2□ No | | | |
| | | Bec | 25. Was casa rafarred to medical | | | | | 26. Placa of Da | ath (Check only | ona) | | | | | |
| Physician: | direc | To | axaminar? 1 ☐ Yes 2 ☐ 10 | Hospital: 12 | npatiant 2 | ER/Outpa | tient 3 DOA | Other: | Homa 5 ☐ Rasi | | er (Specify | 1) | | | |
| Attending Phys | After | | 27. Manner of Death 1 □ Natural 5 □ Panding 2 □ Accident invastiga | | of Injury th, Day Year) | 28b. Time Injur | | Injury at Work? 1 ☐ Yas 2 ☐ No | 28d. Describe | how injury occurr | ed | | | | |
| 5 | | Certification: | 3 Suicida 6 Could no datarmin | ed 28a. Place | of Injury - At hong, atc. (Spacif | oma, farm, | straat, factory, of | lice | 28f. Location (City or To | Streat and Numb wn, Stete) | er or Rura | Routa Number, | | | |
| • Hospitai | within 24 hours after To the Funeral Dir completely filled In | dical | 29a. Cartiflar (Check only one) 1 Cartifying 2 Medical Ex | Physician: To tha aminer: On tha be | asis of axamina | wiedga, de tion and/or | eth occurred at the invastigation, in r | na time, data and plac ny opinion, daath occ | e, and due to tha urred at tha tima, | cause(s) and me data and plece, a | nner es st | eted. tha causa(s) | | | |
| oth | within 2 To the comple | 1 | 29b. Signature and title (Rentific | / | / | | 29c. Lic | censa number | | 29d. Dete signed | (Month. I | Day, Year) | | | |
| - | × ⊢ ö | 7 | 1/2/20 | W | | ny | - 2 | 3/775 | | | | 23,1996 | | | |

on who completed cause of death (Item 23a) (Type, Print) 37/2.

Solution of the state of the sta

State Registrar



BALTIMORE, MARYLAND 21215-0020

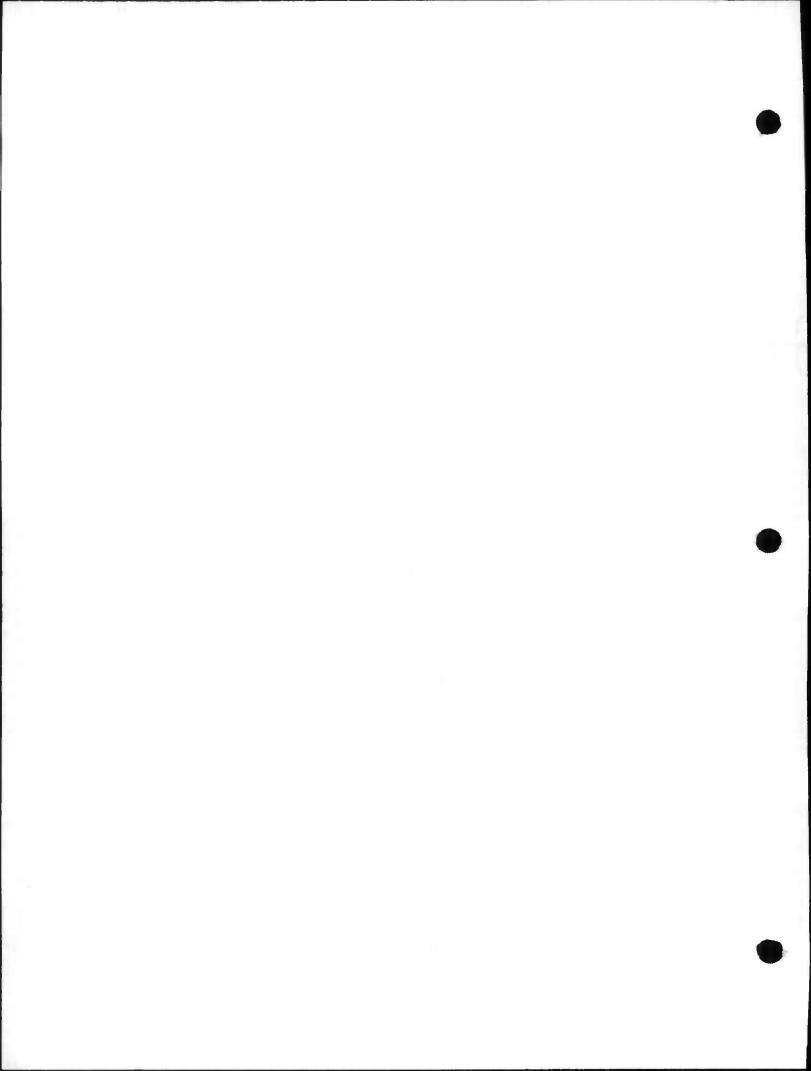
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and found for the formal properties of the second formal physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

| | 1. DECEDENT'S NAME (First, Middle, Lest) | | | | | | - | | | G. NO. | | | | |
|---------------|---|--------------------------------|--|---------------------------|---|--------------|------------------------|--|-------------------------------|---|------------------------------|--------------------|----------------------------------|--|
| | 1. DECEDENT S NAME (FIRST, MICORS, LIEST) | GRACE O | MEGA SE | מדפתו | ΔNI | | | 2. DATE OF DI MONTH | DA | | YEAR | 3. TIME OF DEATH | | |
| | 4. SOCIAL SECURITY NUMBER | | 6. AGE (In yrs. Ia | | | R 1 YEAR | IF UNDER | 24 HRS. | NOV/21 | | 96 | a. BIRTI | 1720 M IPLACE (State or Foreign | |
| | 577 07 1583 | 1 🗆 M 2 💢 F | 87 | YRS. | MONTHS | DAYS | HOURS | MIN. | (Month, Day, | 0 | Country) | | | |
| | 9a. FACILITY NAME (If not institution, give st | reet and number) | | 9b. CIT | 9b. CITY, TOWN OR LOCATION OF DEATH 9c. | | | | | | INTY OF E | | | |
| RO | Pleasant Living (| nter | er Edgewater Anne Ar | | | | | | | undel | | | | |
| 5 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | | | | | | | | | | - 111 | | |
| DIRECTOR | | | | | | | | | | | | | 10d. INSIDE CITY LIMITS? | |
| | MD Anne A | <u>rundel</u> | Edd | gewa: | | of, ZIP CODI | | | _ | 1 ☐ YES 2 ☑ NO 10g. CITIZEN OF WHAT COUNTRY? | | | | |
| FUNERAL | 3670 North Caroli | na Avo | | | | 21037 | | | USA | | | | | |
| N | 11. MARITAL STATUS | 12. WAS DECEDENT | EVER IN U.S. A | RMED | 13. | | | | IC ORIGIN? (Spe | cify Yes | 4 | | | |
| | 1 Never Married 2 Married | FORCES? 1 [IF YES, GIVE WA | | NO | | If yes, s | pecify Cuba | n, Maxicar Specify | , Puarto Rican, | etc.) | 01 110 | Black, White, etc. | | |
| ВУ | 3 Widowed 4 Divorced | | | | | | X | присту. | | | | Spec | white | |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade | | (1) | ECEDENT'S Give kind of | work done | during m | ION lost of working | 10 | 16b. KIND | OF BUS | INESS/IN | DUSTRY | | |
| Ē | Elementary/Secondary (0-12) | College (1-4 or 5+) | Mi | . Do NOT us | e retired.) | | | | | | | | | |
| Ž | 12 17. FATHER'S NAME (First, Middle, Leat) | | HC | memal | ker_ | | | | | Hon | | | | |
| | James H. Brown | | | | | | | | ME (First, Middle, VanTr | | | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 10 | 9b. MAILING | ADDRES | S /Street | - | | oute Number, Cit | - | | n Codel | | |
| 2 | William Sheridan | (stepsor | | | | | | | ve/Edge | | | | 307 | |
| | 20a. METHOD OF DISPOSITION | | 1 | AND DATE | - | | | | | | CATION — City or Town, Stata | | | |
| | 1 Donation 5 Other (Specify) | oval from Stata | | rematory or o | | | mator | ~, , | | 11/22 Alexandria VA | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | | | 22. | . NAME A | NO ADDRE | SS OF FAC | CILITY | | المدعا | _ | · VA | |
| | Millelm | Nagon | | | | | nt Fur Olis | | & Cre | mati | ion S | Serv: | ices | |
| | 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line. Approximate interval Between | | | | | | | | | | | | | |
| | IMMEDIATE CAUSE (Finel | | | | | | | | | | | | Onset and Death | |
| | disease or condition resulting in death) | PNEU | MONIT | IS | | | | | | | | | 10 DAYS | |
| | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | |
| 8 | Sequentially list conditions, ALZHEIMER DISEASE PIVE YEARS | | | | | | | | | | | | | |
| ¥ | thany, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): | | | | | | | | | | | | | |
| E | resulting in death) LAST | 1 | | | | | | | | | | | | |
| | PART II. Other aignificent condition | a contribution to d | leath but not | reculting | In the w | nderlylr | Of Chies (| dven le f | Part I 240 | AMO AN A | u money | Lan | WERE AUTOPSY FINDINGS | |
| EDICAL | | | jivon III. | | PERFORMED? | | | AMILABLE PRIOR TO COMPLETION OF CAUSE | | | | | | |
| ED | -URINARY TRACT | INFECT | TON (CI | HRON. | IC) | | | | 1 🗆 | YES 2 | X NO | | OF DEATH? | |
| Σ | DID TOBACCO USE CONTE | PIBLITE TO CAL | ISE OF DEA | ATH YE | SΠ | NO B | 7 LINC | EDTAIN | | | | | 1 TES 2 NO | |
| IAN | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) | | | | | | | | | | | | | |
| SIC | EXAMINER? 1 YES 2 X NO | HOSPITAL: | ER/Outpetient | 3 DOA | OTHE AX Nu | | me 5 □ Re | aldence | 8 ☐ Other (Spec | the) | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 28a. DATE OF II | NJURY | 28b. TIM | E OF | 28c. iN | JURY AT | | 28d. DESCRIBE | | JURY OC | CURED | | |
| ВУ | 1 Netural 5 Pending 2 Accident Investigation | (Month, Day | , rear) | ING | M | | ORK? YES 2 | NO | | | | | | |
| | 3 Suicide 6 Could not be | 26a. PLACE OF building, e | INJURY — A1 h | ome, ferm, i | street, fac | ctory, offi | ca | | 281, LOCATION City or Town | | nd Numbe | r or Rural I | Route Number, | |
| 1 | 4 Homicide detarmined | | | | | | | | Oily Or John | r, Giele) | | | | |
| PLE | | CIAN: To the best of m | ny knowledge, d | eath occurr | ed at the | time, dat | a and place, | and dua | to the cause(a) | nd man | ner aa ste | rted. | | |
| COMPLETED | (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. | | | | | | | | | | | | | |
| ш | 296. SIGNATURE AND TITLE OF CERTIFIER | 11 | | | | | 29c. LICE | NSE NUM | BER | | 29d. DAT | TE SIGNED | (Month, Day, Year) | |
| TO B | Charle, VV, | Kinze | _ | | | | DO | 5928 | | | N | OVEN | IBER 21,199 | |
| - | 30. NAME AND ADDRESS OF PERSON WHO | | | | , | | | | | | | | | |
| ŀ | CHARLES W KINZE | | | MED. | LCAI | J PI | (WY | ‡ 10 | O, AN | NAP | OLI | S MI | 21401 | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR | S SIGNATURE | Bando | 20 | | | | | | | | | |
| | NOV 2 5 1996 | Juna | ************************************** | -Na. Pag | | | | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

37301.

| | | Decedent's Name (First, Middle, Last) | C | ertificate of | | Re | g. No. | 37304 | | |
|--|------------------|--|---|---|---|--|---|--|--|--|
| Phys /Me | ician dicai | IRENE J. | | | RD | 2. Date of Death Month NOV | Day Year 28 1996 | 3. Time of Deeth 3:55AM | | |
| Exan | niner | 4a. Fecility Name (If not institution, give street and num Memorial Hospital (| | | 4b. City, Town, or Lo Easton | ocation of Death | 4c. County of Death Talbot | | | |
| Funer Directo | _ | | 7. Age (In yrs. last birthde 70 Yrs. | | If Under 24 Hrs. Hours Min. | 8. Date of Birth (Month, Day, JULY1,] | Year) 9. Birth | nplace (Stete or Foreign untry) RYLAND | | |
| with the Maryland a or 28a-f show | tor | 10a. State 10b. County MD TALBOT | 10c. City, Town or | Location EASTON | | | | 10d. Inside City Limits 1 ☐ Yes 2 🏋 No | | |
| ter deeth Items 23 | ral Director | 10e. Street and Number 10215 THREE BRIDGE | BRANCH ROA | AD 10f. Zip Code 2 | 1601 | 10 | g. Citizen of What Coo | untry? | | |
| | by Funeral | 11. Maritel Status 1 Never Merried 2 Married 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Dece Armed For 1 yes, Giver or Day | 2\2\No | r in U,S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 □ Yes 2 ☒ No Specify: 14. Race - Americ Black, White, Specify: WI | | | | | | |
| d within 72 giene. er than "naf | Completed | 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1- | -4or 5+) | cedent's Usual Occup ve kind of work done o. DO NOT use retired | during most of worki d) | OWN HOME | | | | |
| d at 6 5 | To Be | 17. Father's Name (First, Middle, Last) CHARLES LOUIS JOHNS | | | E. LO | LOUISE CHEEZUM | | | | |
| - 2 E 2 P | | 19a. Informant's Neme/Relationship (Type, Print) LOREN W. SARD / HUSB | AND 102 | 215 THREE | E BRIDGE | BRANCH | City or Town, State, Z. I RD., EA | STON, MD | | |
| Dallimore Semit. Pages 1 a Separtment of He mportant: if item | | 20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from S 4 ☐ Donation 5 ☐ Other (Specify) | SPRING | position (Name of rematory or other place HILL CEN | METERY | 12-2 E | CASTON, M | ID | | |
| Demii Depar Impor | MICE | 21. Signature of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that ce | | 200 S. HA | ARRISON | ST. EA | STON. MD | NERAL HO | | |
| certificate be executed ding physicien and sees the buriel-transit | ledical Examiner | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last d. | Due to (or as a cons Due to (or as e cons Due to (or as a consi | cardio equence of): dilate | lation de Care | n Iuro Liomy | opathy | 8 yrs. >8 yrs. | | |
| hat the death cer d by the attendir letached for use | Physician/N | Part II. Other significant conditions contributing to dea | ith but not resulting In the | underlying ceuse giv | en in Part I. | 23b. Did tob | acco use contribute | to the cause of death' | | |
| The law requires that the death certified has been signed by the attendire page 2 should be detached for use | by | Cryptogenic ci | er | 1 Yes | autopsy 24b. W | Vere autopsy findings vailable prior to ompletion of ceuse | | | | |
| The law ete has page 2 s | Completed | | | | | 1 ☐ Yes | death? | | | |
| or Attending Physicien: The law requires the site cleath. Director: After this certificate has been signed in by the funeral director, page 2 should be d | To Be | 27. Manner of Death 1 Natural 5 Pending (Month) | patient 2 PER/Outpati | of 28c. Injun Work | 4 Li Nursing Hon | | ce 6 Other (Speci | ify) | | |
| To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral | Certification: | 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Place of building | | | 28f. Location (Street end Number or Rural Route Number, City or Town, State) | | | | | |
| To the Hospital of within 24 hours at To the Funerel D completely filled it | edical | 29a. Certifier (Check only one) 1 Certifying Physician: To the base and manner on the base and manner. | is of examination and/or i | ath occurred at the time investigation, in my of | ne, date and place, a plnion, death occurre | nd due to the cau od at the time, date | se(s) and manner as a e and place, and due t | stated. to the cause(s) | | |
| To the To the company | M | 29b. Signature and title of certifier Robert W. Treve | M.D. | 29c. License | e number | | 1. Dete signed (Month, | | | |
| | | 30. Name and address of person who completed ceuse ROBERT TREVER, M.D., | of death (Item 23a) (Type | Print) | | | | | | |
| Si Regis | tate | 31. Date filed (Month, Day, Year) 32. Re | l'a Davidson-A | | | | | | | |

NOV 2 9 1996

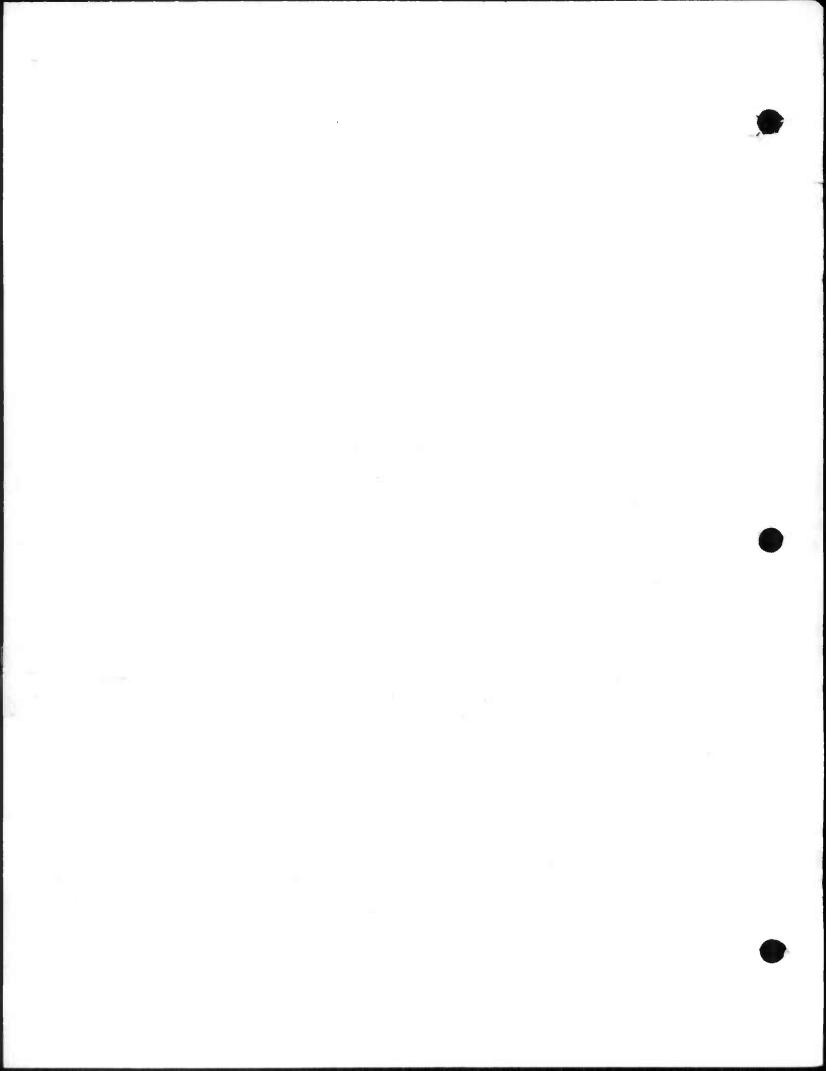
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37305

| | | | | | Cer | uncare | e or . | Death | | Re | g. No. | | | | |
|--|----------------------------|---|--|---|--|--|------------------------|---|----------------------------|---|---|--|--|--|--|
| Phy | siciar | 1. Decedent's Name (First, Mid | | | 0.7 | | | | 1 | 2. Data of Deat Month | h Dav | Yeer | 3. Time of Death | | |
| | edica | 1 | Allen | Bell | Sale | S | | | | lovember | | 96 | 7:45 AM | | |
| Exa | mine | | | | | | 4 | 4b. City, To | wn, or Loca | ation of Deeth | 4c. County | y of Death | | | |
| | | | napolis Rock | | | | | | odbir | | Н | oward | | | |
| Fune Direct | _ | 5. Social Security Number 215–26–3210 | 6. Sex 7. A | ge (In yrs. lasi 68 | birthday) Yrs. | If Under Months | 1 Yeer Days | If Under Hours | Min. | B. Date of Birth (Month, Day, pril 1, | | 9. Birthpi Count Virgi | ace (State or Foreign ry) nia | | |
| pue * | 201 | Usual Residence of Decedent 10a, State 10b, Count | tv | 10c. City, T | own or Lor | cation | | | | | | T40 | d. Inside City Limits | | |
| he Maryl 28a-1 sho | Director | | * | | dbine | | | | | | | | 1 ☐ Yes 2√☐ No | | |
| eth with t | io. | | | | | | | | | | 10g. Citizen of What Country? American | | | | |
| ore, Maryland Z1Z15-00Z0 s 1 and 2 should be filed within 72 hours after deeth with the Maryland if Health and Mental Hygiene. The 21 is marked orber than "natural", or items 23e or 28e-1 show other traumatic event, the Medical Exercise results inclined a | hy Emere | 3 ☐ Widowed 4 ☐ Divorce | if Yes Give | ? | | Ves Decede Yes, speci | | lispenic Orl en, Mexicer Specify: | gin? (Spec i, Puerto Ri | ify Yes or No- icen, etc.) | | ce - America ck, White, e y: Wh | | | |
| 5-C 72 ho 72 ho | 1 | 15. Dacede (Specify only high | ent's Educetion lest grade completed) | 1 | 6e. Deced | ent's Usuai | Occup | ation du <i>ring</i> mos | t of working | , | 6b. Kind of B | usiness/Indi | ustry | | |
| within ene. | Completed | Elementary/Secondary (0-12) | | 5+) | _ | (Give kind of work done during most of working life. DO NOT use retired) Owner-operator Home Improvement | | | | | | | | | |
| filed with Hygiene. other than | 2 | | e, Last) | | OWII | er-op | ela | | r's Name (| First, Middle, N | fa <i>lden Sum</i> ar | ne) | | | |
| arylan should be ind Mental | TO B | Allen Boyd | Sales | | | | | | Elsi | | | , | | | |
| y, Maryland and 2 should be file salth end Mental Hy n 27 is merked oth er traumatic event | | 19a. Informant's Name/Relation Amanda L. Sa | | | | | | | | Route Number, | | | Code) yland 2179 | | |
| or Health | | 20a. Method of Disposition | | 20b. Plece | | ition (Nam atory or of | | | | | Oc. Location | | | | |
| The Page | | 1 ⊠ Burlal 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (| | | _ | el Ce | | | 11, | /22/96 | Lisbon | , Mary | land | | |
| Daitil Permit. F Departme Importan | SUCE. | 21. Signature of Funerel Service | e Licensee | 4-1 | | | | ss of Facilit | • | D 4 | | | | | |
| - 0024 | ď | Elleri Z | Molesun | th | 26 | 1n L. | MO | Teswo | ertn, | P.A., | Funera. | l Home | | | |
| | | 23a. Part1. Enter the disaase, of shock, or heart feilure. Lis | or complications that ceuse st only obe cause on each I | d the daath. [ine. | o not ente | r the mode | of dyfn | g, such as | cardiac or | respiratory are | st, Mary | rand | 20872-011 Approximate Intervel Between | | |
| Physicia /Medic | | | ,,,,, | - | (| 1 | | |) | | | | Onset and Death | | |
| Examine | | Immediate Causa (Finei disease or condition resulting in death) | a Me- | tasta | J'C | -41 | M | a C | UNC | er | | i | lun. | | |
| | i i | | | Dua to (or as | a consequ | ance of): | | | | | | | 0 | | |
| uted d ensit | Examiner | | b | District | V. 1250 | , P p | | | | | | | | | |
| cete be executed physician and sthe burial-irensiti | Exa | | | | | | | | | | | | | | |
| ficete be expression of the burian | edicai | causa. Enter Underlying Causa (Disaase or injury that initiated events Lessifice in death) Lest Due to (or as a consequence of): | | | | | | | | | | | | | |
| redificate be executed ding physician end se es the burial-frensit | Med | resulting in death) Last | | | | | | | | | | | | | |
| death of | Physician/ | | | | | | | | | | | | | | |
| the day | VSIC | Part II. Other significant conditi | lons contributing to death b | ut not resulting | g in the un | derlying ca | use give | en in Pert I. | | 23b. Dld tot | acco use co | ntribute to | the cause of death? | | |
| es that the igned by be dete | by Ph | | | | | | | | | 1 🗆 Ye | ● 2□ No | 3 Probe | ably 4 Unknown | | |
| been should | Completed b | | | | | | | | | 24e. Wes an perform | | evei | e eutopsy findings lable prior to pletion of ceuse | | |
| The law ate hes the page 2 s | D L | | | | | | | | | 1 🗆 Vo. | s 2□No | | iath? | | |
| 0 | | 25. Was cese refarred to madica | al | | | | | 26 Place | of Death / | Check only one | | 10 | Yes 2□ No | | |
| in in in in in in in in in in in in in i | 0 | | Hospitai: | ent 2 ER/ | Outpatient | 3□ DOA | Othe | | | 5 Rasidar | | er (Specify) | | | |
| ysician: The s certificate director, pag | 0 | 1 Yes 2 No | | | - | | | | owig troine | | - | | | | |
| Physician: r this certific and director, | ToB | 1 Yes 2 No | 28a. Date of Inju | ry Year) 28t | o. Time of | 28 | c. Injury | 2 | 28 | d. Describe how | w injury occur | red | | | |
| ng Physician: fter this certific ineral director, | ToB | 1 Yes 2 No | ing 28a. Date of Inju (Month, Datigation | y Year) 28t | Injury | M 28 | c. Injury Work | yat k? Yas 2⊡t | | d. Describe how | w injury occur | red | | | |
| ng Physician: fter this certific ineral director, | ToB | 1 Yes 2 No | 28a. Date of Inju. (Month, Datigation I not be mined 28e. Place of injuned | y Year) | Injury | М | 10 | | No | f. Location (Str. City or Town, | eet and Numb | | Route Number, | | |
| ng Physician: fter this certific ineral director, | Certification: To B | 1 Yes 2 No 27. Mannar of Death 1 Notural 5 Pandi 2 Accident Invast 3 Suicide 6 Couid 4 Homicide | 28a. Date of Inju (Month, Da itigation I not be mined 28e. Place of injuilding, ef | y Year) ury - At home, c. (Specify) | Injury | M at, factory, | 1 🗆 ' | Yas 2⊡f | No 28 | f. Location (Str. City or Town, | eet and Numb State) | per or Rural | | | |
| ng Physician: fer this certific meral director, | edical Certification: To B | 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pandi 2 Accident Invast 3 Suicide 6 Couid 4 Homicide datern 29a. Cartifler Certifyl 2 Medicel | 28a. Date of Inju. (Month, Datigation I not be mined 28e. Place of injuned | ury - At home, c. (Specify) of my knowled | farm, stre | M at, factory, | office | Yas 2 □ l | No 28 | f. Location (Str. City or Town, | eet and Numb State) | per or Rural | tad | | |
| ng Physician: fter this certific ineral director, | Certification: To B | 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pandi 2 Accident Invast 3 Suicide 6 Couid 4 Homicide datern 29a. Cartifler Certifyl 2 Medicel | ing ligation I not be mined 28e. Place of injuiction 28e. Place of injuiction, etc. Place of inj | ury - At home, c. (Specify) of my knowled | farm, stre | M at, factory, occurred at astigation, I | office tha tim n my op | Yas 2 1 | No 28 | f. Location (Str. City or Town, d due to the car at tha time, de | eet and Numb State) | per or Rural anner as sta and due to t | tad. he ceuse(s) | | |
| Attending Physician: or death. ector: After this certific by the funeral director, | edical Certification: To B | 1 Yes No 27. Mannar of Death 1 Natural 5 Pandi 2 Accident Invast 3 Suicide 4 Homicide 29a. Cartifier (Check only one) 2 Medicel | ing ligation I not be mined 28e. Place of injuiction 28e. Place of injuiction, etc. Place of inj | ury - At home, c. (Specify) of my knowled | farm, stre | M at, factory, occurred at astigation, I | office tha tim n my op | Yas 2 □ l na, date and pinion, daat | No 28 | f. Location (Str., City or Town, d due to the cal at tha time, de | eet and Numb State) use(s) end ma te and place, d. Date signe | per or Rural | tad. he ceuse(s) ay, Year) | | |
| ng Physician: fter this certific ineral director, | edical Certification: To B | 1 Yes No 27. Mannar of Death 1 Natural 5 Pandi 2 Accident Invast 3 Suicide 4 Homicide 29a. Cartifier (Check only one) 2 Medicel | ing ligation I not be mined 28e. Place of injuiction 28e. Place of injuiction, etc. Place of inj | ury - At home, c. (Specify) of my knowled a axamination sted. | Injury farm, strea iga, daath o and/or inva | M at, factory, occurred at astigation, I 29c. | office tha tim n my op | Yas 2 1 | No 28 | f. Location (Str., City or Town, d due to the cal at tha time, de | eet and Numb State) use(s) end ma te and place, | per or Rural | tad. he ceuse(s) ay, Year) | | |
| ng Physician: fter this certific ineral director, | edical Certification: To B | 1 Yes No 27. Mannar of Death 1 Natural 5 Pandi Invast 2 Accident 3 Suicide 4 Homicide 29a. Cartifier (Check only one) 29b. Signature and title of certific | and the properties of the prop | ury - At home, c. (Specify) of my knowled a axamination sted. | farm, streeting, stree | M at, factory, occurred at astigation, I 29c. | office tha timen my op | yas 2 ☐ P na, date and pinion, daat number 2729 | 28 d piace, and | f. Location (Str., City or Town, d due to the cal at tha time, de | use(s) end mate and place, d. Date signe | anner as sta and due to t d (Month, D | tad. he ceuse(s) ay, Year) | | |

| BALLIMORE, MARYLAND 21215-0020 | A hours after death. Page 5 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | e medical examiner must be notified at once. |
|---|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68/60 | TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

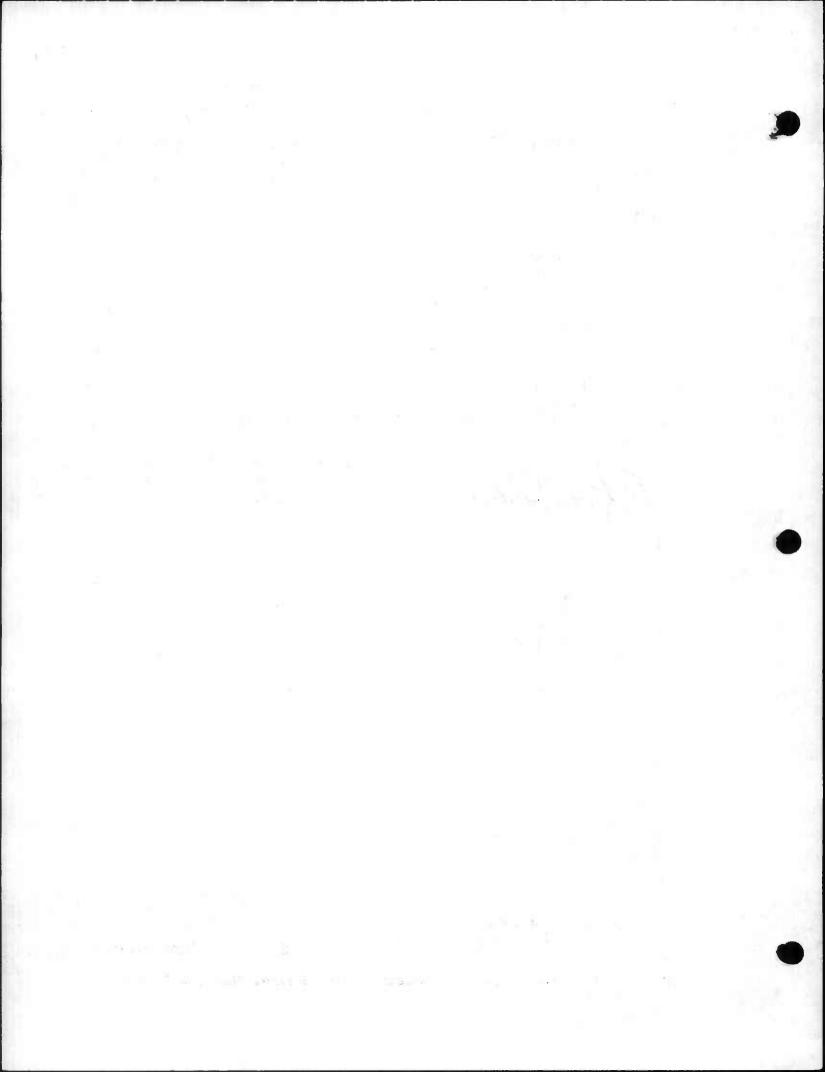
| | REGISTRAR | | | | PERIL | ICAI | EUF | DEA | I H | | REG. NO. | | | | |
|---------------|--|--|------------------------------|------------------------|------------------------------------|--------------------------|------------------------|----------------|-------------|---|--------------------------------------|--|------------------|--|--|
| | 1. DECEDENT'S NAME (First, | The state of the s | | | | | | MANTH DAY HEAD | | | | | 3. TIME OF DEATH | | |
| | James | | Oscar | | S | imms | November 15, 1996 12:4 | | | | | | 12:45 AM M | | |
| | 4. SOCIAL SECURITY NUME | | 5. SEX | 6. AGE (In yrs. | last birthday) | IF UNDE | R 1 YEAR | | | 7. DATE OF BIRTH (Morith, Day, Year) | | 8. BIRTHPL Country) | | PLACE (State or Foreign | |
| | 212-24-536 | | 1 📉 M 2 🗌 F | 68 | YRS. | MUNINS | DATS | HOURS | BRITIS. | July | 2, 19 | 28 | | land | |
| _ | 9a. FACILITY NAME (If not in | | 9b. CIT | Y, TOWN | R LOCATIO | ON OF OE | ATH | | 9c. COL | NTY OF D | | | | | |
| 6 | College Vie | | Frederick Frede | | | | | | | derio | k | | | | |
| 2 | 10a. STATE | 10b. COUNTY | | | 10c. CIT | Y TOWN | OR LOCAT | ION | | | | | | 10.4 IMOUNE OUTV | |
| DIRECTOR | Maryland | Frede | rick | | | eder | | 1011 | | | | | | 10d. INSIDE CITY LIMITS? | |
| | 10e. STREET AND NUMBER | rrede | IICK | | FI | eder | - | . ZIP CODI | | | | 10 017 | 1 X YES 2 NO | | |
| FUNERAL | 800 Motter | Δποριιο | | | | | | | | | | 10g. CITIZEN OF WHAT COUNTRY? | | | |
| ž | 11. MARITAL STATUS | Avellue | | IT EVER IN II S | ARMED | 12 | | 1701 | E HIODAN | uc onio | N? (Specify Yes | United States or No. 14. RACE - American Indian. | | | |
| | 1 Never Married 2 | | 12. WAS DECEDEN FORCES? 1 | | NO | | If yes, sp | ecity Cuba | n, Mexica | n, Puerto | Rican, etc.) | or No- | Black | , White, etc. | |
| BY | 3 Widowed 4 Divo | rced | 1946-1 | 747 | | | I [] TES | ₹V NO | Specify | r: | | | Specif | Black | |
| COMPLETED | 15. DEC (Specify only | EDENT'S EDUC | ATION completed) | 16a, | DECEDENT'S | USUAL C | CCUPATIO | ON of working | | 16 | b. KIND OF BUS | INESS/IN | DUSTRY | | |
| | Elementary/Secondary (0 | | College (1-4 or 5 | +) | (Give kind of a life. Do NOT us | se retired.) | during mo | St OF WORKIN | 9 | | | | | | |
| M P | 6 | | | L | abor | | | | | | Railro | ad | | | |
| 8 | 17. FATHER'S NAME (First, M. | | | | | | | 18. MOTH | IER'S NAI | ME (First, | Middle, Maiden | Sumame) | | | |
| BE | Andrew T. | | ms | | _ | | | | | | Lyles | | | | |
| 2 | 19a. INFORMANT'S NAME (7) | | | | | | | | | | nber, City or Town | | | | |
| | Hilda Brown | | ter | | | | | | #70 | | Freder | | | | |
| | 20a. METHOD OF DISPOSITI | n 3 🗆 Ramo | val from Stata | 20b. PLAC cemetery, | EAND DATE | OF DISPOS ther place; | SITION (Na | me of | | OA | TE 20c. LOC | CATION — | City or To | wn, Stata | |
| | 1 Burlel 2 \(\text{Definition} \) 3 Removal from State Cametery, crematory or other place) Hagerstown Crematory 11/18/96 Hagerstown, Ma | | | | | | | | | | | | Maryland | | |
| | -/ | S SERVICE LIGE | 0. | | | S | tauf | fer E | unei | ral | Homes, | P.A | | | |
| | Kann | rd | Pete | ver | | 10 | 621 (| Oposs | sumto | own | Pike. 1 | Frede | rick | , MD 21702 | |
| | 23. PART I. Enter the di ahock, or he | seeses, or co | ist only one cau | t ceused the | deeth. Do r | not enter | r the mo | de of dyl | ng, auch | as car | dlac or reepi | ratory ar | rest, | Approximata | |
| | IMMEDIATE CAUSE (Fin | Interval between | | | | | | | | | | | | | |
| | IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Mon Small cell lung Cancer Month | | | | | | | | | | | | | | |
| | OUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | |
| NO N | Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) | | | | | | | | | | | | | | |
| CERTIFICATION | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | |
| 임 | CAUSE (Disease or Inju | | DUE TO | (OR AS A CONS | SEQUENCE OF | D: | | | | | | | | - | |
| E | reaulting in death) LAS | r II., | | | | , | | | | | | | | İ | |
| | | 0. | | | | | | | | | | | | | |
| EDICAL | PART II. Other significe | - | | deeth but no | t reaulting i | In the u | nderlylng | cause g | lven in i | Part I. | 24a. WAS AN | | 24b. | WERE AUTOPSY FINDINGS AMILABLE PRIOR TO | |
| ă | Cocon | Can | cer | | | | | | | | 1 - YES 2 | No | . 10-2 | OF DEATH? | |
| ¥ | | | | | | | | | | | | | | 1 TES 3 NO | |
| ÿ. | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN | | | | | | | | | | | | | | |
| PHYSICIAN | 25. WAS CASE REFERRED TO EXAMINER? | _ | HOSPITAL: | 28. PL | ACE OF DEAT | OTHE | | | | | | | | | |
| Σ | 1 VES 2 NO | | 1 inpatient 2 | | | 4 Di Nu | ning Hom | o 5 □ Re | aldence | | | | | | |
| _ | | Pending | 28a. DATE OF (Month, D | | 28b. TIM INJ | URY | | RK? | | 28d. OE | SCRIBE HOW IN | JURY OC | CURED | | |
| à | Z PECIDEIK | nvestigation | 28n PLACE O | F INJURY — At | ham- 4 | | | 'ES 2 _ | NO | | | | | | |
| | | Could not be letermined | building, | etc. (Specify) | nome, rams, s | RYSSI, ISC | tory, entic | • | ľ | City | CATION (Street at or Town, State) | nd Number | or Rural A | oute Number, | |
| COMPLETED | 29e. CERTIFIER | | | | | | | | | | | | | | |
| M M | (Check only | | AN: To the best of | | | | | | | | | | | | |
| 8 | | | On the basis of a | xamination end/o | or investigation | n, In my o | opinion, d | eath occur | ed at the t | ilme, dat | and place, and | dua to th | na cause(e) | end manner as stated. | |
| BR | 296. SIGNATURE AND TITLE | OF CHRYSPIER | - | | | | | 29c. LICE | NSE NUM | BER | / | 29d. DAT | E SIGNED | (Month, Day, Year) | |
| 2 | NO. HAME AND ADDRESS OF | W) | SUN COME | | | | | رر | 20 | > ((|) | PN | OV | 15 1996 | |
| | NO. HAME AND ADDRESS OF | PERSON WHO | CA \ | SE OF DEATH (IT | EM 27) (Type, | Print) | > | Th | MIEN | / 4 | 16 | <u> </u> | | 0 7/242 | |
| | 31. DATE FILED (Month, Day, 1 | ber) | 12 DECHETRA | A'S SHANATHER | | , , | | 1.1 | 100 | n | VE | THE | W Cl | 20715 D | |
| | NOV 1 | R 1996 | The State of | A'S SIGNATURE | Cardall! | | | | | | | | | 1 | |
| | 1101 - | | | | | | | | | | | | | Division to the contract of th | |
| | | | | | | | | | | | | | | DHMH-16 Rev 1/89 | |



State of Maryland / Department of Health and Mental Hygiene 96

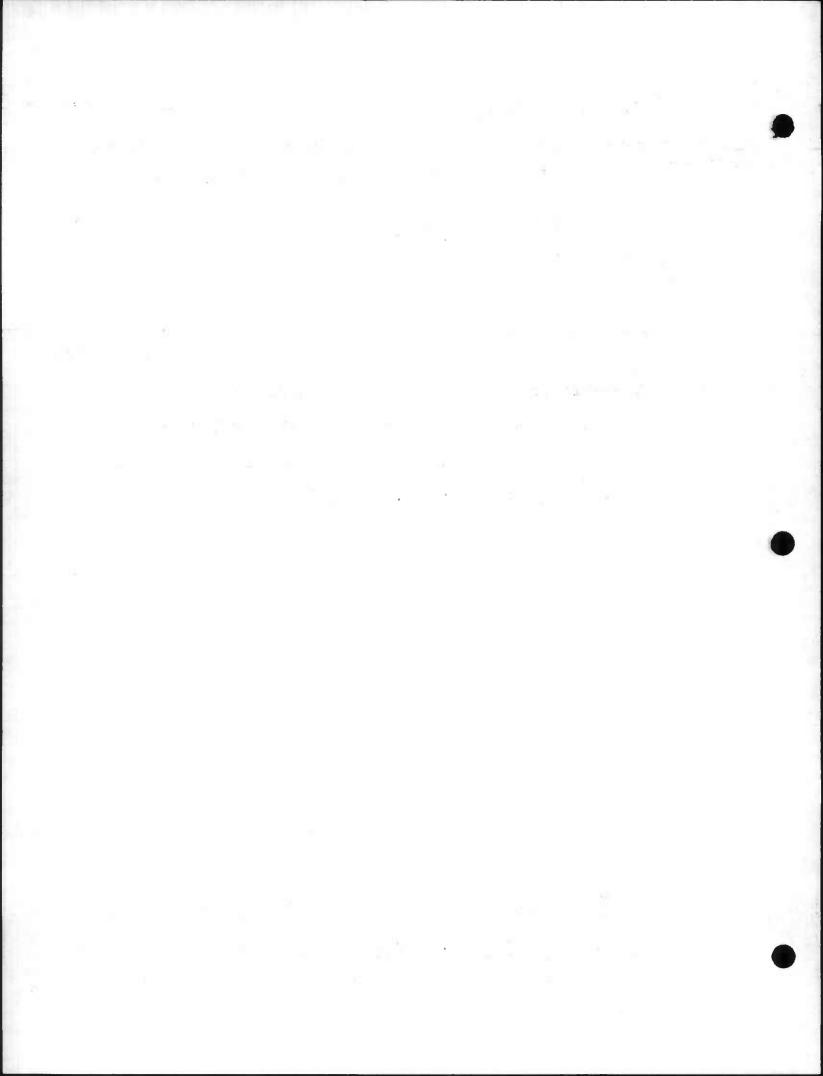
| 0 | - | 0 | 0 | - |
|-----|-----|-----|----|-----|
| 3 | - 1 | . 3 | 11 | - 1 |
| . 3 | - 1 | . 1 | | - 4 |

| 1. Decedent's Name (First, Middle, Last) 2. Date of Daath Month Day Year INA ROBERTA SMITH NOV. 26, 1996 0043 | | | | | | Cei | rtificate of | Death | F | Reg. No. | | |
|--|---------------|-------------|--|---|------------------------------------|--------------------------|---|--|---|---|-------------------------------------|-------------------|
| TIME NOTE TO A SHORT SMITH SM | 211 - 1 | | 1. Decedent's Name (First, Middle, La | st) | | | | | 2. Date of Das | ath | | Time of Death |
| As findly them elifert restances, one steed and number) CARROLL COUNTY GENERAL CARROLL COUNTY GENERAL Social Secretly Number CARROLL COUNTY GENERAL 23-32-6597 100 dispersion of the county of t | | | INA ROBERT | A | SM | ITH | | | | | | 0043 A |
| 2.3 - 2.6 - 507 Control of Line Control of L | Examine | _ | 4a. Facility Name (If not institution, giv | e street and number) | | | | 4b. City, Town, or | | | | 20.13 |
| 2.3—2.6—597 1.0 2.3 7. Age (arryys wat stronger) 1.0 2.0 2.0 | | | CARROLL COUNTY | GENERA: | L | | | WESTMIN | STER | CARR | OLL | |
| Table County Co | ai | | | | a (In yrs. las | st birthday) | | | | Year) | 9. Birthpleca | (Stata or Foreign |
| Total States 100, Country 100, Cety, Fower of Location 100 (Inside Cay Lends 1) 100 (Inside | ar e | | 213-32-6597 | I W ZZZ F | 64 | Yrs. | | | | , 1932 | MARYLA | ND |
| MARYLAND CARROLL KEYMAR 10. Ze Code 21.757 10. Ze Code 21.757 10. Ze Code 21.757 10. Ze Code 21. Wars Black 11. Name State and Number 12. Was 20 Dependent Fore in U.S. 11. Name State of Debugs of Dependent Fore in U.S. 11. Name State of Debugs of Dependent Fore in U.S. 11. Name State of Debugs of Dependent Fore in U.S. 11. Name State of Debugs of Depugs of Debugs | | | | | 10c City | Town or Lo | cation | | - | | 404.1 | |
| Security only Published grade compileted | | č | | | | | Cation | | | | | |
| 2019 KEYSVILLE ROAD 11 Manual Status 11 Manual Status 11 Manual Status 11 Manual Status 11 Manual Status 11 Manual Status 12 Was Dependent Ever in U.S. 13 New Beneddent In Specify (Specify Vas on No- 14 Nat. Specify Closes, Mastern, Pearl Richar, abc.) 15 New Status 16 New Status 17 New Washing Address of Status 18 New Specify Closes, Mastern, Pearl Richar, abc.) 18 New Specify Closes, Mastern, Pearl Richar, abc.) 19 No. Specify Closes, Mastern, Pearl Richar, abc.) 19 No. Specify Closes, Mastern, Pearl Richar, abc.) 10 No. Kind of Business Indian, Black, White, etc. 10 No. Kind of Business Indian, Black, White, etc. 11 Pearl Manual Conception 12 No. Monther's Name, (First, Middle, Last) 17 Father's Name, (First, Middle, Last) 18 No. Memory of Pearl Manual Conception 19 No. Memory of Working 10 No. Kind of Business Julian 10 No. Kind of Business Julian 10 No. Kind of Business Julian 11 No. Kind of Business Julian 12 No. Monther's Name, (First, Middle, Last) 13 No. Memory of Working 14 No. Middle, Mastern, Marker (First, Middle, Last) 15 No. Memory of Pearl Middle, Mastern (First, Middle, Last) 16 No. Memory of Pearl Middle, Last) 17 No. Memory of Disposition 18 No. Memory of Disposition 19 No. Memory of Disposition 19 No. Memory of Disposition 19 No. Memory of Disposition 10 No. Memory of Pearl Middle, Last) 10 No. Memory of Disposition 10 No. Memory of Disposition 11 No. Kind of Business Julian 12 No. Memory of Disposition 13 No. Memory of Working 14 No. Memory of Middle, Last) 15 No. Memory of Disposition 15 No. Memory of Disposition (Name of No. Memory of Working) 16 No. Memory of Disposition 17 No. Memory of Disposition 18 No. Memory of Disposition 19 No. Memory of Disposition (Name of No. Memory of Working) 19 No. Memory of Disposition (Name of No. Memory of Working) 10 No. Memory of Disposition (Name of No. Memory of No. Memory of No. Memory of No. Memory of No. Memory of No. Memory of No. Memory of No. Memory of No. Memory of No. Memory of No. Memory of No | | ect | | | KEIP | -717 | Last mills 1711 | | | | | 10 100 2 MINO |
| 11 Merial Status 12 Mass Decoder(Ever in U.S. 13 Mass Decoder(Ever in U.S. 13 Mass Decoder(Ever in U.S. 14 Mass Decoder(Ever in U.S. 15 Mass Decoder(Ever in U.S. 16 Mass D | | | | 23.5 | | | | | | 10g. Citizen of V | Vhat Country? | |
| Security Specify Spe | | era | | | Ever in 11 C | 10.1 | | | 2 | 144 Pr | | Al. |
| 16. Decededn't Justal Occupation 17. Mary Control 18. Kind of Busineshidustry MAURACTURERY MAURACTURE | | ρχ | 1 Never Married | Armed Forces? 1 ☐ Yes 2♥ I If Yes, Give | | | | | to Rican, atc.) | | k, White, etc. | |
| Sequentially list conditions contributing to death but not resulting in the early conditions contributing to death but not resulting in the early conditions contributing to death but not resulting in the early conditions contributing to death but not resulting in the early conditions and the early conditions and the early conditions and the early conditions and the early conditions and the early conditions and the early conditions are consequence of): 17. | 1 | 5 | 15. Decedent's Ed | ucation | | 16e. Deced | dent's Usual Occup | pation | | 16b. Kind of Bu | | |
| Transmit Name (First, Mardie, Last) 10. Mother's Name (First, Mardie, Mard | 1 | B | | | (4) | (Give life. L | kind of work done DO NOT use retired | during most of wo d) | orking | | | |
| Securior | | ĕ | | Conege (1-401 C | | SHIPP | ING MANAC | GER | | CHILDRE | N'S AP | PAREL |
| Fart II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Parl I. | | | 17. Father's Name (First, Middle, Last) | | | | | 18. Mother's Na | ma (First, Middle, | Meiden Surnam | e) | |
| 15th Informatic Name/Feetinship (Pyee, Print) 15th Informatic Name/Feetinship (Pyee, Print) 15th Informatic Name/Feetinship (Pyee, Print) 15th Informatic Name Print Nam | | | ROY EDGAR | DUBLE | | | | DORA | ELIZAE | BETH | DEVIL | BISS |
| 20a. Method of Disposition 12Courted of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of Disposition (Name of December) 20b. Place of December (Name of December) 20b. P | ' | | 19a. Informant's Name/Relationship (7 | ype, Print) | | 19b. Meilin | ng Address (Street | and Number or R | ural Route Numbe | r, City or Town, | State, Zip Cod | le) |
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| 22. Name and Address of Facility 136 EAST BALITIVERY, MARYLAND 21787 SKILES FUNERAL HOME TANEYTOWN, MARYLAND 21787 SKILES FUNERAL HOME TANEYTOWN, MARYLAND 21787 SKILES FUNERAL HOME TANEYTOWN, MARYLAND 21787 SKILES FUNERAL HOME TANEYTOWN, MARYLAND 21787 Approximate of the disease, or complications that/sused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, including an original property of the intelligence of the death. Do not enter the mode of dying, such as cardiac or respiratory errest, including an original property of the intelligence of the death. Do not enter the mode of dying, such as cardiac or respiratory errest, including an original property of the intelligence of the death. Do not enter the mode of dying, such as cardiac or respiratory errest, including and the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate of the death of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Immediate Cause (Final resulting in death) a. Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 1 Yes 2 No 3 Probably 4 Dutanow 1 Yes 2 No 3 Probably 4 Dutanow 24a. Was an autoppy performed? IN yes 2 No 3 Probably 4 Dutanow 1 Yes 2 No 3 Probably 4 Dutanow 1 Yes 2 No 3 Probably 4 Dutanow 25. Wits sales enterted to medical years 26. Place of Death | | ı | | | | | | | 17 (20 (0) | | | |
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| 29a. Part I. Enter the disease, or complications that fulfixment the death. Do not enter the mode of dying, such as cardiac or respiratory errest, inferval Between Consol and Death Immediate Cause (Final disease or condition resulting in death) a. Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause (Enter Underlying Cause, Enter Underlying Cause, C | ä | 1 | · NK. | G. 1 | | | | 1. | | | | |
| The composition of the composi | | - | 1. Neven | may | | | | | ME TANEY | TOWN, M | IARYLAN | D 21787 |
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| Continue of the continue of | 2 | 3 | | | | | | | 1 □ Y | es 2 🔯 No | 1 ☐ Yes | 2 X No |
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| 1 Natural 2 Accident 3 Suicida 4 Homicide 29a. Certifier Check only one) 29b. Signature and title of certifier 29b. Signature and title of certifier 29c. License number 29c | F | - - | (M) 162 5 140 | Hospital: 1 Inpatie | nt 2XER | /Outpatien | t 3□ DOA Oth | er: 4 Nursing h | lome 5□ Raside | enca 6 □Otha | r (Specify) | |
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| 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) NOV . 26 , 1996 | Cati | Cat | 2 □ Suicide 6 □ Could not be | 28e. Piaca of Inju | ry - At home | , farm, stre | et, factory, office | | | | er or Rural Rou | ite Number, |
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| DAVID FOWLER M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year), 1996 32. Registration from the Month of the Month o | Medical | Medical | 29a. Certifier (Check only one) 29b. Signature and title of certifier 30. Neme and eddress of person who could be considered to the constant of the constant | building, etc | f my knowled examinetion led. | se) (Type, F | 29c. License | e number OCME | rred et the time, d | ate and piece, a 9d. Data signed NOV • 26 | (Month, Day, | Year) |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37308

| | | | | | | Certific | cate of | Death | | Я | eg. No. | | | |
|-------------------|---|----------------|--|---|---------------------------------------|-------------------------------|-----------------|-----------------------------|--------------------------|--|----------------------------------|------------|------------------------------|-------------|
| | | | 1. Decedent's Nama (First, Middla, L | ast) | | | - | | | 2. Date of Dea | _ | | 3. Time o | f Death |
| | Physic | | (0011.0 | anders : | To | | | | | Month | Day 20 | Year 9 (| 1.30 | P.M. |
| | /Medi | | 4a. Facility Name (If not institution, go | va street and number) | 414. | | | 4b. City, To | wn, or Lo | cation of Death | 4c. County | | 1. | 10000 |
| ζ. | Exami | ier | | | | | | | | ATERN TARGET | | | | |
| | | | 125 Limestone Ro. 5. Social Security Number 6. | | (in yrs. last birt | thday) If U | nder 1 Yeer | Hanco If Undar | CK 24 Hrs | 9 Date of Birth | Washi | | | na Carolina |
| 4 | Funeral | | | 1 X M 2 □ F | | Yrs. Mon | | | Min. | 8. Date of Birth (Month, Day | | Cou | | or Foreign |
| | Director | | Usuel Residance of Decedant | | 51 | | | | | January 3 | 0, 1945 | | MD | |
| | Pue ** | | 10a. Stata 10b. County | | 10c. City, Town | n or Location | | | | | | | 10d. Inside C | lity Limits |
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| | filed within 72 hours after deeth with the Maryland Hyglene. ther than "naturel", or flems 23a or 20a-f show ont, the Medical Examiner must be incuffed at | 급 | 10e. Street and Number | | , | 101 | . Zip Code | | | , | 0g. Citizen of \ | What Cou | ntry? | |
| | 123a | ral | 125 Limestone Re | | | | 21750 | | | | USA | | | |
| | or de | Funeral | 11. Meritel Status | 12. Wes Decedent E | | 13. Was D | specify Cut | Hispenic Orloan, Mexican | gin? (Spe | ecify Yas or No- Rican, atc.) | | e - Amari | can indian, | |
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| 21215-0020 | our. | d by | 3 ☐ Widowed 4 ☒ Divorced | Yaer or Dates: | | | 21 | | | | Specify | Whi | te | |
| 5 | 72 h | Completed | 15. Decedant's E (Specify only highast gi | ducation ada complated) | 16a. | Decedent's | f work dona | during mos | t of worki | ha | 16b. Kind of B | usiness/ir | ndustry | |
| 2 | ithin | Idu | Elamantary/Secondary (0-12) | College (1-4or 5+ | | IIfa. DO NO | OT usa retire | ed) | | | | | | |
| 7 | il Hygiene. other then | Co | 12 | | Su | rveyo | <u> </u> | | | | State | - | arylan | id |
| 2 | be filed d other event, | Be | 17. Fathar's Nama (First, Middla, Las | t) | | | | 18. Motha | r's Name | (First, Middle, | Maiden Suman | na) | | |
| Va Va | Ment | 10 | Carl E. Souders, | Sr. | | | | Haz | el M | . Creek | | | | |
| Maryland | d 2 should be fill in and Mental H 7 Is marked oth trsumatic even | | 19a. Informant's Name/Raiationship | (Type, Print) | 19b. | . Mailing Add | Irass (Stree | t and Numbe | er or Rura | I Routa Number | , City or Town, | Stata, Zij | Code) | -11 |
| | C = 01 F | | Hazel M. Souders, | / Mother | 206 | Mary! | land A | lvenue | Han | cock, M | D 2175 | 0 | | |
| 9 | of Head | | 20a. Mathod of Disposition | | 20b. Place of | | (Nama of | | | | 20c. Location - | | own, Stata | |
| E | ont of | | 1 A Burial 2 ☐ Cremation 3 i 4 ☐ Donation 5 ☐ Othar (Spec | | | | , | , | - 11 C | 2/2/96 H | lana a a la | MD | | |
| Baltimore, | permit. Peges of Department of Himportant: if the any injury or of once. | | 21. Signature of Funeral Service Lice | | Dr. Tere | | | ess of Fecilit | - | L/ Z/ 90 E | iancock, | , ויוט | | |
| Ba | Depa Impo any i | | | de | - 02 | Crosso | Funo | rol He | ·mo | P.A. | | | | |
| | | | 23a. Pert1. Entar tha diseasa, or co shock, or haart failura. List only | MAN | <u></u> | P.O.B | ox 36 | 8 Hand | ock. | MD 21 | 750 | | | |
| | | | shock, or haart failura. List only | plications that caused to the cause on each line | ha daath. Dor I. | not enter the | moda of dy | ing, such as | cardiec 6 | or raspiretory arr | ast, | i | Approxima Interval Be | la Iween |
| | Physician | | | | | | | | | | | 1 | Onset and | Death |
| | /Medical Examiner | | Immediata Causa (Final diseasa or condition rasulting in death) | a. Head | and | N | ec/c | (| anc | 0 | | i | 241 | · . |
| | | - | rasulting in coatin | D | oua to (or as a c | consequance | of): | | | | , | | | |
| | p # | Examiner | | b | | | | | | | | 1 | | |
| | and | хал | Sequentially list conditions, if any, leading to immediate | D | oua to (or as a c | consequance | of): | | | | | | | |
| 50, | cian cian | | causa. Entar Undarlying Cause (Disease or injury | C | | | | | | | | | | |
| 68760, | ertificate be executed ding physician and se as the burial-transit | Medical | that initiated events resulting in daath) Lest | D | ua to (or es e c | onsequance | of): | | | | | | | 100 |
| 9 x | ing ing eas | Me | | d | | | | | | | | ! | | |
| ^ | 0 2 4 | an/ | | d | | | | | | | | | | |
| | | Physician | Part II. Other significant conditions | contributing to death but | not rasulting In | tha undarlyi | ng causa gi | ven in Part I | | 23b. Did to | bacco use co | ntribute t | o the cause | of death? |
| P.0 | by the | Å. | | | | | | | | 107 | es 2□ No | 3 □ Pro | bably 4 | Unknown |
| | requires thet neen signed be hould be det | þ | | | | | | | | | | | | |
| D | been si should l | 8 | | | | | | | | 24a. Was a | n autopsy | 24b. W | are autopsy allable prior | findings |
| 000 | w requ | Set | | | | | | | | perion | neu r | CC | mpletion of death? | cause |
| R. | The law ate has by page 2 st | Completed | | | | | | | | 1 🗆 Y | as 2 No | | □Yas 2□ | late |
| ā | ician: The certificate rector, pag | | 25. Was casa rafarred to medical | | | | | 00 Bl | -4 D41 | | | | LITAS ZL | NO |
| of Vital Records, | | o Be | axaminar? | Hospital: | • • • • • • • • • • • • • • • • • • • | | l not Ot | har | | (Check only on | | | | |
| 0 | | 1: To | 27. Manner of Death | 28a. Data of Injury | | | J DON J | 4 LI NU | | na 5 Afasida 28d. Dascribe h | | | ry) | |
| 0 | Attending is r death. ector: After by the funer | tlor | 1 Accident 5 Panding invastigation | (Month, Day | | njury M | 28c. Inju Wo | nk?]Yas 2 ⊡ l | | | ,, | | | |
| 8 | deal ctor: y the | lica | 3 ☐ Suicida 6 ☐ Could not b | 00 - 51(1-1 | v - At home for | | | | - | 28f. Location (S | root and Mumb | or or Bur | el Pouta Nun | nhar |
| ÷ | = 5 # 6 | Certification: | 4 ☐ Homicida datarmineo | building, atc. | (Specify) | iii, suaat, ia | ctory, office | | | City or Town | | or or riur | ar riouta riun | 1001, |
| _ | E S E S | | 29a, Cartifler 1 Certifying Pl | - I - I - I - I - I - I - I - I - I - I | | 4 4 | | | | | | | | |
| | To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the | edicai | (Check only one) | nysician: To the best of miner: On the basis of a | xamination and | , daam occur Vor invastiga | red at the ti | ma, data an opinion, daa | o piace, a th occurre | and dua to tha ca ad at tha tima, d | ausa(s) and ma ata and place, | and dua t | rated. o tha causa(: | s) |
| : | a the | Me | 29b. Signeture end titla of cartifier | and mennar state | 5 0. | | 29c. Licen | sa number | | | 9d Data sizes | d (Manth | Day Year | |
| 1 | o ± 0 0 | | On the of Carting | 1 00 0 | | | | | | | 9d. Deta signe | | | |
| | | | Muchael | 1. Thele | wint | m.O. | 6 | 141 | 66 | 7 | 12 | . 4. | 96 | |
| | | | 30. Nama and addrass of person who | | | Type, Print) | | | | ampus | | | | |
| | | | Michael J. A | 1 Cornacle 32. Registrar | : 111 | 10 | Med | lical | 6 | unpus | Suite | 130 | the | rorobons |
| | Sta | | 31. Date filed (Month, Day, Year) | 32. Registrar | 's Signatura | | | | | , | | | / | no. |
| | Registr | ar | DEC 1 1 1996 | Jelia Brusha | x-Kardell | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama /First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** Lundy 5:00 pm Ellis Sheets November 22, 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Montgomery General Hospital 01ney Montgomery 8. Data of Birth (Month, Day, Year) Mar. 20, 1 If Undar 1 Year if Under 24 Hrs. 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 1□M 2□ F Months Days Hours Yrs. 1903 Virginia Director 409-09-9306 93 Usuai Rasidance of Decedan with the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 15521 Quince Orchard Road 20878 United States Funeral death Was Decedant of Hispanic Origin? (Specity Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Was Decedant Ever in U,S. Armad Forces? Black, Whita, atc. filed within 72 hours after 1 ☐ Yas 2 ☑ No If Yas, Giva 1 Navar Married 2 Married Saltimore. Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ 3 ☐ Widowad 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacadent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry al Hygiene. Elamantary/Secondary (0-12) Coliaga (1-4or 5+) NIH - Government 4 Lab Technician 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meldan Sumema) permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any injury or other traumatic event potes. Be Philmore Sheets Lucille Blevins Horton 19e. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 15505 Quince Orchard Rd., Gaithersburg, MD Paul Sheets, 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 11/26 1 XBurial 2 ☐ Cremation 3 ☐ Remov 4 Donation /5 Other (Specify) 1996 Parklawn Cemetery Rockville, MD 21. Signature of Fungral Service Licenses 22. Nama and Address of Facility DeVol Funeral Home auc 10 East Deer Park Dr., Gaithersburg, MD 20877 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximeta intarval Between Onset and Death **Physician** /Medical Immediata Cause (Finai . pneumonia 7 days disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner Chronic obstructive pulmonay 25 years disease signed by the ettending physician and the detached for use as the buriel-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Couse (Disease or injury that initioted avents resulting in death) Last Due to (or as a consequence of) the death certificate be execu Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Tinknown atherosduotic coronary artery disease 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy periphenal vascular disecuse hypertension After this certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Spacify) 2 1 Yas 2 -No 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Pending invastigation 1 Maturai death. 1 Yas 2 No 2 Accident after death 8 Could not be datamined 3 ☐ Suicide in by t 28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di 1 Certifying Physician: To the best of my knowledge, death occurred et the time, data and plece, end due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medicai 29a. Certifiar (Check only onel 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) D 450 19 November 23, 1996

0 State Registrar

NOV 2 5 1996

31. Data filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

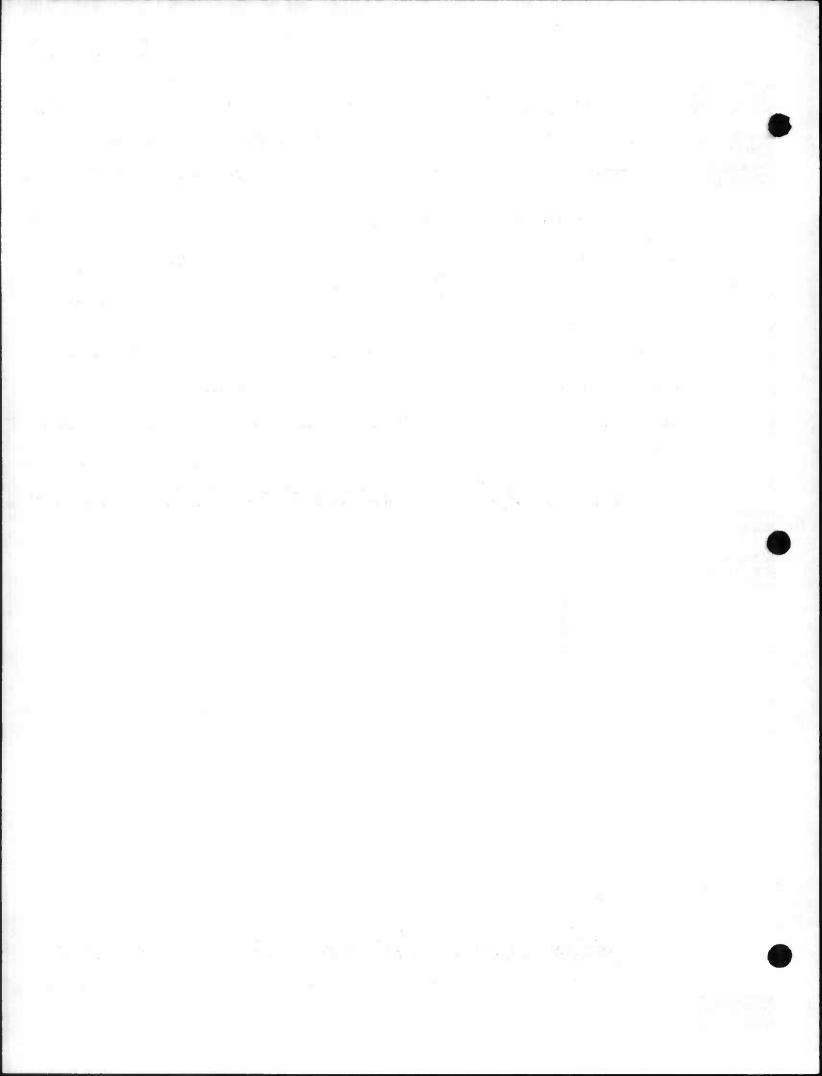


Olney, MD

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 36 37310

| | | | | Otate of I | nai yiai i | | tificate of | | Remai ryg | ig. No. | | 77010 |
|---------------------|---|----------------|---|--|-----------------------|-------------------------------|--|----------------------------|--|-------------------------------------|---------------------------|--|
| п | Physici | an | 1. Decedent's Name (First, Middle | , Last) | | 3/1 | 7 - | | 2. Dete of Deat Month | | Yeer | 3. Time of Death |
| | /Medic | | Mille | cell l. | 1 | 7 (lo | 44 | | 11 | | 96 | 06:23P |
| | Examir | er | 4e. Facility Neme of not institution Holy Cross Hos | | r) | | | | Location of Deeth | 4c. County o | | |
| 1 | | | | | | | If Under 1 Year | Silver S | | Montg | | * |
| 1 | Funeral Director | | 5. Sociel Security Number 579–20–5984 | 6. Sex. 7. A | Age (In yrs. le 75 | Yrs. | Months Days | Hours Min | | Year) , 1921 | 9. Birthp Coun Wash | lece (State or Foreign try) ington, DC |
| | pue * | | Usual Residence of Decedent 10a. Stete 10b. County | | 10c. City | , Town or Lo | cation | | | | 11 | 0d. Inside City Limits |
| | the Maryla 28a-f show notified at | ior | 1.5 | tgomery | | ver Sp | | | | | | 1 ☐ Yes 2 No |
| | or 28a-4 be notifie | Director | 10e. Street end Number | o gomery | DII | ver bp | 10f. Zip Code | 1177 | 10 | Og. Citizen of Wi | hat Coun | try? |
| | th with | | 9517 Caroline A | zenije | | | 2090 | 1 | | USA | | |
| | cms 2 | Funeral | 11. Meritel Status | 12. Wes Deceden | | S. 13. V | | | Specify Yes or No- to Rican, etc.) | 14. Race | | |
| Maryland 21215-0020 | urs after at', or its | by Fu | 1 Never Married 2 Marri 3 Widowed 4 Divorced | ed 1 2 Yes 2 If Yes, Give Yeer or Dates | 19/ | _ | Tes, specify Cub | Specify: | to Hican, etc.) | Specify: | , White, o | hite |
| 2-0 | 72 ho | pet | 15. Decedent (Specify only highes | 's Education | | 16a. Deced | lent's Usual Occup | pation | ade la a | 16b. Kind of Bus | iness/inc | lustry |
| 2 | Man T | Completed | Elementery/Secondary (0-12) | College (1-4or | r 5+) | | | during most of wo d) | | | | |
| 2 | hygier at | Col | 12 | | | PBX : | Installe | 1 | | | | hone Co. |
| an | of the second | Be | 17. Fether's Neme (First, Middle, Robert St. Clair | • | | | | | me (First, Middle, N | faiden Sumame |) | |
| Z | hould d Ma mark mark | To | 19a. Informent's Name/Reletions | | | 10h Mollin | Addross (Ctross | | Sullivan ura/Route Number, | China Tour C | tente Zin | Code |
| Ma | ord 2 s alth an 27 is y | | Mark St. Clair | iip (19pe, Finil) | | | | | Apt. A, G | | | |
| e, | Heat Heat Other | | 20e. Method of Disposition | | 20b. Pl | ece of Dispo | sition (Name of natory or other ple | OIICIE A | | 20c. Location - C | | |
| Baltimore, | Pages ent of tr. If it | | 1 Burial 2 □ Cremetion 4 □ Donation 5 □ Other (St | | 8 _ | | | | 11/26/96 | Silver | | |
| = | anth. Partmoorter | | 21. Signature of Funeral Service I | | | 22 | . Name end Addre | ess of Fecility | | | | , · , FID |
| ä | 90 me | | 1 me | 1000 | | F1 | rancis J. | Collins | Funeral d. West, | Home, 1 | Inc. | MD 20001 |
| | | | 23a. Part1. Enter the disease, or shock, or heart failure. List | complications that cause | ed the death | . Do not ente | er the mode of dyi | ng, such as cardia | c or respiratory arre | st, | og., | Approximate |
| | Physician | | SHOCK, OF HEART FAILURE. LIST | only one ceuse on each | line. | | | | | | 3 | Interval Between Onset end Death |
| 4 | /Medical Examiner | | Immediate Cause (Final disease or condition | · Mes | ince | cato | us als | PELYL | 2 | | 5 | Menuto |
| п | LAAIIIIICI | _ | resulting In deeth) | | Due to (pr | as a conseq | uefice of) | - | | _ | | uning |
| | pet isit | Examiner | | · all | des | Dre | a & 02 | Into CO | all Ca | remore | 4 | |
| | al-trai | xar | Sequentially list conditions, if any, leading to immediate | 0. | Due to for | es e conseq | neuce of): | 1 | 10 |) | | |
| 68760, | ificate be executed g physician and as the bural-transit | edical | Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | c. Clire | alge | as a consequence | cof 6 | lug | . (·K | / | | |
| | E 0 6 | _ | resulting In death) Lest | | Due to (or | as a consequ | derice (dr): | 0 | | | | |
| Box | attending for use a | N/UE | | d | | | | | | | - | |
| | the att | sicie | Pert II. Other eignificant condition | ns contributing to death | but not resul | Iting In the ur | nderfylng cause gir | ven in Part I. | 23b. Dld tol | bacco dise cont | ribute to | the cause of death? |
| P.O. | that tha death cer ed by the attendir detached for use | Physician/M | (-) | • | | | | | 1870 | 8 2□ No : | 3 🗆 Prob | ably 4 Unknown |
| | signed del | by | Jonewy. | wara | | | | | | | | |
| Records, | been shou | Completed | | | | | | | 24a. Was ar perform | n autopsy ned? | eva | ore autopsy findings alleble prior to appletion of cause death? |
| | 0 - 2 | mo. | | | | | | | 1 □ Ye | s 2/2/No | | Yes 2□ No |
| of Vital | certificata | Bec | 25. Was case referred to medical | | | | | 26. Plece of De | ath (Check only one | 9) | | |
| f V | | Lo | examiner? 1 ☐ Yes | Hospitel: 1 // npat | tlent 2 🗆 E | R/Outpetien | t 3□ DOA Ott | ner: 4 Nursing I | lome 5 Reside | nce 6 Other | (Specify | ,) |
| o uo | | Certification: | 27. Manner of Death 1 | | ury ay Year) | 28b. Time of Injury | 28c. Inju Wo | ry et rk? Yes 2 □ No | 28d. Describe ho | w injury occurre | d | |
| Division | deati ctor: y the | fical | 3 Sulcide 6 Could n | ot be | niury - At hor | ne ferm stre | et, fectory, office | 169 2 110 | 28f. Location (Str | reet and Number | r or Rum | Route Number |
| ō. | after after Dire | enti | 4 ☐ Homicide determi | building, e | c. (Specify) |) | ot, lectory, office | | City or Town | , State) | or ridial | riosto riambor, |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral | edical C | 29e. Certifier 1 Certifying (Check only one) 2 Medical E | Physician: To the best examinar: On the basis | of examination | ledge, deeth on end/or Inv | occurred et the tirestigation, in my o | me, dete and place | , and due to the ca urred et the time, da | use(s) end men ite and piace, en | ner as st | ated. the cause(s) |
| | of the rithin of the comple | Med | 29b. Signature and title of a fifther | and manner s | reted. | 7 | 29c. Licens | se number | 29 | d. Dete signed | (Month. I | Dey, Year) |
| | 8484 | | Ahm | Albert No | 10 | no | na | 222 | 0 | , , / | , — | 101 |
| | الدر | | 30. Name and address of person v | the completed cause of | death (Item | 23a) (Type 1 | Print) | 200 | 0 | 1112 | - 4 | 76 |
| 2 | 5 ' | | RICHARD & DE | CANEY 9 | 801 G | EOR 514 | AUE | SIKWED | SPRING, | MD | 20 | 902 |
| Г | Sta Registr | | 31. Date tiled (Month, Day, Year) | - 10× K | trer's Signatu | Mande 82 | | | | | | |

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 96

| | | | | Certific | cate of | Death | | Reg. No. | | 3/311 |
|--|--|--|-------------------------|--------------------------------|-------------------------------|------------------|---------------------------------|--|--------------|---|
| Dhaalaisa | 1. Decedent's Neme (First, Middle, L | ast) | | | | | 2. Deta of D Month | | Vees | 3. Time of Death |
| Physician /Medical | | Gordena | L. Ste | ewart | | | Novemb | | 996 | 2:30 PM |
| Examine | A. Ethis Att. offer a finish of | ive street end number) | | | | 4b. City, Tow | n, or Location of Dea | th 4c. County | of Deeth | |
| | Mediplex of MOnt | gomery Vill | age | | | | nersburg | Mont | tgomer | .À |
| uneral rector | 5. Social Security Number 6. 186-26-8573 Usual Residence of Decedent | 1 M NTE | (In yrs. lest bli 91 | | Inder 1 Year oths Deys | If Under 2 | Min. 8. Dete of Bi (Month, D | oy, Yeer) 0, 1905 | Count | lece (State or Foreign try) Sylvania |
| ti i | 10e. Stete 10b. County | | 10c. City, Tow | n or Location | 1 | | | | 16 | Od. Inside City Limits |
| Director | Maryland Montgo | mery | Layt | onsvil | | | | | | 1 ☐ Yas 2 ☑ No |
| i c | Toe. Street and rightper | | | 10 | f. Zip Code | | | 10g. Citizen of | | |
| Examiner must be notified at the Funeral Director | 5712 Stanbrook L | ane 12. Wes Decedant Ev | ver in IIS | 12 Was F | 20882 | dienanio Origi | n? (Specify Yes or N | United | d Stat | |
| by Funeral | 3 □ Widowed 4 □ Divorced | Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: | | If Yas, | specify Cub | an, Mexicen, | Puerto Rican, atc.) | | ck, White, e | |
| 4 | 15. Decedent's E | Education | 169. | . Decedent's | Usual Occup | petion | | 16b. Kind of B | | |
| Completed | (Specify only highest gas Elementery/Secondery (0-12) | College (1-4or 5+) | | life. DO No | of work done OT use retire | during most od) | oi working | | | |
| 000 | 12 | 2 | | Secret | ary | | | Automo | | |
| Be | 17. Fether's Neme (First, Middle, Las | t) | | | | 18. Mother | s Neme (First, Middle | , Meiden Sumer | ne) | |
| P | Frank Lewis | | | | | Sara | ah Shuste | r | | |
| | 19e. Informent's Neme/Reletionship | (Type, Print) | 196 | . Mailing Add | dress (Street | end Number | or Rural Route Numi | ber, City or Town, | Stete, Zip | Code) |
| ouce. | Mathy Milling Do | wning | S | ame as | 10 | | | | | |
| | 20a. Method of Disposition 1 Burial 2 Cremetion 3 I | Demousl from State | 20b. Piece of cemete. | f Disposition ry, cremetor) | (Neme of or other ple | ce) | Date | 20c. Location | City or Tov | wn, Stete |
| | 4 □ Donation 5 □ Other (Spec | | Chesa | peake | Crema | tory | 11-26-96 | Beltsv | ille. | Maryland |
| ouce. | 21. Signeture of Funerel Service Lice | Rap | P | 22. Nan | ne and Addre | ss of Fecility | | | | |
| | 23e. Pert1. Enter the disaese, or cor shock, or haert failure. List oni | nplications that caused the | na death. Do | not enter the | mode of dyi | ng, such es c | erdiac or respiratory | pring, I | | Approximete |
| an | shock, or haert failure. List only | ona ceuse on each line | | | | | | | | Intervel Between Onsat and Deeth |
| at | Immediate Ceuse (Final | Proact | Cancon | | | | | | | |
| er | disaese or condition resulting in death) | _{e.} Breast | | | 0. | | | | | years |
| e e | | D | ue to (or es e | consequence | e ory: | | | | | |
| Examiner | | b | ue to (or es a | consequence | of): | | | | | |
| clan/Medical Examir | thet Initiated events rasulting In deeth) Lest | C. Di | ue to (or as e o | consequence | of): | <u> </u> | | | | |
| Physician/ | Pert II. Other significant conditions | contributing to death but | not resulting in | the underly | ing ceuse gh | ven in Pert I. | 23b. Did | tobacco uee co | ntribute to | the cause of death? |
| | | | | | | | 1 🗆 | Yes 2 No | 3 □ Prob | ably 4 Unknown |
| Completed by | | | | | | | 24a. Was | s en eutopsy ormed? | ave | re eutopsy findings illeble prior to appletion of causa leeth? |
| PO | | | | | * | | 10 | Yas 2 No | 1□ | Yas XXNo |
| To Be Com | 25. Wes cese referred to medical | | | | | 26. Plece o | of Deeth (Check only | one) | | |
| | examiner? 1 ☐ Yas 200 No | Hospitel: 1 Inpatient | 2 ER/Ou | tpatient 3 | DOA Oth | ner: 4 💢 Nurs | ing Home 5 Res | Idence 6 DOth | ar (Specify |) |
| ertification: | 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation | LETVOUIDATION 3L DOX 4/4/ INDISING NOTICE 5 LI HOS | | | | how injury occur | | | | |
| ertific | 3 Sulcida 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat and Ni City or Town, Stete) | | | | | | | | er or Rural | Route Number, |
| dical (| 29e. Certifier (Check only one) Check only one) Continuous Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleating the continuous con | | | | | | | e end plece, end due to the ceuse(s) end manner as steted. deeth occurred at the time, date and plece, and due to the cause(s) | | |
| completely filled in Medical Cert | 29b. Signatura and title of certifiar | | | | 29c. Licans | a number | | 29d. Dete signe | d (Month, E | Day, Year) |
| | James mi | cheal A | non | in | D29 | 730 | | | | |
| | 0 | | | | מצט | /30 | | November | 25, | 1220 |
| | 30. Name and address of person who James Michael Ar | ichors, M. D | ., 16 | | ederi | ck Road | d, #210, G | aithers | ourg, | MD 20877 |
| State gistrar | NOV 2 6 | 32. Registrer's | Signeture | -Randes | 2 | | | | | |

lik -

State of Maryland / Department of Health and Mental Hygiene 95

| 100 | | | | | Certific | ate of | Death | | Reg. No. | , 0 | 010 | 14 |
|--|---------------------|--|--|-----------------------|-----------------------------------|-------------------------------|--|---|------------------------------------|------------------------------|--|----------|
| Physici | an | 1. Decement's Neme (First, Middle, Las | t) | | a | -// | | 2. Date of De | eeth Dey, | Year. | 3. Time of I | Deeth |
| /Medic | | Victoria | | | Un. | TITA | | Novemb | er 22 | 1996 | 300 | Anu |
| Examir | | 4e. Fecility Nama (If not institution, give Maryland Gr | street and number) | 405 | pital | | City, Town, | or Location of Deet | h 4c. County | of Deeth | | |
| Funeral Director | | 5. Sociel Security Number 6. So 579-06-8134 | 9x 7. Aga (In yn □ M 2XIF 42 | | thday) If Ur Yrs. Mont | dar 1 Year hs Days | If Under 24 Hours N | in. NOV . I | 7954 | 9. Birthpl Count S • | laca (State or try) Caro] | |
| D . | | Usual Residence of Decadent 10e. State 10b. County | 100 (| Ya. Taur | n or Location | | | | | | | |
| sho | ٦ | | | | evern | | | | | 10 | 0d. Inside City 12 Yes | |
| he N | Director | MD Anne A | Lunder | | | | | | | | | 20140 |
| th with t | rai Dir | 8512 Pioneer | Drive | | 10f. | Zip Code 21 | L44 | | 10g. Citizen of U | Whet Count | try? | |
| d 21215-0020 filed within 72 hours after death with the Maryland hygiene. the "natural", or items 23s or 28s-f show ant, the Medical Examiner mant be not red at | by Funeral | 11. Marital Status 1 □ Nevar Married 2 Married 3 □ Widowed 4 □ Divorcad | 12. Was Decedent Ever In Armed Forces? 1 ☐ Yes ♣ No If Yes, Give Year or Dates: | U,S. | | | ispanic Origin? en, Mexican, Pu Specify: | (Specify Yas or No lerto Rican, etc.) | 14. Red Bie Specif | ca - America ck, White, e | | |
| 5-0 72 hc | ted | 15. Decedent's Ed (Specify only highest grad | ucation | 16e. | Decedent's L | suel Occup | etion | warkina | 16b. Kind of B | usiness/Ind | lustry | |
| id 21215-0020 filed within 72 hours af Hygiene. sther than "natural", or ent, reserved as an | Completed | Elementery/Secondery (0-12) | College (1-4or 5+) | | | ruse retired emake | during most of the control of the co | Working | Noi | ne | | |
| be filed that dother event, 1 | Bec | 17. Father's Neme (First, Middle, Last) | | | | | 18. Mother's N | Neme (First, Middle | Maiden Sumen | ne) | | |
| Se de de | To B | Luther McLaur | in | | | | Mar | garet Da | avis | | | |
| Maryla d 2 should th and Men 7 Is marke traumatic | | 19e. Informent's Neme/Reletionship (7 | ype, Print) | 19b | . Meiling Addr | ess (Street | and Number or | Rural Route Numb | er, City or Town, | State, Zip | Code) | |
| | | James Smith (| Husband) | 8 | 512 P | ione | er Dr. | , Sever | n, MD | 2114 | 14 | |
| s 1 and f Healt | | 20e. Method of Disposition | The second secon | Plece of | Disposition (| Verne of | | Dete | 20c. Location | City or To | wn, Stete | 9 1 |
| Baltimore, pemit. Pages 1 ar Department of Hea important: If Itam 2 any injury or other once. | | 1 Suriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify | Mo | | at'l | Mem. | Park | 11/29 | Laure: | L, MI | 2070 | 07 |
| Balt permit. Departi importa any inju | 1 | 21. Bignature of Funeral Service Lipens | " mande | | | | FUNER | AL HOME 20850 | , P.A. | | | |
| Physician /Medical Examiner | -d- | Part Enter the difference, or composition, or heart tartine. List only of Immediate Ceuse (Finel disease or condition resulting in deeth) | e. Gastroin | 1113 | | B/t | | nac or respiretory a | 11001, | | Approximate Interval Betw Onset and Do | veen |
| Box 68760, eath certificate be axecuted attending physician and Ifor use as the burial-transit | an/Medical Examiner | Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest | c | | consequenca | | ijunc | | | | | |
| O. BO na death the atter thed for u | sicia | Pert II. Other significant conditions co | ntributing to death but not re | sulting in | the underlyin | g cause giv | en in Pert I. | 23b. Dld | tobacco uae co | ntributa to | the cause of | f death? |
| | y Physician/ | - 172 * - 5-412 V | | | | | | | Yes 2□No | | | / |
| aw requir | Completed by | | | _ | | | | 24e. Wes | en eutopsy ormed? | ava | re eutopsy fin Illabie prior to npletion of ca leath? | |
| cata he | | | | | | | | 10 | Yes 2 No | 1 🗆 | Yes 20 N | No |
| r Vital Pysician: The secreticata director, pag | 8e | 25. Was case referred to medical exeminer? | Hospitals . | | | 0.1 | | Deeth (Check only o | one) | | | |
| - 2 00 | 2 | TE TAS ZEZ NO | | ∃ER/Ou | | DOA Oth | 4 Li Nursini | g Home 5 ☐ Resi | | |) | |
| Attending P or death. ector: After by the funen | ation: | 27. Menner of Deeth 1 | 28a. Dete of injury (Month, Day Year) | 28b. T | ime of njury M | 28c. Injun Worl | yat k? Yas 2 □ No | 28d. Describe | how injury occur | red | | |
| DIVISION OF To the Hospital or Attending Physwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of | Certification: | 3 Suicide 6 Could not be determined | | | | | Straat and Numb vn, Stete) | er or Rurei | Routa Numb | xer, | | |
| To the Hospital within 24 hours of To the Funeral i completely filled | edicai | 29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami | sicien: To the best of my kn ner: On the basis of examin end menner stated. | owledge, etion end | , deeth occurr d/or investiget | ed et the tim ion, in my o | ne, dete end pla pinion, deeth o | ace, end due to the ocurred et the time, | cause(s) end me dete end piece, | enner as ste and due to | eted. the cause(s) | |
| omp | X e | 29b. Signeture and title of cartifier | | | | 29c. License | number | | 29d. Dete signe | d (Month, E | Day, Year) | |
| PSPO | | | Konwel, M | | | 89 | 265 | | 11/23 | 196 | | |
| 12 | | 30. Name end eddress of person who co | emploieted cause of deeth (Ite | m 23e) (| Type, Print) | Ry la | nd Go | eneral | HOSOIT | al | | |
| Stat | - | 31. Dete flied (Month, Dey, Year) NOV 9 7 1000 | 32. Registrer's Sign | eture | | | | | 4 | The | | |

dige to be THE RELEASE SECURITY OF THE PAR The same of the sa

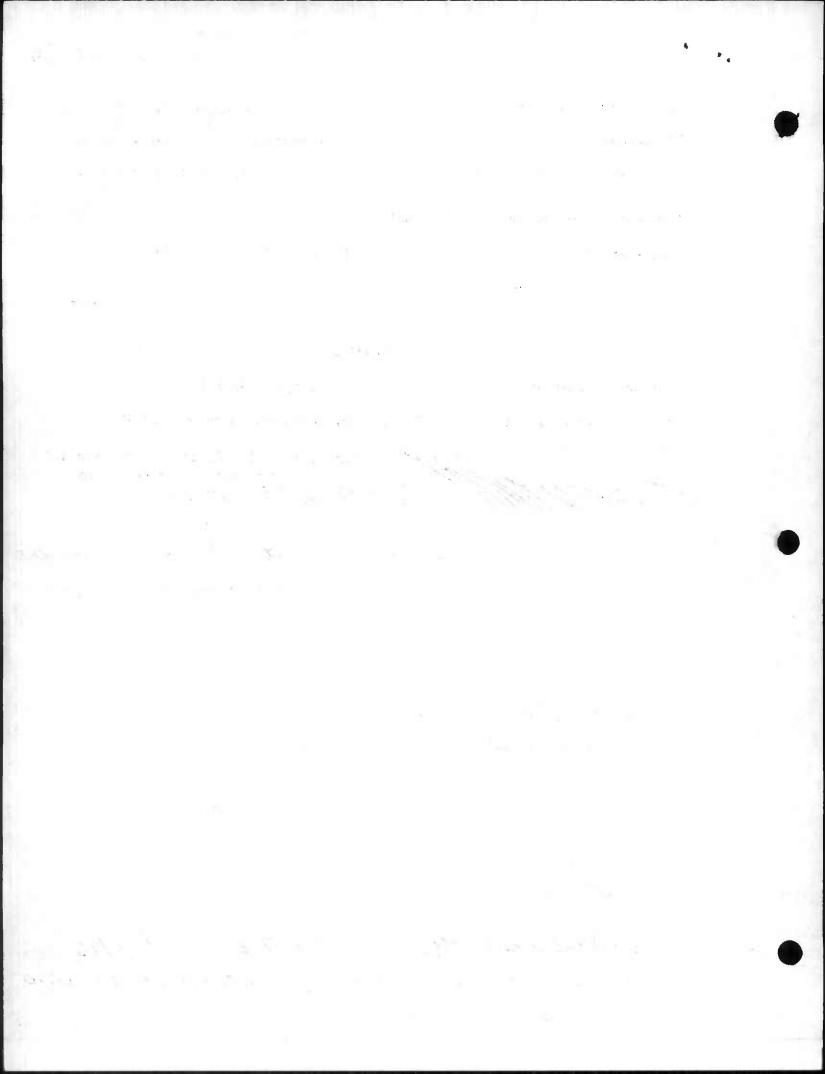
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

| | | | | Cen | tificate of | Death | Re | g. No. | | |
|--|------------------|---|--|--|-----------------------------------|--|--|----------------|--------------|-------------------------------------|
| | | 1. Decedent's Name (First, Middle, La | st) | | | | 2. Date of Deat | h | li lee | 3. Time of Death |
| Phys /Me | ician dical | NORA VETRES | S STITH | | | | Novembe | r 26, | Year 1996 | 4:00 pm |
| Exam | | 4a. Facility Name (If not institution, gir | re street end number) | | | 4b. City, Town, or | | 4c. County | | |
| | | 8808 North Westl | and Drive | | | Gaither | shurg | Mont | gomer | -v |
| Funera | al | | | yrs. lest birthday) | If Under 1 Yea | r If Under 24 Hrs. | | | 9. Birthp | lace (State or Foreign |
| Directo | | 403-32-6176 Usual Residence of Decedent | ^{1□ M} ² X ^F 67 | Yrs. | Months Days | s Hours Min. | 8. Date of Birth (Month, Dey, Aug. 24, | 1929 | Coun | cucky |
| ylan How | | 10a. State 10b. County | 100 | : City, Town or Loc | ation | | | | 1 | 0d. Inside City Limits |
| 17215-0020 within 72 hours after death with the Manyland and. then "natural", or items 23s or 28s-f show then "netural" or items 23s or 28s-f show item Medical Examiner must be northed at | Funeral Director | Maryland Montgom | ery | aithersb | urg | | | | | 1 ☐ Yes 2 ☐ No |
| h th | ē. | 10e. Street and Number | | | 10f. Zip Code | | 10 | g. Citizen of | What Coun | itry? |
| h wii | 100 | 8808 North Westl | and Drive | | 20 | 0877 | | United | Stat | es |
| deat | Der | 11. Marital Status | 12. Was Decedent Ever | in U,S. 13. W | as Decedent of | Hispanic Origin? (S ban, Mexican, Puert | | 14. Rac | e - Americ | an Indian, |
| of the rather | E | 1 Never Married 2 Married | Armed Forces? 1 ☐ Yes 2 🖾 No | | | | o Rican, etc.) | Bla | ck, White, | etc. |
| Z1Z15-0020 d within 72 hours af giene. rr then "natural", or the Medical Exem | Ď | 3 | If Yes, Give Year or Dates: | 11 | ☐ Yes 2∭ No | Specify: | | Specify | y: Wh | ite |
| 72 hours "natural", | Completed | 15. Decedent's E | ducation | 16a. Decede | ent's Usual Occu | upetion | 1 | 6b. Kind of B | | |
| Daltimore, Maryland Z1Z15-U permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natur any injury or other traumatic event, the Medical | ple | (Specify only highest green Elementary/Secondary (0-12) | | (Give k | ind of work done O NOT use retire | e during most of wor ed) | king | | | 1 - 1 4 - 1 |
| i with a second | E | 12 | Coilege (1-4or 5+) | Dent | tal Assi | istant | | Denti | strv | |
| The state of | | 17. Father's Name (First, Middle, Last | | | | | ne (First, Middle, M | | | |
| d be be cod co | To Be | Unknown | | | | Unknow | vn | | | |
| Taryland 212 2 should be filed within and Mental Hygiene. Is marked other than summit event, the Me | F | 19a. Informant's Name/Relationship (| Type Print) | 10h Mailing | Addrage (Street | et end Number or Ru | | Chron Tour | Ctata Via | Codel |
| Maryiand d 2 should be file th and Mental Hy 7 is marked othe traumatic event | | | 27 11 11 17 | | | | | | | |
| 1 and 2 Health em 27 I | | Robert Stith, S | on | 0b. Place of Disposi | North We | estland Di | | | | |
| or marges | | 1 Burial 2 Cremation 3 D | | cemetery, creme | etory or other pl | ece) | 12/3 | Oc. Location - | City of 10 | Wil, State |
| Elling Park | | 4 □ Donation □ Other (Specif | 0 / 1 | Rest Have | n Crema | tory | 1996 1 | Louisvi | ille, | Kentucky |
| Dalitimore, permit. Pages 1 ar Department of Hea important: If Nem? | alleg. | 21. Signature of Funeral Service Lice | see / / | 22. | Name and Addr | ress of Facility | eVol Fun | | - | |
| n goes | 5 | Tari l | h Here | . 10 | East De | eer Park I | | | | D 20877 |
| | | 23a. Part1. Enter the disease or com ahock, or heart failure. List only | plications that caused the d | | | | | | 16, 11 | Approximate |
| Physician | | anock, or heart failure. List only | one cause on each line. | | | | | | | Interval Between Onset and Death |
| /Medica | _ | Immediate Cause (Final | 10011- | 11. | (|) | | | | |
| Examine | _ | disease or condition resulting in death) | a. ISCHEN | 11c HC | art 1. | disease | • | | | 30 years |
| | 1 | | Due | o (or as a consequ | ence of): | | | | | - 23/53 |
| be tis | Examiner | | b. — | | | | | | Į. | |
| and and O.S. | Xan | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | Due t | o (or es e conseque | ence of): | | | | | |
| Se es | - H | cause. Enter Underlying | 0 | | | | | | | |
| death certificate be exe teath certificate be exe attending physician a of for use as the burial- | edical | that initiated events resulting in death) Last | Due to | o (or as a conseque | ence of): | | | | | |
| ng p | Me | | | | | | | | | |
| attendin for use | 5 | | d | | | | | | | |
| that the death | Physician/ | Part II. Other eignificant conditions o | ontributing to death but not | regulting in the unc | forhilan cauca a | iven in Part I | 23h Did to | 2000 1100 000 | ntelbute to | the cause of death? |
| d by the detache | h y | | | | onying cause g | iven in Part I. | | | | |
| that the det | V P | Chronic Re | ral tail | ure | | | 1 U Ye | 2 XNo | 3 Prob | ably 4 Unknow |
| Physicien: The law requires that the death certificate be executed this certificate has been signed by the attending physician and rail director, page 2 should be deteched for use as the bungal-transit by: Modifical From in the control of 1706 / 06 | Completed by | Chronic Re Hypertensi | | | | | 24a. Was en | autonou | 24h We | ere eutopsy findings |
| 5 6 9 d | ete | Hypertensi | ~ | | | | perform | | ava | niiable prior to |
| law law e 2 s | npie | | | | | | | | of d | death? |
| | 5 | | | | | | 1 ☐ Yes | 2 De No | 10 | Yes 2□ No |
| Physician: The this certificate ral director, page 1. | Be (| 25. Was case referred to medical | | | | 26. Place of Dea | th (Check only one |) | | |
| ystclen: is certific director, | To | examiner? 1X Yes 2 No | Hospital: | 2 ER/Outpatient | 3 DOA OI | thos: | ome 5 🛛 Resider | | er (Snecify | () |
| 5 g g g | | 27. Manner of Deeth | 28a. Date of Injury (Month, Dey Yea | | 28c. Inju | | 28d. Describe how | | | / |
| l or Attending I after death. Director: After din by the funer | at lo | 1 Natural 5 Pending 2 Accident investigation | | r) Injury | | ork?]Yes 2□No | | | | |
| Attending r death. | Certification: | 3 ☐ Sulcide 6 ☐ Could not be | | t home form street | 11-11 | | 28f. Location (Str. | eet and Numb | or or Bural | I Pouto Number |
| or or or or or or or or or or or or or o | erti | 4 Homicide determined | building, etc. (Sp. | ecify) | n, lactory, office | | City or Town, | | er or nurar | noute (vuilber, |
| 3 5 2 9 | | | | | | | | | | |
| 4 ho | S | Company and ST Medical Execu | valcien: To the best of my liner: On the basis of exam | knowledge, death o lination and/or Inve | stigetion, in my | ime, date and place, | end due to the car | use(s) end me | enner as ste | sted. |
| the the plants | ed R | 376) | and manner stated. | | ongonon, m | opinion, double occur | Too at allo tallo, da | io and place, | and dde to | (ine canae(a) |
| To To | ש ב | 29b. Signature and title of certifier | / | | | se number | 29 | d. Date signe | d (Month, E | Dey, Year) |
| | . D |) /< | _ | | D3 | 35103 | | Novemb | er 27 | 1996 |
| 1 | Ŭ H | 30. Name and address of person who | the best of death ! | Itom 23a) /Time D | rint) | | | TAO A CHILD | CI 2/ | , 1990 |
| 4 | | Stephen Vaccarez | 4 | | | Dool 1 | 10 MD | 20052 | | |
| | | 31. Date filed (Month, Day, Yeer) | | | | , KOCKVII | ite, MD | 20852 | | |
| | tate | NOV 2 9 19 | OG Stille De | gnature Rand | 482 | | | | | |
| Regis | ırar | 1404 6 3 13 | | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene

Amended #7, 11/26/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Lawrence C. Shanahan November 24, 1996 9:00 am /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 2J. Westway Greenbelt Prince Georges if Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In rs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 ∰ M 2 □ F 320-07-3608 Yrs Director Dec. 11-1913 Illinois Usuel Residence of Deceden the Maryland 10b Counts 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1X Yes 2 No Maryland Prince Georges Directo Greenbelt 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20770 USA 2 J. Westway death 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 Tyes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married altimore. Maryland 21215-0020 1 ☐ Yes 2 ▼ No Specify: WW II þ Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) other than Elementary/Secondary (0-12) College (1-4or 5+) NASA 10 Expeditor other traumatic event. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be fil ment of Health end Mental H lant: If Item 27 is marked oth Margaret Sullivan Lawrence E. Shanahan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Department of Health e Important: If Item 27 is any injury or other tra 2J. Westway, Greenbelt, Maryland 20770 Alverta Shanahan / Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State Fort Incoln Cemetery 11/27/96 Brentwood, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23a. Part1. Enter the disease, or complications and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final cardiac arrest disease or condition resulting in death) umedist Examiner Due to (or as a consequence ot):
White confidence of the control of the confidence of the control of the contro sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of): anding physician a P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? CVA, Parlienousmus, 1 Yes 2 No 3 Probably 4 Unknown Records, by Di abetro rellitus Hypertenion 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Was an autopsy performed? 1 Yes 2 No certificate Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th complately filled in by the funera 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 1 ANaturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Wedical (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Eccuste our D17572 0 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 115 Center way greenbest, MD 20770 granite mo 31. Date filed (Month, Day, Year) 32. Registrer's Signature Tulia Davidson-Randolle Registrar NOV 26 1996

DHMH 16 Rev 6/95



| | | Decedent's Neme (First, Middle | Lact | | Cei | tificate | of i | Death | 0.00 | Reg. No. | | |
|--|--|---|---|-------------------------|--|---|---|--------------------------------------|---|----------------------------------|----------------------------------|--|
| Physic | | WALTER | CLYI | DE | | SCHE | MEI | PΥ | 2. Dete of De Month NOVEME | BER 26, | Yeer I QQ6 | 3. Time of Deeth 10:10PM |
| /Medi Exami | | 4e. Fecility Neme (If not institution, | | | | DOM | | | r Location of Deet | | ty of Deeth | 10.10111 |
| | | PHYSICIANS MEM | ORIAL HOSE | PITAL | | | | LAPLAT | A | | RLES | |
| Funeral Director | | 5. Social Security Number 205–12–5333 | 5. Sex 7. 1 1 1 1 1 1 1 7. | Age (In yrs. 72 | lest birthday) Yrs. | If Under 1 Months | Year Deys | if Under 24 H Hours Mi | | th ey, Yeer) 1924 | | ece (Stete or Foreig y) ylvania |
| pu 3 | | Usual Residence of Decadeni 10a. State 10b. County | | 10a Ci | ty, Town or Lo | anting | | | | | | |
| he Maryla 18a-f shor | Director | Maryland Charle | S | | dorf | | | | | | 10 | d. Inside City Limits 1 |
| with the | Dir | 10e. Street end Number | | | | 10f. Zip C | | | | 10g. Citizen of | | y? |
| eath | eral | 12120 Hintz Pla | CE 12. Was Decede | ent Ever in II | S 13 V | - | 060 | | (Specify Vener No | US | SA ice - America | n Indian |
| 72 hours after death with the Manyand netural; or items 23s or 28s-f show diest Examiner must be nutitled at | by Funeral | 1 □ Never Married 2 ☆ Marrie 3 □ Widowed 4 □ Divorced | Armed Force | es? □ NoWW | The state of the s | Yes, specify | | Specify: | (Specify Yes or No arto Rican, etc.) | | eck, White, el | tc. |
| within | Completed | 15. Decadent's (Specify only highest Elementery/Secondary (0-12) | Education grede completed) College (1-4 | or 5+) | (Give | lent's Usuel (kind of work DO NOT use Worke | done d retired | etion furing most of w | rorking | | Business/Indu | |
| H P P | | 10 17. Fether's Neme (First, Middle, L | ast) | | TIOIT | MOLKE | 1 | 18. Mother's N | eme (First, Middle | | ructio | on |
| | To Be | Lawrence H. Sch | emerv | | | | | | Gutherie | | | |
| Sho Fin | - | 19e. Informent's Neme/Reletionsh | | | 19b. Meilin | g Address (S | | | Rurel Route Numb | | - | Code) |
| 5 1 2 E | | Helen M. Scheme | ry (Wife | 2) | 12120 | Hintz | P1 | ace Wal | dorf, MD | 20601 | | |
| 8 4 5 | | 20e. Method of Disposition | □ Removel from Sta | 20b. P | Pleca of Dispos came <i>tery, cr</i> em | sition (Neme ne <i>tory</i> or oth | of er plec | e) | Date | 20c. Location | - City or Tow | m, Stete |
| F 6 3 | | 4 □ Donetigh 5 □ Other (Spi | ocity) | Ma | | | | Cem. 1 | 2-3-96 | Chelten | ham, M | 1D |
| Departi Departi Importi any inj once | | 21. Signature of Juneral Service Li | sensee MC | 00173 | J.H | Name end | Addres | is of Fecility in Mort | uarv | | | |
| | | 23a. Perty Emer the disease, or cosh xX, or heert feilure. List o | omplications that causely one cause on each | sed the deet h line. | h. Do not ente | 33 Whi | te of dyln | P1s La g, such es cardi | White P1 | s,MD 20 rrest, | | Approximete ntervel Between Onset end Deeth |
| Physician /Medical Examiner | | Immediate Ceuse (Finel disease or condition resulting in deeth) | · Moth | llion | n Re | aralan | B | Show | n. Pre | ······ |) - ; | Silset end Deeth |
| D # | ner | | Rich | Due to (o | or es e consequ | uence of): | ne |) , | | | | |
| ficete be executed g physician end es the buriel-transit | Examiner | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events | b 1 | Due to (o | r na n carnaogi | uence of): | 0 | | N - | 9 - | 1 | |
| ysicla | edical | Ceuse (Disease or Injury thet Initieted events | c. Corm | Due to (or | r es e consequ | enca of): | _ | hond | Loune | 1 | | |
| 5 00 | - | resulting in deeth) Lest | · Am | Lung | | | | | ` ` ` | J | | |
| the death cert y the ettending sched for use | sicia | Pert II. Other significant condition | contributing to death | 4 | | deriving cau | se give | en in Pert I | 23b. Did | tohacco uss c | ontribute to t | he cause of death' |
| det bat | by Physician/N | | | | | | | | | Yes 2□ No | | |
| e lew requires t hes been signe ge 2 should be o | Completed | | | | | | | | | en eutopsy rmed? | evall | e autopsy findings able prior to pletion of cause eeth? |
| 0 - 5 | Som | | | | | | | | 10 | Yes 20 No | 10 | Yes 2□ No |
| | Be (| 25. Wes case referred to medical exeminer? | | | | | | 26. Plece of Do | eth (Check only o | one) | | |
| this certific | 2 | 1□ Yes 250No | Hospitel: 1 Thops | | ER/Outpatient | | Othe | 4 LI Nursing | Home 5 ☐ Resid | dence 6 🗆 Ot | her (Specify) | |
| or Attending Petter death. Director: After to in by the funeral | Certification: | 27. Manner of Deeth 28a. Dete of Injury 28b. Time of Injury et Work? 2 Accident investigation 3 Suicide 6 Could not be | | | | | | | | | | |
| To the Hospital or Attending is within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funer | 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) | | | | | | 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) | | | | | |
| To the Mospital within 24 hours of To the Funeral of | edica | 29a. Certifier 1 Certifying (Check only one) 1 Medicat Ex | Physician: To the be- aminer: On the basis end menner | of exeminet | wledge, death tion and/or Invi | occurred et t estigetion, in | the tim my op | e, dete end pled Inion, deeth occ | ea, end due to the curred et the time, | cause(s) end m dete end piece | enner as stat , and due to ti | ted. he cause(s) |
| Vithin To the | Me | 29b. Signaplize and title of certifier | | | | 29c. L | icense | number | | 29d. Date sign | ed (Month, Da | ay, Year) |
| | 4 | XIVA No. | WINE | M | 1 | N D- | -206 | 520 | | 111- | 2710 | 76 |

11345 PEMBROOKE SQUARE

SUITE 103

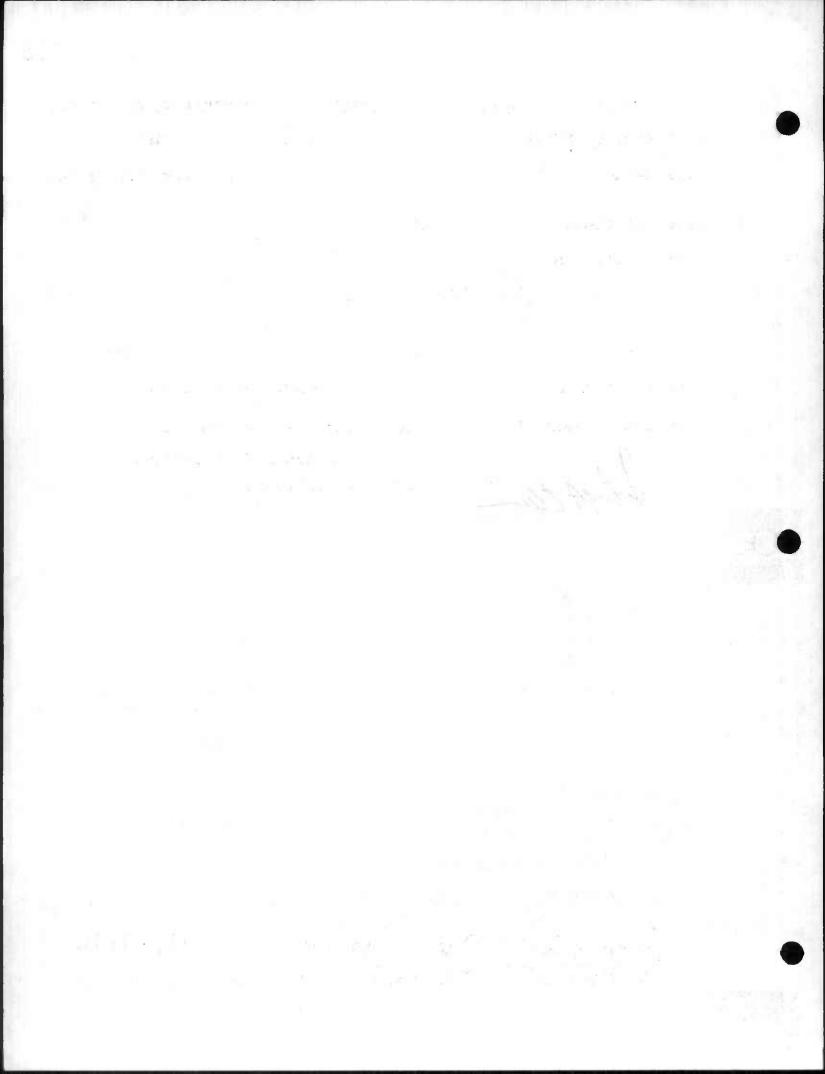
WALDORF MD. 20603

State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

GEORGE WATHEN MD

31. Dete filed (Month, Dey, Year) 2 1996

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Neme (First, Middle, Last) 2. Deta of Daeth llwood **Physician** NOVEMBER 26, 1996 FLORENCE aura 10:00 PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner Lexington Park Bayside Nursing and Rehab. Center St Mary's 5. Social Sacurity Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day Yan FEB • 10, Birthpiece (Steta or Foraign Country) **Funeral** yaer)1919 Maryland 1□M 21 F Months Deys Hours Yrs. 218-30-3091 Director Usual Residence of Decedent with the Maryland 10e. State 10b. County show 10c. City, Town or Location 10d. Inside City Limits Examiner name be notified at 1 Yes 2 No Directo Maryland St Mary's Lexington Park 28a-f 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 23a or 20653 USA 1500 Great Mills Road death Herrs ? 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes: 11 Maritai Status Was Decedent of Hispanic Origin? (Spacify Yas or No If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Bleck, Whita, etc. filed within 72 hours efter 1 Never Merriad 2 Married altimore, Maryland 21215-0020 natural', or 1 Yas 2 No Specify: Completed by 3X Widowed 4 ☐ Divorced Specify: **Black** The Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 8 Home Maker Own Home 17. Fether's Neme (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Meiden Sumeme) . Pages 1 and 2 should be fill treet of Health and Mental H tant: If Item 27 Is marked out jury or other traumatic even 0 Thomas Countee Ida Barnes Countee 19e. Informent's Neme/RaiationsMip (Type, Print) 19b. Mailing Address (Straet end Number or Rural Routa Number, City or Town, Stete, Zip Code) PO Box 12 Mt Victoria Rd Newburg. ,D 20664 James O. Chase 20e. Method of Disposition 20b. Piece of Disposition (Name of cematery, cremetory or other plece) 20c. Location - City or Town, Steta permit. Pages Depertment of Important: If it any Injury or o 1 XBMial 2 □ Cremetion 3 □ Removal from Stete 4 □ Cohetion 5 □ Other (Specify) Shiloh Church Cemetery 12-2-96 5 ☐ Other (Specify) Newberg, MD re of Junerel Service Licensee 21. Sign 22. Neme end Addrass of Fecility M 0017 J.H. Eberwein Mortuary desa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, re. List only one cause on each line. 4433 White Pls La White Pls., MD 20695 Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting In death) /Medicai Examiner Physician/Medical Examiner The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last es the buriel-tran consequence of) Records, P.O. Box 68760, the attending physician Due to (or es e consequença of): for use Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 2 3 Probably 4 Unknown 1 Yes 2 8 Completed 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? peed After this certificate hes 1 Yes 1 Yes 2 No Division of Vital al or Attending Physician: The setter death.

I Director: After this certificate of in by the funeral director, pa Be 25. Wes cese referred to medicel exeminer? 28. Plece of Deeth (Check only one) 1 Yes Other: 1 Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Maturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routs Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours of To the Funeral Di completely filled in Certifying Physician: To the best of my knowledga, deeth occurred at the time, dete end piece, end dua to the ceuse(s) and menner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. edicai 29a. Certifier (Check only 29b. Signature end titia of cartifiar 29c. Licansa number 29d. Data signed (Month, Dey, Year) 30. Neme end address of perso who completed of death (item 23e) (Type, Print) JAme Hollywood 31. Dete filed (Month, Dev. Year) State strer's Signeture

1996

DEC 0

Whi Davidson Revolate

Registrar

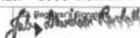
CV-Class

| | | | | State of M | • | epartment of Certificate o | Health and I | , 0 | | 16 | 3/31/ |
|--------------------------|---|----------------|---|---|--|---|---|---|--|------------------------|--|
| | NAME OF | | 1. Decedant's Nama (First, Middla, L | ast) | | | | 2. Data of Deat | h No. | | 3. Tima ot Death |
| ٠ | Physic | | 30 14 3 10 10 10 10 10 10 10 10 10 10 10 10 10 | ONICA | | STIMPSON | | Month Novembe | Day | Yaar 1 006 | 4:00 A.M |
| Я | /Medi | | 4a. Facility Nama (If not institution, g | | | DIII DON | 4b. City, Town, or i | | | ty of Death | 4.00 A.H |
| 1 | Exami | ner | Stella Maris Ho | | | | Towso | | 24 (25) | Balti | more |
| Н | Funeral | | | | a (In yrs. last birth | day) If Undar 1 Ya | ar if Undar 24 Hrs. | 8. Data of Birth (Month, Day, | | _ | |
| , ii | Director | | 217-58-6084 Usual Residanca of Decedant | 1 M 2 B E | 39 Y | Months Day | ys Hours Min. | (Month, Day, July 7, | | | placa (Stata or Foreigntry) Orgia |
| | yland | | 10a. Stata 10b. County | | 10c. City, Town | or Location | | | | 1 | Od. Inside City Limit |
| | Mer Ja | to | Maryland Harfo | rd | | Bel Air | | | | | 1 Yes 2 XN |
| | h the | Director | 10e. Street and Number | | | 10f. Zip Code | 8 | 10 | Og. Citizen of | What Cour | ntry? |
| | h wil | a D | 464 Darby Lane | | | | 21015 | | U | SA | |
| 20 | "neture!; or items 23s or 28s-f show solice! Examinet must be notified at | by Funeral | 11. Marital Status 1 □ Navar Marriad 2 □ Married 3 □ Widowed 4 ☑ Divorced | 12. Was Decedant Armed Forcas? 1 ☐ Yas 2 ☑ If Yas, Giva | | 13. Was Decedent of If Yas, specify C | of Hispanic Origin? (Suban, Maxican, Puart | pecify Yas or No- o Rican, atc.) | | ca - Amaricack, Whita, | |
| 8 | hour | | 15. Decedent's 8 | Yaar or Datas: | 160 [| acadent's Heuel Oo | ouestion. | | 10h Vlad of E | | |
| 15 | | Completed | (Specify only highast g | rada completad) | | Decedent's Usual Oct Giva kind of work dot ifa. DO NOT usa ret | na during most of wor | king | 16b. Kind of E | ousiness/in | dustry |
| 212 | s within piene. r than " | mo | Eiamantary/Secondary (0-12) | Coilega (1-4or: 5 | 5+) | Register | red Nurse | | Ma | edica | 1 |
| P | 등문학류 | | 17. Fathar's Nama (First, Middia, Las | | | Tegioci | T | na (First, Middla, A | | | _ |
| lan | 0 5 0 0 | To Be | John Robert | Marcello | | | Marga | ret Joan | n Iaco | obuzio | 0 |
| Maryland 21215-0020 | d 2 should be ith and Mental 7 is marked or traumatic eve | - | 19a. Informant's Name/Raiationship John R. Marcello | | | | eet and Number or Ru Ave., Bel | ral Routa Number | | | Code) |
| Ġ, | of Health Item 27 i | | 20a. Mathod of Disposition | | 20b. Piace of I | Disposition (Name of | | | 20c. Location | | own State |
| Baltimore, | permit. Pages Department of I Important: If its eny injury or o once. | | 1 □ Burial 2 □ Cramation 3 0 4 □ Donation 5 □ Othar (Spec | | cemetary, | or cramatory or other pon Cemeter | olaca) | 11-30-96 | | | Maryland |
| | Physician /Medical Examiner | | 23a. Part 1. Empha disaasa, or cor shock, or haurt tailura. List only Immediata Causa (Final disaasa or condition rasulting in daath) | | | ER -H | | Bel A | er, Md | . 210 | Approximata Interval Between Onset and Death |
| | uted d ansit | Examiner | Commentation that the same distance of | b. ——— | Due to (or as a co | | | | | 1 | |
| 30, | icets be executed physician and s the burief-transit | | Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Diseasa or Injury | ^ | D08 (0 (0) as a 00 | naequance or). | | | | 1 | |
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| P.0. | gned by the | / Physician/M | Pert II. Other significant conditions | contributing to death b | ut not rasulting in t | ha undarlying cause | given in Part I. | 23b. Did to | | | o the cause of death bably 4 Unknow |
| cords, | | Completed by | | | | | | 24a. Was ar perform | | av co | ere autopsy tindings allable prior to impletion of cause daath? |
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| 5 | ysician: s certific director, | To Be | axaminar? | Hospital: | 2 | ations all DOS | Other | th (Check only on | | han (Canal) | Hospice |
| Division of Vital Record | ding Physician: h. After this certific funeral director, | | 27. Mannar of Death 1 Neture 5 Pending | 28a. Data of Inju (Month, Da | ry. 28b. Tir | patient 3L DOA 4L Nursing Homa 5L Rasidanca en Othar (Specify) 1105 PTC | | | y) Nospice | | |
| Divisi | for Attending after deeth. Director: After d in by the fune | Certification: | 2 Accidant invastigate 3 Suicida 6 Could not 4 Homicida detarmined | be One Diseased lei | orm, streat, factory, offica 28f. Location (Street and Number or Rural Routa Number, City or Town, State) | | | | al Routa Number, | | |
| | Hospital | edical C | 29e. Certifiar 1 Certifying P (Check only one) 1 Medicat Exa | hysician: To the best minar: On the basis of and mannar sta | axamination and/ | daath occurred at the or Invastigetion, in m | tima, deta and place y opinion, daath occu | , and due to the ca rred at tha tima, de | e cause(s) and mannar as stated. I, deta and place, and dua to the cause(s) | | stated. the cause(s) |
| | within 2 To the comple | Me | 29b. Signatura and titla of certifiar | 7520 | | 29c. Lica | ansa number | 25 | 29d. Data signed (Month, Day, Year) | | Day, Year) |
| | ->-0 | | Xorade | Faulle | us | D | 25643 | | 4/2 | 6/91 | 6 |

State Registrar

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 31. Data filed (Month, Day, Yaar)



State of Maryland / Department of Health and Mental Hygiene Q & 27210

| December Name Fire Joseph Lang Street of Digeth | | | | | Oldio of Mai | | Certificate of | | | . No. | 3/3/0 |
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| Stanley Evans Sliver Stanley Evans Sliver | | wo w | | | 1 | 0c. City, Town | or Location | | | | 10d. Inside City Limits |
| Stanley Evans Sliver Stanley Evans Sliver | | Mary Find | tor | Maryland Harford | d | Be | el Air | | | | 1∭ Yas 2□ No |
| Stanley Evans Sliver Stanley Evans Sliver | | or 284 | lrec | 10e. Street end Number | | | 10f. Zlp Code | | 10g | . Citizen of Whe | t Country? |
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| Stanley Evans Sliver Stanley Evans Sliver | 020 | ours efter des ralt, or itams Examinar m | by | 1 Never Married 2 Married | Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva | er in U,S. | | | ecity Yas or No- Rican, etc.) | Black, V | White, atc. |
| Stanley Evans Sliver Stanley Evans Sliver | 5-0 | 72 ho | eted | 15. Decedent's Edu (Specify only highest grad | ication (a completed) | 16a. | (Give kind of work done | during most of working | 16 | b. Kind of Busin | ess/Industry |
| Stanley Evans Sliver Stanley Evans Sliver | 121 | han | mpk | | | | life. DO NOT use retire | od) | | | |
| Stanley Evans Sliver Stanley Evans Sliver | 7 | Hygie Hygie ther t | | 17 Father's Name (First Middle Lest) | | | Homemake | T | (First Middle Ma | | Home |
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| STATE STAT | 0. | by th | hy | | | | | | | | |
| 25. Was case referred to medical axaminer? 25. Was case referred to medical axaminer? Hospital: 1 Inpatient 2 ER/Outpatient 3 DoA Other: 4 Seturating Home 5 Residence 6 Other (Specify) | | gned be de | | 111101 | MINOLD | 1311 | • | | | | |
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| 29e. Cartifiar (Check only one) 29e. Licensa number (Check only one) 29e. Licensa number (Check only one) 29e. Data signed (Month, Day, Year) 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) 31. Data filed (Month, Day, Year) 32. Pagister's Signature | sion | eath. or: After the funer | cation | 1 Neturel 5 ☐ Pending Investigation | 28a. Dete of Injury (Month, Day Y | 98r) 28b. T | | | 28d. Describe how | Injury occurred | |
| 29e. Cartifiar (Check only one) 29e. Licensa number (Check only one) 29e. Licensa number (Check only one) 29e. Data signed (Month, Day, Year) 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) 31. Data filed (Month, Day, Year) 32. Pagister's Signature | Divi | af or Att | Certifi | determined | 28a. Plece of Injury building, etc. (| - At homa, far Specify) | m, street, fectory, office | 1 | 28f. Location (Stree City or Town, S | et end Number o State) | or Rural Route Number, |
| 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANDREW NOWAKOWSKI WID 125 N. MAIN ST BEZMIR, MD2 10A State 31. Date filed (Month, Day, Year) 32. Pagistrar's Signature | | n 24 hour n 24 hour he Funer pletely fill | edical | (Check only 2 Medical Exami | ner: On the basis of ex | aminetion and | deeth occurred et the ti Vor Investigetion, in my | me, dete end plece, e opinion, deeth occurre | and due to the ceus ad at tha tima, dete | se(s) end manne and place, and | or as steted. due to the cause(s) |
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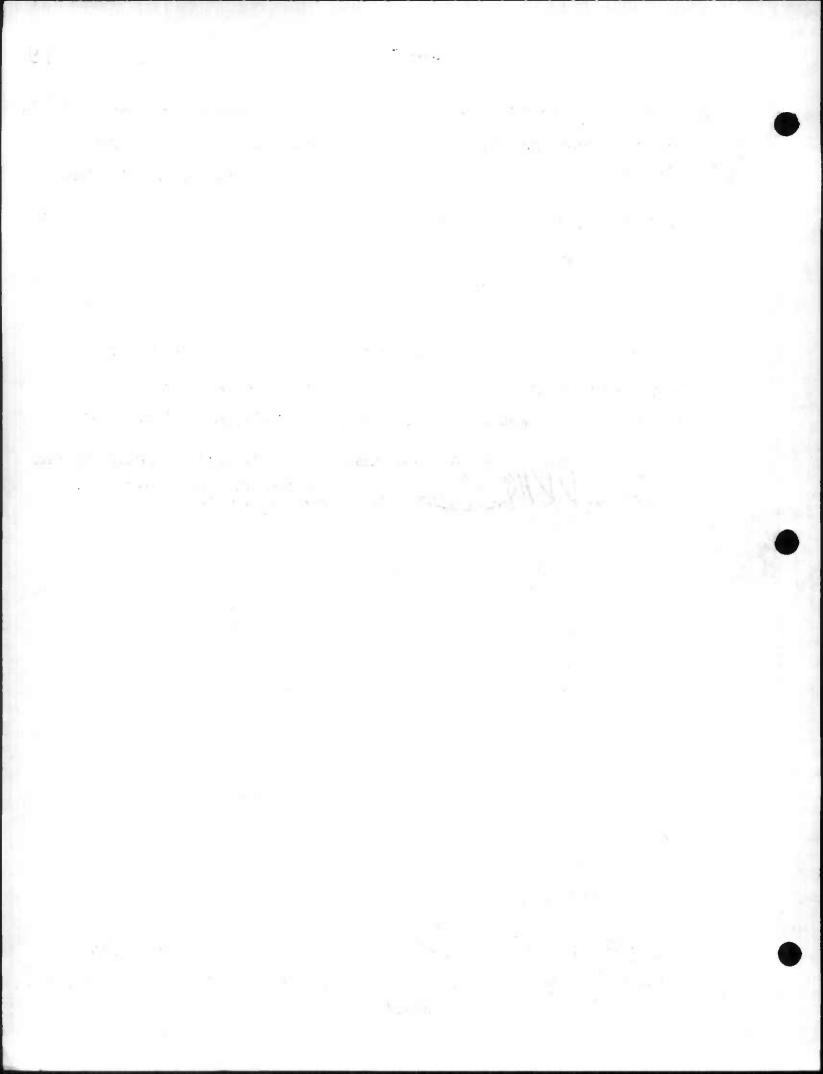
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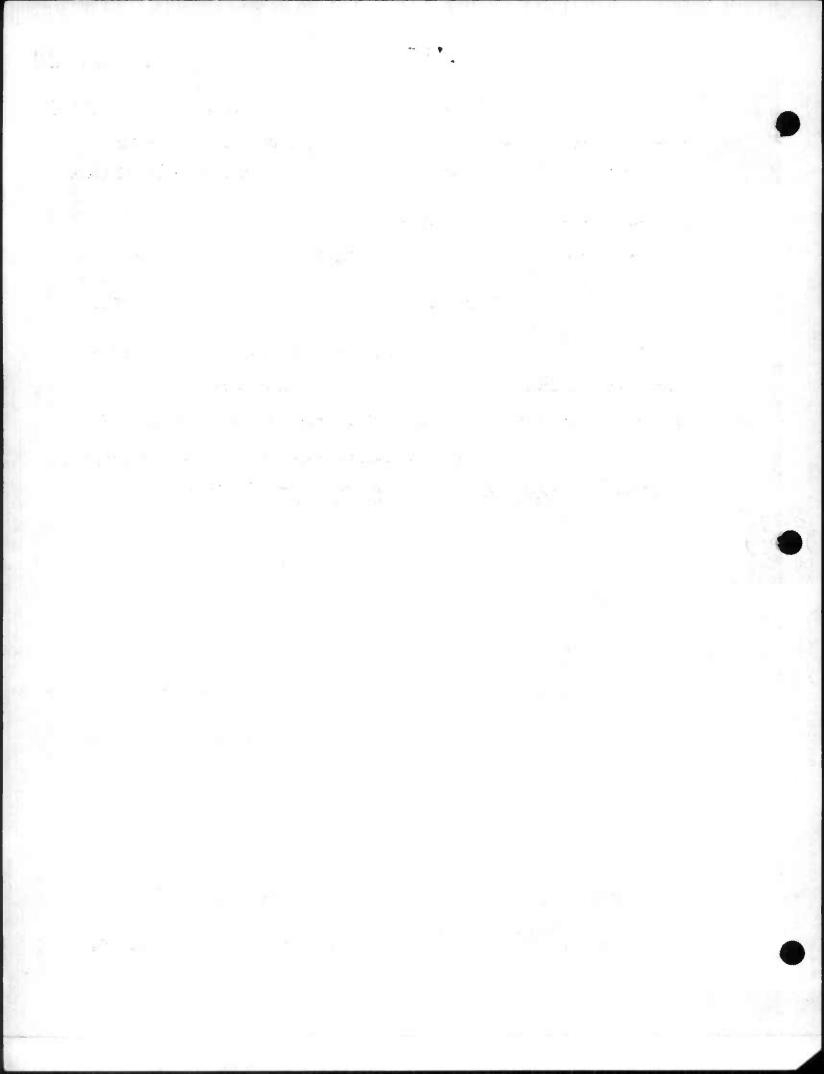
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| ai | Doro | thy A | NNA SA | | 250r |) | | 4h Cina Tanan | 2. Dete of I | ber ! | | Year 1996 | 3. Time of Death 557A |
| er | 4a. Facility Neme (i Fallston 5. Social Security N | Genera | l Hospit | | s. last birtho | | r 1 Year | Fallsto If Under 24 Hrs | n 8. Dete of 8 | | | rfor | ace (State or Fore |
| V | 219-10-2 Usual Residence of | | 1□M 2ŽF | 85 | Yrs | Months | Deys | Hours Min | June | | 1911 | Mar | yland |
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| Director | Maryland | Hari | ford | | Falls | | | | | | | | 1 ☐ Yes 2€ |
| | 10e. Street end Nui 2506 ROV | | | | | 10f. Zi _j | Code 1047 | | | 10g. C | USA | Vhet Coun | try? |
| Funeral | 11. Marital Status | Terrace | 7 | edent Ever In | U,S. | | | lispanic Origin? (S en, Mexican, Puer | pecify Yes or I | No- | 14. Raci | e - America | |
| þ | 1 ☐ Never Marri 3 ☑ Widowed | ied 2 Marrie | | 2⊠No ive | | | | Specity: | to Hican, etc.) | | Specify | k, White, e | |
| etec | (Spec | 15. Decedent's cify only highest | Education grade completed) | | (0 | ecedent's Usu Give kind of wo | ork done | during most of wo | rking | 16b. F | Kind of Bu | usiness/Ind | lustry |
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| Bec | 17. Father's Name | (First, Middle, La | ast) | | | | | 18. Mother's Na | me (First, Midd | le, Maider | n Sumam | е) | |
| 2 | - | | ılley | | | | | Grace | | Miet | | | |
| | 19e. Informant's Na Dorothy (| | | er | | | | and Number or R ace, Fal | | | | | |
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| edical Certification: To be Completed by Physician/Medical | resulting in death) Sequentially list conif any, leading to Impause. Enter Unde Cause (Disease or that Initiated events resulting in death) I. Part II. Other significations of the control of the cont | nditions, mediate riving injuryast | Hospitel: 1 28a. Date (Monitol) 28a. Place buildi 28e. Place buildi Physician: To the aminer: On the band meni | Due to Du | (or as a consequence of consequence | insequence of): Insequ | OA Othorse of the time of time of the time of the time of the time | 26. Place of Decer: 4 Nursing Hyet k? Yes 2 No | 23b. DI 1 [24a. Wa per 1 [ath (Check only lome 5] Re 28d. Describe 28f. Location City or T 1, and due to the time 28f. Location City or T 28f. Location City | d tobacco Yes 2 sen eutoformed? Yes 2 rone) Sidence how inju (Street an own, State e cause(s o, date an 29d. De | o use con 2 No opsy 6 Othe ury occurre nd Number s) and maid place, a | 24b. We eva con of d | the cause of abiy 4 Definition of cauteleath? Route Number and the cause(s) |

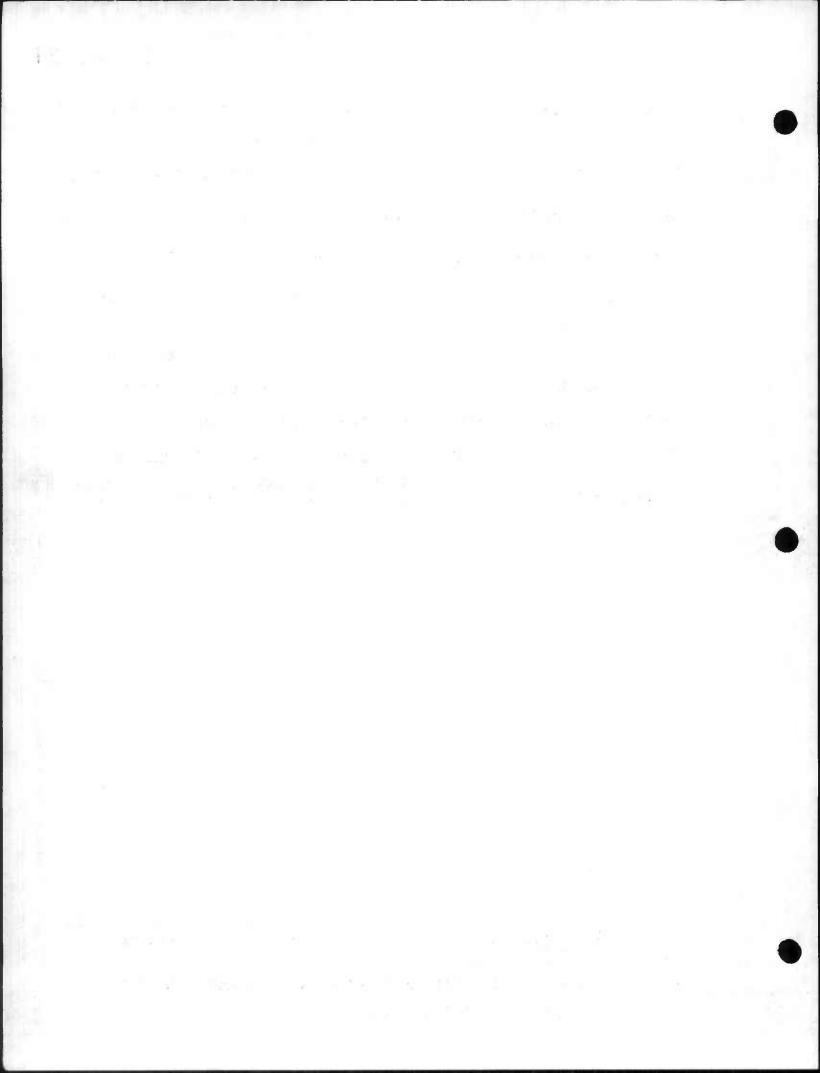


| | | Cen | tificate of | Death | , | Reg. No. | 0 0 | 1320 |
|----------------------|---|-----------------------------------|--|---|------------------------------------|------------------------------------|----------------|----------------------------------|
| Dhusisian | 1. Decedent's Nama (First, Middle, Last) | | 11/20 | TVA III. | 2. Dete of Dee | | Yeer | 3. Time of Death |
| Physiciar /Medica | Claude Denjamin Shiple | ey | | | November | | 1996 | 2415 |
| xamine | 4e. Fecility Neme (If not institution, give street end number) | J | | 4b. City, Town, or L | ocation of Deeth | 4c. County | of Deeth | |
| М, | Harford Memorial Hospital | | | Havre de | | | ford | |
| al | 5. Social Security Number 6. Sex 7. Age (In yrs. In 12 M 2 F | (ast birthdey) Yrs. | Months Deys | If Under 24 Hrs. Hours Min. | 8. Dete of Birth (Month, De) | Year) | 9. Birthpled | ce (Stete or Foreign |
| | 218-22-7039 G9 Usuel Rasidence of Decedent | | | | Mar. 21 | , 1927 | Mary. | Land |
| | 10e. State 10b. County 10c. City | , Town or Loc | ation | | | | 10d | . Inside City Limits |
| 1 | Maryland Harford | Street | | | | | | 1 ☐ Yes 2X No |
| Director | 10e. Street and Number | | 10f. Zip Code | | | 10g. Citizen of | Whet Country | ? |
| ia, | 1530 Galaxy Drive | | 2115 | 54 | | US | SA | |
| Firmeral | 11. Meritei Status 12. Was Decedent Evar in U,8 Armed Forcas? | S. 13. W | as Decedent of I | Hispenic Origin? (Span, Mexicen, Puarto | pecify Yes or No- | 14. Red | ce - Amarican | |
| h >4 | H Van Chia | 41 | ☐ Yes 2XNo | | | Specifi | | |
| | | | atta Harrat Oann | | | | WILL | |
| ioto | 15. Decedent's Education (Specify only highest grede completed) | (Give k | ent's Usuel Occu ind of work done O NOT use retire | pation during most of world) | king | 16b. Kind of B | usiness/Indus | stry |
| Completed | Elementery/Secondary (0-12) College (1-4or 5+) | | | ent Opera | | Constr | ruction | 1 |
| ReC | 17. Fether's Name (First, Middla, Last) | | 1-1-1-1 | 18. Mother's Nem | | | | |
| TO B | Milton John Shipley | | | Claudie | (u/k) | Smith | | |
| | 19e. Informent's Name/Reletionship (Type, Print) | 19b. Mailing | Address (Street | t end Number or Ru | rel Route Numbe | r, City or Town, | Stete, Zip Co | ode) |
| | Emma M. Shipley - Wife | 1530 | Galaxy I | Drive, St | reet, Ma | ryland | 21154 | 1 |
| | 20e. Method of Disposition 20b. Plu 120 Burial 2 Cremetion 3 Removel from Stete | ece of Disposi | ition (Neme of story or other pla | ice) | Dete | 20c. Location - | City or Town | , Stata |
| | | Air M | emorial | Grdns. 1 | 1/26/96 | Bel Ai | r, Mar | ryland |
| | 21. Signeture of Funeral Sarvice Licensee | | Name and Addre | | TTT Dame | and Hom | . D 7 | |
| | Styling a Much | | | McComas : sbury Rd. | | | | |
| | 23a. Part1. Enfer the disaasa, or complications that each ed tha death, shock, or heert failure. List only one ceus con each line. | . Do not antar | tha mode of dyi | ng, such as cardiec | or respiretory arr | est, | A | pproximeta terval Between |
| | | | | | | | Ö | nset and Deeth |
| | Immediate Cause (Finei disease or condition Hehatic | e Ulula | r Cari | Unoma | of lin | es- | 4 | + Months |
| 1 | Immediate Cause (Finel disease or condition resulting in death) a. Hepatic Due to (or | es e consequ | ence of): | | 7 | | | |
| Examiner | Sequentially list conditions, b. He hatic Due to (or | enc | cephalo | pathy | | | 10 | ne week |
| xan | Sequentially list conditions, if any, leeding to immediate | | ence of): | | | | | |
| | Ceuse (Diseese or Injury | | | | | | 0 | ne week |
| Medicai | resulting in death) Lest | es e conseque | ence of): | | | | 1 | |
| | d | | | | | | | |
| icia | Pert II. Other significant conditions contributing to death but not rasul | Iting In the und | larlylng cause al | van in Part f | 23h Did to | sheeps use on | ntelbute to th | e cause of death? |
| Physician | | | | | 230. Diù t | | | ly 4 Unknown |
| by P | Corona | y Ar | tery & | Insease | | 2)2(110 | | , J OHRHOWII |
| | | | | | 24e. Wes e | | 24b. Were | eutopsy findings bia prior to |
| piet | | | | | perion | mou r | compi | letion of cause |
| Completed | | | | | 1 🗆 Y | es 28 No | | es 2 No |
| BeC | 25. Wes cesa referred to medical | | | 28. Piece of Deel | | | | -1 |
| TOE | exeminer? 1 Yes 2 No Hospitel: Inpatient 2 E | R/Outpatient | 3 DOA Oth | oer | me 5 Reside | | er (Specify) | |
| | 27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending (Month, Dey Year) 28e. Dete of Injury (Month, Dey Year) | 28b. Time of Injury | 28c. fnju | | 28d. Describe ho | | | |
| Satik | 2 Accidant invastigation | ,, | | Yes 2□No | | | | |
| Certification: | 3 ☐ Suicide 4 ☐ Could not be determined 28e. Piece of Injury - At hon building, etc. (Specify) | ne, ferm, stree | t, fectory, office | | 28f. Location (Si City or Town | | er or Rure! R | outa Number, |
| | | | | | | | | |
| edicai | 29a. Certifier (Check only one) Certifying Physician: To the best of my knowl one) and the basis of exemination one on the basis of exemination one on the basis of exemination one of the basis of exemination one of the basis of exemination one of the basis of exemination one of the basis of exemination one of the basis of exemination one of the basis of | riedge, deeth o on end/or inve | occurred et the tir stigetion, in my o | me, dete end plece, opinion, deeth occur | end due to the cred et the time, d | euse(s) and me ete end piece, d | enner as stete | ed. e cause(s) |
| Med | 29h Signature and title of partition | | 29c. Licens | | | 9d. Dete signed | | |
| | 1218 MIRZA A BA | 16 | | +3115 | 2 | | 2 - 9 | |
| | 00 Nome and address of | | | 211) | | 11-2 | 2-7 | 6 |
| | 30. Name end address of person who completed ceuse of deeth (item 2 | 23e) (Type, Pr | rint) | | | | | |
| ate | 31. Dete flied (Month, Dey, Yeer) 32. Registrar's Signetu | ıre | | | | | | |
| ate rar | 1930 Jahra dawalar Marlall | 10:- | | | | | | |
| | 1 1001 63 | AUN | | | | | | |



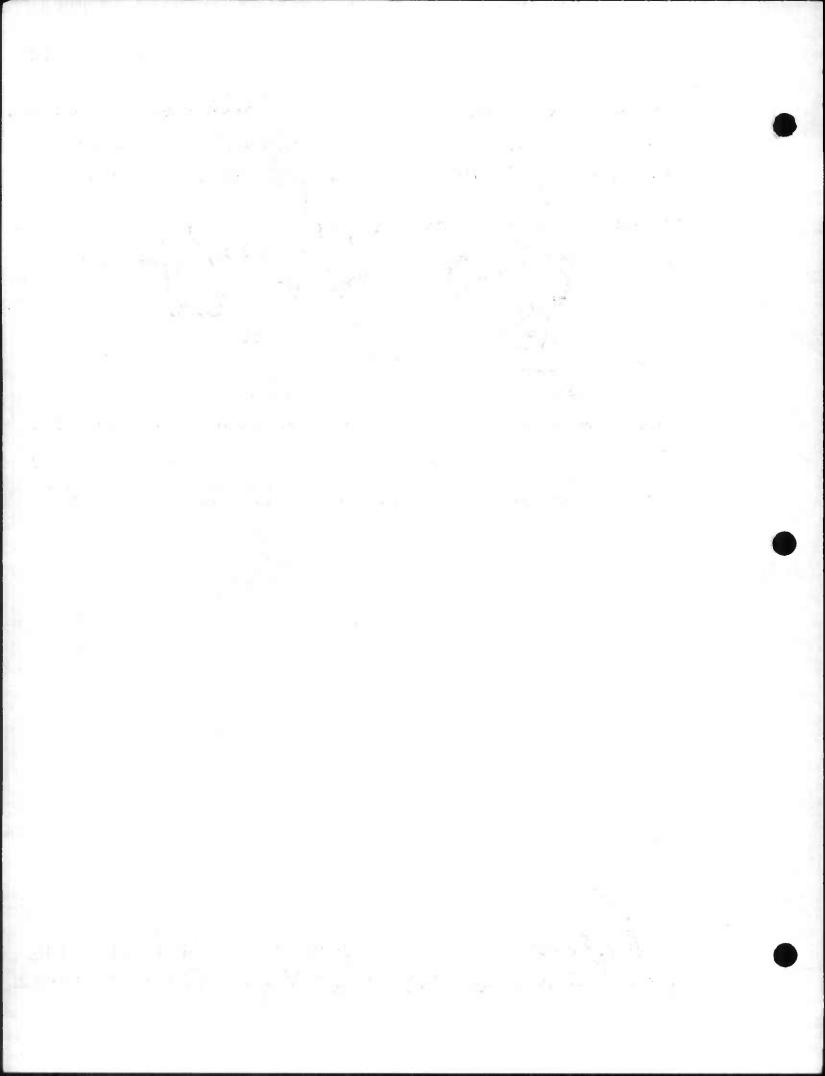
State of Maryland / Department of Health and Mental Hygiene 96 37321

| | | | | Ce | ertificate of | Death | R | eg. No. | 0 , | 07021 | |
|--|----------------|---|--|---|---|---|--|-----------------------------------|---|--|--|
| Dhool | . t | 1. Decedent's Neme (First, Middle, La | st) | | | | 2. Dete of Deet | th | Main | 3. Time of Deeth | |
| Physic /Med | | ERMA JONES | | | TRAVIS | | Nov. | 25 1996 | | 2:14 a | |
| Exam | | 4e. Fecility Neme (If not institution, give | | | | 4b. City, Town, or L | ocation of Deeth | 4c. County | of Deeth | | |
| | | The Memorial | | | | Easton | | Tal | bot | | |
| Funera Directo | _ | 5. Sociel Security Number 218-16-7429 Usuel Residence of Decedent | Sex 7. Age (In y | rs. last birthday Yrs. | s. last birthday) Yrs. If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. | | | Year) 1924 | | Birthplece (State or Foreign Country) IARYLAND | |
| yland mow | | 10e. Stete 10b. County | 10c. | City, Town or I | Location | | | | 1 | 0d. Inside City Limits | |
| Man H | to | MD TAL | BOT | EAST | ON | | | | | 1X Yes 2 No | |
| h the | Director | 10e. Street end Number | | | 10f. Zip Code | | 1 | 0g. Citizen of V | Whet Coun | try? | |
| h wit | <u>a</u> | 1070 N. WASHI | NGTON ST. | APT. | 404 21 | 601 | 10 | USA | | | |
| dea dea | Funeral | 11. Maritel Status | 12. Wes Decedent Ever in Armed Forces? | | | Hispenic Orlgin? (Spoen, Mexican, Puerto | pecify Yes or No- | 14. Rac | e - America | | |
| d within 72 hours after death with the Manyand jiene. If then "natural", or items 23a or 28a-f show the Manyand the most second exercises must be notified at | by | 1 Never Merried 2 Married 3 Widowed | 1 Yes 2 No If Yes, Give Yeer or Detes: | | 1 ☐ Yes 2 🗓 No | | Hican, etc.) | ck, White, over WI | etc. HITE | | |
| 72 h | Completed | 15. Decedent's Ed (Specify only highest gre | ducation | 16e. Dec | edent's Usuel Occu | petion | kina | 16b. Kind of Bu | usiness/Ind | lustry | |
| Page H | npie | Elementery/Secondery (0-12) | College (1-4or 5+) | life. | DO NOT use retire | during most of world) | (III) | | | | |
| od w | S | 11 | | C | COOK | | | CATE | ERINC | NG | |
| be filed tal Hygi d other | Be | 17. Fether's Neme (First, Middle, Last) | | | | 18. Mother's Nam | e (First, Middle, M | ie) | | | |
| should b and Ment marked | 2 | EARLE HADDAWAY | | | | SARAH | VIRGIN | IA JEF | FERSON | | |
| Maryiano d 2 should be file th and Mental Hy 7 Is marked othe traumatic event | | 19e. Informent's Neme/Reletionship (| | | | t and Number or Ru | | | | | |
| f end lealth m 27 ther tr | | HERBERT L. JON | | | 9 LONG | POINT RI | | | - | | |
| pontitions, Man yiello 2.1.2. permit. Pages 1 and 2 should be filed within Department of Haalth and Mental Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, ma any only. | | 20e. Method of Disposition XXBurial 2 Cremetion 3 C 4 Donetlon 5 Other (Specification 2) | Removel from State | Date 20c. Location - City or Town, Stete 211-27 EASTON, MD EIN & NEWNAM FUNERAL HOME FASTON MD 21601 | | | | | | | |
| Physician /Medical Examiner | Examiner | 23e. Pert1. Enter the diseese, or compshock, or heert feilure. List only Immediate Cause (Final disease or condition resulting in death) | e | ore (ores e conse | equence of): | | | | | Approximete Interval Between Onset end Deeth | |
| cata be executed physician and s the buriel-transit | | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury | Due to | (or es e conse | equence of): | | | | | | |
| 5 O 6 | Medical | thet initiated events resulting in deeth) Lest | Due to | (or es e conse | quence of): | | | | | | |
| as thet the death cer igned by the attendin be detached for use | by Physician | Port II. Other elections and distance | and the sales of t | | 23b. Did tobacco use contribute to the cau- | | | | | | |
| the ache | hys | Pert II. Other eignificant conditions of | ven in Pert I. | 230. Did to | the cause of death? | | | | | | |
| s thet | y P | Chore obstrut | |) pq 10 | abiy 4 Unknown | | | | | | |
| Iclan: The law requires the certificate has been signed rector, pege 2 should be d | Completed t | congestive heat | failure | | | 24e. Wes er perform | formed? eveileble pri | | re eutopsy findings pileble prior to inpletion of ceuse deeth? | | |
| The law ta has | Eo | 0 | | | | | 1□ Ye | s 20 No | 10 | Yes 2□ No | |
| | Be Co | 25. Wes cese referred to medical | | 28. Piace of Deet | h (Check only one | 1 | | 100 22 110 | | | |
| | 0 | exeminer? | Hospitel: Inpatient 2 | ☐ ER/Outpatie | ent 3 DOA Ot | nor: | | | er (Specify |) | |
| l or Attending Phys after death. Director: After this I in by the funeral di | tion: T | 27. Menner of Deeth 1. Netural 5 Pending 2 Accident investigation | ry et rk? | ? | | | | | | | |
| al or Attending P. s after death. if Director: After ti | Certification: | 3 Suicide 6 Could not be 4 Homicide determined | 28f. Location (Street and Number or Rural Route Number, City or Town, State) | | | | | | | | |
| To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in | edicai C | 29a. Certifier (Check only one) 12 Certifying Phyone | rsician: To the best of my kr iner: On the basis of exemir end menner steted. | nowledge, deel netion end/or Ir | th occurred at the timestigetion, in my o | me, dete and plece, opinion, deeth occur | end due to the ce red et the time, de | use(s) end ma ite end plece, e | nner as sta and due to | ited. the ceuse(s) | |
| To the To the comp | M | / / / / / | | | | | | | . Date signed (Month, Day, Year) | | |
| | | Jan 1 1 | lum ~ | 030 | 749 | | 11/25/ | 1/25/96 | | | |
| | | 30. Neme end address of person who d | completed cause of death (Ite | em 23e) (Type | , Print) | | | -17/5 | | | |
| | | DAVID G. OLIVE | R. M.D. 50 |) 3 DIIT | CHMAN'S | LANE. F | EASTON | MD 21 | 601 | | |
| Sta | ate | 31. Date filed (Month. Dev. Year) | 32 Benistrar's Sin | neture | | | | | | | |
| Regist | rar | NOV 25 | 1996 Delia | Davidson- | Randoll. | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | | | Cert | ificate | of | Death | | | Reg. N | 0. | | | |
|--|--|----------------|---|--|------------|--------------------|---------------------------|--------------------------|--------------------|-----------------------------|--|------------------------------------|---------------|--------------------------|----------------------------|----------------------------|-------------|
| | | 9.1 | 1. Decedant's Nama (First, Middla | Last) | | | | | | | | 2. Data of De | ath | | | 3. Time | of Death |
| Physic | | | Bessie Marie Toms | | | | | | | | | Month Novembe | | | Yeer | 1 | 10 P.M |
| | /Medi Examir | | 4a. Facility Nema (If not institution, | | | S | | | | 4b. City. To | | ocation of Deal | | | 4: | IU P.M | |
| | CXallill | ilet | | | | | | | | | | | | | | 1 1 | |
| | Comment | _ | College View 5. Social Security Number | Center 6. Sex | 7. Ane | (In yrs. last birt | thdav) | If Under 1 | l Yeer | If Under | eder | 8 Date of Bir | th | | reder | | or Foreign |
| | Funeral Director | | | | | | | | Min. | (Month, Di | (Month, Day, Year) Cou | | | | or Foreign | | |
| ter death with the Manyland Hema 23s or 28s-f show the nixel be notified at | | | Usuel Rasidanca of Dacedant | | 10 |)1 | | | | | | Aug. 1 | /, | 895 | Mary | land | |
| | and and | | 10a. Stata 10b. County | | | 10c. City, Towr | or Loca | ition | | | | | | | 10 | d. Inside | City Limits |
| | Aary Br | ŏ | Manual and Tour | | | PTI | | | | | | | | | | | s 2 No |
| | 288 He A | Director | Maryland Frede | rick | | Thurn | iont | 404 71 6 | 0 - 4 - | | | | 40. 0 | 41 44 | | | |
| | 50 | 급 | | | | | | 10f. Zlp C | | | | | 10g. C | itizan of V | Vhet Count | ry? | |
| | ath 23 | Funerai | 13709 Stafford | | | | | | 2178 | | | | | Stat | | | |
| | er de | S S | 11. Maritei Status | 12. Wes De Armed I | orcas? | | 13. We | es Deceda res, specif | ant of I fy Cub | Hispanic Or sen, Maxica | igin? (Sp n, Puarto | ecify Yas or No Rican, etc.) | > | | a - Amarica k, Whita, e | | |
| | P 9 | F | 1 Never Merried 2 Marrie | If Yas, C | | 0 | | Yas 2 | | | | | | Specify | | | |
| 21215-0020 | Jones John | d by | 3 🖾 Widowed 4 □ Divorced | Yeer or | Detas: | | | | 71 | | | | | opeony | Wh | ite | |
| 'n | rath 72 | Completed | 15. Decedant's Education 16e. Decedant's Usual ((Specify only highast grade complated) (Giva kind of work) | | | | | | | during mos | st of work | ing | 16b. l | Kind of Bu | siness/Ind | ustry | |
| 7 | filed within Hygiena. ther than " | du | Elemantary/Secondary (0-12) | Collega | (1-4or 5- | +) | lifa. DO NOT usa retired) | | | | | | | | | | |
| | 7. 6. 00 d | 00 | 7th | Experience of the control of the con | | | | | | | | | Clot | thing | | | |
| פ | Note in the last of the last o | Be | 17. Fathar's Name (First, Middla, L | ast) | | | | | | 18. Moth | ar's Nem | a (First, Middla | , Maida | n Sumam | a) | | |
| Maryland | Vent | 2 | | | | | | | | nma E | . Stam | baug | h | | | | |
| <u>a</u> | d 2 should be the and Mental the and Mental the Trians marked of traumatic ever | | 19a. Informant's Name/Raletionsh | lp (Type, Print) | | 19b. | Meiling | Addrass (| (Stree | | | al Routa Numb | | | State, Zip | Code) | |
| | 2 4 2 5 | | Edwin G. Marti | n, son | | 9 | 55 E | Eldor | ado | Ave. | C1e | arwate | r Be | ach. | Flor | dia | 34616 |
| Baltimore, M Baltimore, M Department of Health Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: If them 27 Important: Importan | - 2 2 5 | | 20e. Mathod of Disposition | | | 20b. Place of | Disposit | lon (Nama | a of | | | Deta | | | City or Tox | | ,,,,,, |
| | 80=8 | | 1X Burial 2 Cremetion | | Stata | | | tory or oth | | | 1 | 1/25/0 | | 11 | | | , , |
| | | | 4 Donation 5 Other (Sp. | | | Blue R | | | | | | 1/25/9 | | | | | |
| | De de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della com | | 21. Signature of Funeral Service thensee 22. Name end Address of Fecility Stauffer Funeral Home | | | | | | | | | | | Homes | , P. | A. | |
| | | | | | | | | | | | | | 788 | | | | |
| | | | 23a Part 1. Enter the disease or commontors that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval Between | | | | | | | | | | ite etween | | | | |
| | | | Onset end Death | | | | | | | | | | Death | | | | |
| | | Examiner | Immediate Cause (Final disease or condition Congestive hear) Carline | | | | | | | | | UN | 105 | | | | |
| | examiner | | resulting in death) Due to (or as a consequence off; | | | | | | | | | | Jacos | | | | |
| | n 85 | | | (0) | 7 % | MARIA | | 12 | te | non | 110 | 100 | | | - 4 | v | |
| | DI DI | | Sequentially list conditions | B. CC | · · | Oue to (or as a | enseque | mon off: | 210 | 7 | 100 | - Car | | | - | _ | |
| | tician and burtai-tran | EX | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying | | | | | | | U | | | | | | | |
| 68760 | physician the burla | edical | | | | | | | | | | | | | | | |
| 89 | enfilicate ling phys e as the | | resulting in death) Last | | | the in for an a-e | uriseque | rice or, | | | | | | | - 3 | | |
| | | \$ | | d | | | | | | | | | | | | | |
| ň | 100 | Physician | | | | | | | | | | , | | | | | |
| 0 | been signed by the should be detached | ys | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | | l. | 23b. Did tobacco use contributs to the cause | | | | | of death? | |
| 1 | od by deta | | | | | | | | | | | 1 □ Yes 25 No 3 □ Probably 4 □ | | | | | Unknown |
| Ś | requires man | by | | | | | | | | | | | | | | | 20100000 |
| Hecords | nean Jone | tec | | | | | | | | | | 24a. Was | an auto | opsy | ava | re autopsy liable prior | to |
| O I | N 50 CA | pje | | | | | | | | | | | | | of d | oplation of laath? | cause |
| - | 2 2 0 | Completed | | | | | | | | | | 10 | Yas 2 | No No | 1□ | Yas 2 | □ No |
| | certificate rector, pag | Bec | 25. Was case refarred to medical | | | | | | | 26 Piace | e of Deat | h (Check only | | 1 | | | |
| > : | | 0 | axaminar? Hospital: Other: | | | | | | | | | me 5 Resi | | 6 DOth | ar /Specify | 1 | |
| | | F :: | 27. Mannar of Death | 28a, Data | of Injun | / 28b. T | | | c. Inju Wo | | - 7 | 28d. Dascribe | | | | / | |
| ה ק | Attending or death. octor: After by the funer | ţ | 1 Natural 5 Panding | | nth, Day | Year) Ir | ijury | М | | | No | | | | | | |
| S | death. ctor: Al | lica | 3 Sulcide 6 Could not be Co. Short this sale of the Co. | | | | | | | - | 28f. Location (| Street a | nd Numh | er or Burei | Pouts Nu | mher | |
| Jivision | Dire in b | Certification: | 4 ☐ Homicida datarmir | build | ling, atc. | (Specify) | iii, atiea | i, raciory, | OHIOO | | 1 | City or To | wn, Star | ta) | or or rigida | 710010 740 | noor, |
| - 1 | ours Filled | | 29a. Certifiar 17 Certifying | D | | | | | | | | | | | | | |
| 2 | Fun Fun tely | edicai | 29a. Certifiar (Check only one) 1 ✓ Certifying 2 ☐ Medical E | Physician: To the camfner: On the | pasis of e | examination and | Vor Invas | stigation, in | n my o | ma, date ar opinion, das | id place, ith occurr | and dua to tha red at tha tima, | date ar | s) and ma nd place, a | nner es sti and dua to | ited. tha cause | (s) |
| 4 | within 24 hours after death To the Funeral Director: completely filled in by the | Med | 29b. Signature and title of certifier | and ma | nnar stat | θα. | | | | | | | | | | | |
| F | \$ P 8 | | A 1100 | | | | | 290. | Lican | se number | ~ - | | 290. D | ata signer | d (Month, L | uy, Year) | 100 |
| | | | Pullon | | | | | 1 | 2 | 165 | 16 | | 10 | Α. | 21 | 19 | 96 |
| | | | 30 Name and address at person | he completed cau | sa of da | ath (Item 23a) (| Type, Pri | int) | | -1 | ^ ^ | | 70 | 4.2 | | | |
| | | | HRAJ, 6 | ilson | M | 14 | 12 | TA | Wi | E Y | HV | e [| KI | < P | M | 510 | 202 |
| | Sta | ite | 31 ate filed (Month, Day, Year) | 32. | R gistra | Signatura | 0 . | | 1 | | 1 | | | | | | |
| | Registr | ar | NOV 2 5 | 1996 | 1200 | TO KURTUMAN | ardal | 4 | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death Month **Physician** 10 PM ALFRED **TAVARES** 19, 1996 November /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2225 Wetherburne Way Frederick Frederick If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. iast birthday) Birthplace (State or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Months 1**K** M 2□ F Yrs Director 023-26-7657 62 Dec. 2, 1933 Massachusetts Usual Residence of Decedent with the Marylend 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at ¥ Yes 2 No Directo Maryland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 2225 Wetherburne Way 21702 United States Pages 1 and 2 should be filed within 72 hours after death vent of Heelb and Mental Hyglene.
Int. If Item 27 is marked orther than "natural", or Items 23 ury or other traumatic event, the Medical Exempter must ury or other traumatic event, the Medical Exempter must Funeral 12. Wes Decedent Ever In U,S. Armed Forcas?

1 28 Yas 2 □ No 1959—
1 Yes, Give Yaar or Datas: 1965 14. Race - American Indian, Black, White, atc. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced white 1965 Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) U.S. Gov't Engineer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) 2 Dr. Charles Mello Tavares, Sr. Maria Nascimento DeLuz 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Barbara Tavares/ WIFE 2225 Wetherburne Way, Frederick, Maryland 21702 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date permit. Pages
Department of
Important: If it
sny injury or c 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Olivet Cemetery 11/23/96 Frederick, MAryland 21. Signature of Funarai Sarvica Licansee 22. Nama and Addrass of Facility Stauffer Funeral Home 1621 Opossumtown Pike, Frederick, MD 23a. Part1. Enter the disaasa, or complications that caused the death. To not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betwo Onsat and De **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Due to (or as e consequence of) Examiner The law requires that the death certificate be axecuted attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of) signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes page 2 1 ☐ Yes 2 ☐-No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: funeral director, 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Presidence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA After this Certification: 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1. Netural death. 1 ☐ Yes 2 ☐ No 2 Accident after deat Director: 3 Suicide 8 Could not be 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as stated. 29a. Certifier To the Hosp within 24 hou To the Fune completely fil edicai (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titia of cartifier 29c Licansa number 29d. Date signed (Month, Day, Year) 30 Neme and address of person who completed cause of death (Item 23a) (Type, Print) Robert , Frederick, HA 700 MB Honte hum 31. Date filed (Month, Day, Year) NOV 25 32 Hogistrar & Significant Randall State

Registrar

State of Maryland / Department of Health and Mental Hygiene

37324

| | | | | | | | Ce | ertificat | e of | Death | | | Reg. No. | | 01064 | | |
|-------------------|---|----------------|--|---|--------------------|---|---|--------------|------------|---|------------|---------------------------------|--|-------------------------------|--|--|--|
| | | | 1. Decedent's Nem | e (First, Middle, L | ast) | | | | | | | 2. Dete of De | | - COLU | 3. Time of Death | | |
| | Physic | | PAUL WII | LIAM TRE | EPTOW IT | Т | | | | | | Month NOV. | 2.5 | 1996 | 12:13PM | | |
| 1 | /Medi Exami | | PAUL WILLIAM TREPTOW III 4e. Facility Name (If not institution, give street and number) | | | | | | | 4b. City, To | own, or Lo | ocation of Deet | | | 12.13111 | | |
| | E Admi | ilei | N.I. | | | | | | | PPT | HESD | ٨ | | ONTGO | Merov | | |
| - | | - | 5. Sociel Security N | | NICAL CE | | s last hirthde |) If Under | r 1 Yeer | If Under | | 8. Dete of Bir | | | | | |
| п | Funeral Director | | 451-08-8 | | 15 M 2□ F | 43 | Months De | | | Hours | Min. | JULY 8 | y, Year) | Cour | Birthplece (State or Foreign Country) | | |
| | Director | | Usuel Residence of | | | 43 | 43 | | | | | JULI 0 | , 1953 | 1 | TEXAS | | |
| | Pue le le le le le le le le le le le le le | | 10a. Stete | 10b. County | | 10c. C | City, Town or L | ocation | | | | | | 1 | IOd. Inside City Limits | | |
| | Menylen f show | ō | | | | | | | | | | | | | 1 ☑ Yes 2 ☐ No | | |
| | 28s | Director | TX. TRAVIS AUSTIN 10e. Street end Number 10f. Zip Code | | | | | | | | | | 10g. Citizen of Whet Country? | | | | |
| | with a | ā | 10. 2ip Code | | | | | | | | | | | | | | |
| | * 23 | Funeral | 11. Meritei Stetus 12. Wes Decedent Ever in U.S. 13. | | | | | Was Davi | | 78749 | | 4 | V.S.A. | | | | |
| | ther de | S | 11. Meritei Stetus | and MITO belowing | Armed Fo | rces? | 0,5. | if Yes, spe | cify Cub | an, Mexica | n, Puerto | ecify Yes or No Rican, etc.) | Black, White, etc. | | | | |
| 21215-0020 | urs after death with the Meryle et', or frems 23s or 28s-f show Exercitive mast be noutled at | by F | | ed 2/2 Married | 1 Yes | /8 | | 1 🗆 Yes | 2 💢 No | Specify | : | | | | | | |
| | | | 3 = 771051100 | 3 Wildowed 4 Divorced Yeer or Detes: | | | | | | | | | WHITE 16b. Kind of Business/Industry | | | | |
| 15 | d within 72 ho jene. r than "natur me wed cal | Completed | (Spec | 15. Decedent's E ify only highest gr | ede completed) | ted) 16a. Decedent's Usuel O (Give kind of work of life. DO NOT use r | | | rk done | during mos | st of work | ing | 100. Kind of b | usiness/ind | dustry | | |
| 12 | within in than "r | E | Elementary/Secondery (0-12) College (1-4or 5+) ENTOMOLOG | | | | | | | | | | AGRICULTURE | | | | |
| 2 | filed with Hygiene. ther than | | 17. Fether's Neme (| First Middle I as | | + | ,54 | 11 02301 | TOOT | | or'e Neme | /Eiret Middle | AGRICOLIURE a, Meiden Sumeme) | | | | |
| an | S is b | Be | | | | | | | | TO. IVIOLIT | | | | | | | |
| 3 | should be and Mental americal or | 2 | PAU | | | REPTOW | | | | | | CQUELYN | | RESMA | | | |
| Maryland | 200 | | 19e. Informant's Ne | | | | | | s (Street | end Numb | er or Run | ai Route Numb | er, City or Town | State, Zip | i Code) | | |
| imore, | E = N = | | MARIEL | | Prow/wi | | | SAME AS | | | ITEM #10 | | | | | | |
| | 200 | | 20e. Method of Disp | | Removei from Stete | | Pleca of Disposition (Neme of cemetery, cremetory or other p | | | piece) | | Dete | 20c. Location | 20c. Location - City or Town, | | | |
| | Pag ury | | | 5 ☐ Other (Speci | | GLENWO | LENWOOD CEMET | | | ERY 1 | | BEEVILLE | | TEXAS | | | |
| | permit. Pag Department Important: If any Injury o | | 21. Signature of Funeral Service Licensee 22. Neme end Address of F | | | | | | | | | of Fecility | | | | | |
| | Ded year | | W. W. CHAMBERS CO., RIVERDALE, MD. 20737 | | | | | | | | | | | | | | |
| | _ | | 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate | | | | | | | | | | | | | | |
| | Physician | Examiner | shock, or heart feilure. List only one ceuse on each line. Intervet Between Onset end Death | | | | | | | | | | | | Onset end Deeth | | |
| | /Medical | | immediate Cause (Final MILLY OCCION SCISTE STANDING | | | | | | | | | 10 10.10 | | | | | |
| | Examiner | | immediate Cause (Final disease or condition resulting in death) e. Multiorgan system failure Due to (or es a consequence of): b. Non Hodgkins lymphoma Sequentially list conditions. Due to (or es e consequence of): | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | uted | | Non Hoaquins lymphoma 19 month | | | | | | | | | | | 1 1 monin | | | |
| - | certificate be executed iding physician end ise as the burial-transit | Exa | if eny, leading to im | nditions, mediete | | Due to | (or es e conse | equence or): | | | | | | i I | | | |
| 68760, | sicia burl | | Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events the country of the country | | | | | | | | | | | | | | |
| 89 | ufficate g phy as the | Medical | resulting in deeth) L | | | 1 | | | | | | | | | | | |
| XO | | | | | d | | | | | | | | | | | | |
| ă | death de etten | Ca | 5 . 11 . 211 | | | | | | | | | = A | | | | | |
| P.O. | es that the death igned by the ette be detached for | Physician | Pert II. Other eignifi | cant conditions | contributing to de | eath but not re | sulting in the | underlying o | ause gh | ven in Pert | l. | | _/ | | the cause of death? | | |
| | that ed by deta | | | | | | | | | | | 10 | bably 4 Unknown | | | | |
| ds | lew requires that the as been signed by the s 2 should be detache | d by | | | | | | | | | | 24a Waa | on outonou | 24h W | ere autopsy findings | | |
| Ö | v require been si should I | Completed | | | | | | | | | | perfo | 24e. Was en eutopsy performed? | | evallable prior to completion of cause | | |
| of Vital Records, | has t | | | | | | | | | | | | | | death? | | |
| = | t ag | | | | | | | | | | | 150 | Yes 2 No 1 Yes | | ⊒Yes 20000 | | |
| /ita | Physician: The this certificate real director, page | Be | 25. Was case referr | ed to medical | | | | | | 26. Piec | e of Deetl | Check only o | ne) | | 1 | | |
| - | yalo iis ce dire | 2 | 1□ Yes 2□ | No | Hospitel: | npatient 2[| ☐ ER/Outpatie | ent 3 DC | DA Oth | ner: 4 N | ursing Ho | me 5 Resid | dence 6 Oth | er (Specif | y) | | |
| 0 | g Ph ler thi | | 27. Menner of Deeth | | 28e. Dete | of Injury th, Dey Year) | 28b. Time | of 2 | 28c. Injui | ry et | | 28d. Describe | e how injury occurred | | | | |
| Division | Attending Isr death. | Certification: | 1158Neturel 2 ☐ Accident | 5 Pending Investigation | | ., 20,, | n ija. y | М | | Yes 2□ | No | | | | | | |
| N S | of or Attend after death Director: / | iffe | 3 Suicide 6 Could not be determined 28e. Plece of injury - At home, farm, street, fectory, building, etc. (Specify) | | | | | | y, office | | | | cation (Street and Number or Rural Route Number, | | | | |
| | a after |)er | 4 El Homicide | | Dulida | ng, etc. (Spec | ary) | | | City or Town, State) | | | | | | | |
| | Applit houn mera y fille | | 29a. Certifier | 12 Certifying Pi | nyelclen: To the | best of my kn | owledge, dee | th occurred | at the tir | me, dete er | nd place, | end due to the | cause(s) end m | anner as s | tated. | | |
| | To the Hospital or within 24 hours after To the Funeral Dir completely filled in | edical | (Check only one) | 2∐ Medical Exa | miner: On the be | esis of exeminates and states. | etion end/or i | nvestigetion | , in my o | my opinion, deeth occurred at the time, date end plece, end due to the cause(s) | | | | | | | |
| | Withir To th comp | Me | | | | | | | | icense number 29d. Dete signed (Month, Day, Year) EGN MD18992 11/26/96 | | | | | Day, Year) | | |
| | | | | | | | | | | | | | | |) | | |
| | 1 | | 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) | | | | | | | | | | | | | | |
| | 15 | | Catherin | A . 1 | 1 | . D | | | 777.7 | г рти | F P | FTHECDA | , MARYL | AND | 20892 | | |
| | 1 | | 31. Date filed (Mont | | | | | | 4 TPP | r IIV | Ω و س | TITEOUR | , right L | TITIE | 20072 | | |
| | Sta Registi | | 16 K 1 10 100 | | | | | | | | | | | | | | |
| | | | 110 4 | M 1 1330 | 7 | | • | | | | | | | | | | |

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| | | | | | | Cer | tificate o | Death | | Reg. No. | | | | |
|---------------------|--|--|--|--|--------------------|---|---|---|--|------------------------------------|--------------------------|---|--|--|
| Г | Physic | ian | Decedent's Name (First, Middle, I | | 2 | | | | 2. Dete of De Month | eath Dsy | Year | 3. Time of Death | | |
| 4 | /Medi | | ROBERT IGNAT | | | | | | Nov. | 18, 1 | 996 | 6:20 PM | | |
| | Examii | ner | 4a. Facility Nama (If not institution, g Citizens Nursing | | | | | 4b. City, Town, or Freder | ick | freder | | | | |
| | Funeral Director | | 220-30-9434 | Sex 7. Ag | e (In yrs. last b | oirthday) Yrs. | If Undar 1 Yaa Months Day | | 8. Date of Bi (Month, Di June 1 | rth ay, Year) 0, 1907 | 9. Birthp Cour Mar | place (Stata or Foreign http:) yland | | |
| | pue * | | Usual Residence of Decedant 10a. State 10b. County | | 10c. City, To | wn or Loc | ation | | | | | 0d. inside City Limits | | |
| | f sho | ō | Maryland Freder | cick | Frede | | | | | | | 1. Yas 2 No | | |
| | the 1 | Directo | 10e. Street and Number | ICK | rrede | LICK | 10f. Zip Code | | | 10g. Citizen of V | What Cour | ntrv? | | |
| | ath with the Marylen 23a or 28a-f show | | Rosemont Avenu | ie | | | 2170 | 12 | | U.S.A | | | | |
| 020 | within 72 hours effer death with the Maryland ene. than "natural", or items 23e or 28e-f show he Medical Examinet must be notified at | by Funeral | 11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Armed Forces? 1 Yes 2 1 if Yes, Give Year or Dates: | | | /as Dacedant of Yes, specify Cu ☐ Yes 21 No | Hispanic Origin? (S ban, Mexicen, Puer Specify: | Specify Yes or No to Rican, etc.) | 5- 14. Rac Blac Specify | ck, White, | | | |
| 9 | 2 hou | | 15. Decedent's | Education | 16 | a. Decede | ent's Usuai Occ | upation | White 16b. Kind of Business/Industry | | | | | |
| Maryland 21215-0020 | within 72 ho iene. r than *natur | Completed | (Specify only highest g Elementary/Secondery (0-12) | rade completed) College (1-4or t | 5+) | (Give k | ind of work don O NOT use retii | e during most of wo | orking | | | | | |
| 21 | TION | Соп | 5 | | | | Farmer | | | Farmi | | | | |
| pur | o d a d | Be | 17. Fether's Name (First, Middle, Last | * | | | | | other'a Name (First, Middle, Maiden Sumame) | | | | | |
| ž | d 2 should be th and Mental 7 is marked or traumatic eve | 10 | William Henry Ti | | | | | | lice Top | | | | | |
| Ma | d 2 is | | 19a. informant's Neme/Relationship Mary E. Keepers/ | | | 19b. Malling Addresa (Street and Number or Rural Route Number, City or Town, State, Zip Coo. 527 Lee Place, Frederick, Maryland 21702 | | | | | | | | |
| | - 3 E 4 | | 20a. Method of Disposition | 2008 | 20b. Place | of Dispos | Ition (Name of | | Data Data | 20c. Location - | | | | |
| OE | Pages nent of I ant: If its ary or o | | 1 \$\infty\$ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Special) | ☐Ramoval from Stata | | - | hs Ceme | | 11/21 | Emmitah | | Maryland | | |
| Baltimore, | permit. Pages Department of Important: If it any Injury or once. | | 21. Signature of Fuelgral Service Co | | N- | ROB | Name and Add ERT E. | pass of Facility DAILEY & | & SON FUNERAL HOMES, P.A. | | | | | |
| | | | 23a. Part Enter the disease or co shock, or heart failure. List on | COLUMN CAUSE | death Do | 120 | 1 NORTH | MARKET S | ST. FRED | ERICK, M | D 21 | 701 Approximate Interval Between | | |
| | Physician /Medical Examiner | iner | Immediate Cause (Final disease or condition resulting in death) | a Cano | Due to (or as a | | | | | | | Onset and Death | | |
| | and I-trans | хаш | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying | | | | | | | | | | | |
| 68760, | tificate be executed ig physician and as the buriel-transit | Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Box (| n certif anding use a | an/M | | d | | | | | | | | | | |
| | death ce he attendii hed for use | Physician/N | Part II. Other significant conditions | contributing to death b | ut not resulting | in the unc | deriying cause g | iven in Part i. | 23b. Dld | tobacco use co | ntribute to | the cause of death? | | |
| P.0. | hat the ed by the detache | | Dementica | | | | | | 10 | Yes 2□No | 3 Pro | bably 45 Unknown | | |
| Records, | w requires that the death cer been signed by the attendin should be detached for use | Completed by | | | | | | | | an autopsy ormed? | av | ere autopsy findings allable prior to mpletion of causa death? | | |
| Re | The lew ate hes t page 2 s | omo | | | | | | | 10 | Yes 28 No | | Yes 2□ No | | |
| Vital | delan: The | Bec | 25. Was case referred to medical | | | | | 26. Place of De | eth (Check only | 200 | | | | |
| of V | Physician: this certific ral director, | To | examiner? | Hospitai: | nt 2 ER/C | Outpatient | 3□ DOA O | ther: 45 Nursing I | Home 5□ Res | dence 6 Oth | er (Specif | y) | | |
| ion c | Attending PI or death. | | 27. Manner of Death 1 Natural 5 Pending 2 Accident invastigati | | ry y Year) 28b. | Tima of Injury | 28c. Inj W M 1 [| uryat ork?]Yes 2 ☐No | 28d. Describe | how injury occur | red | | | |
| Division | s efter de l Directe d in by t | 27. Manner of Death 1/1 Netural 5 Pending Invastigation 2 Accident 3 Suicide 4 Homicide 2 Homicide 2 Accident 4 Homicide 2 Homicide 2 Accident 4 Homicide 2 Homicide 2 Accident 4 Homicide 2 Accident 5 Pending Invastigation 8 Could not be determined 2 Accident 4 Homicide 2 Accident 5 Pending Invastigation 8 Could not be determined 2 Accident 5 Pending Invastigation 9 Accident 9 Accid | | | | | | | 28f. Location (Street and Number or Rural Route Numb City or Town, State) | | | il Route Number, | | |
| | To the Hospital or Attending F within 24 hours effer death. To the Funeral Director: After completely filled in by the funer | 29a. Certifler (Check only one) 29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and pia 2 Msdical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and pia and manner stated. | | | | | | | | cause(s) and ma date and placa, | nner as s and due to | fated. o the cause(s) | | |
| | To the To the company | M | 29b. Signatura and titla of certifiar | (Aple) | 2 | | 29c. Licer | sa number | | 29d. Data signe Novembe: | | | | |
| | | | 30. Name and address of person who Lloyd E. Halvors | | | | • | ederick, | Mary1an | nd 21701 | | | | |
| | Sta Registr | | 31. Date filed (Month, Day, Year) | 32. Registra | ar's Signature | | | | | | | | | |
| | negisti | ai | NUV 2 1 | 996 | Davidson | March | 161 | | | | | | | |

1, or 1000 to \$1.4 Kill

Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

37326

| | | | | | | Ce | rtificate of | Death | | Reg. No. | | | |
|----------------------------|--|--|---|--|-----------------------------------|------------------------|--|--|---|------------------------------------|-------------------------|---|--|
| | | | 1. Decedent's Name (First, Middle, | Last) | | | | | 2. Date of De | ath | 40.00 | 3. Time of Death | |
| | Physic /Medi | | Hanford | Lee | | | Tregon | inσ | Novembe | r 19, 1 | Yeer 996 | 6:39 AM | |
| | Exami | | 4a. Facility Name (If not institution, | give street end nun | nber) | | | 4b. City, Town, or | | | | 0.22 710 | |
| | | | Frederick | Memorial | Hospit | :al | | Frederi | | | deric | k | |
| | Funeral Director | | 5. Sociel Security Number 212-24-6506 Usual Residence of Decedent | 6. Sex 1 M 2 □ F | 7. Age (In yrs. 70 | lest birthdey) Yrs. | If Under 1 Year Months Days | | 8. Dete of Bir (Month, De Sept. | th ly, Year) 29,1926 | Cour | piece (State or Foreign htty) 'yland | |
| | hend w | | 10a. Stete 10b. County | | 10c. Ci | ty, Town or Lo | ocation | | - | | 1 | IOd. Inside City Limits | |
| | Mary Feb | tor | Maryland Frede | rick | | Frede | rick | | | | | Yes 2□No | |
| | h the | Director | 10e. Street and Number | | | | 10f. Zip Code | | | 10g. Citizen of V | Vhat Cour | ntry? | |
| | th wit | | 355 Montevue | Lane | | | 217 | 02 | | United | Sta | tes | |
| Maryland 21215-0020 | permit. Pages 1 end 2 should be filed within 72 hours effer death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "hatural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinet must be notified at 2006. | by Funeral | 11. Maritel Stetus 12 Never Married 2 Marrie 3 Widowed 4 Divorced | 12. Was Dece Armed For d 1 Yes If Yes, Give Year or Da | ces? 2 No | | Was Decedent of It Yes, specify Cut 1 ☐ Yes 2 2 No | Hispenic Origin? (S ben, Mexican, Puerl Specify: | pecify Yes or No o Rican, etc.) | | ck, White, | | |
| Ö | 2 ho | ted | 15. Decedent's | | | | dent's Usual Occu | | data = | 16b. Kind of Bi | | | |
| 21 | ithin 7 | Completed | (Specify only highest Elementary/Secondary (0-12) | College (1- | -4or 5+) | life. | DO NOT use retin | during most of wor ed) | King | | | | |
| 12 | hoer th | | | _ | | | | 1 | 70.000 7.100 | | | | |
| anc | ntai H od ott | Be | 17. Father's Name (First, Middle, L Charles | Howard | | Ткос | oning | 18. Mother's Nar | ne <i>(First, Middle,</i> .dred | | | | |
| Ž | should ind Men | P | 19a. Informant's Neme/Relationshi | | | | | | | | lles | niv. | |
| Σ | d2 s th en trau | | | | d = 1 = | | | of end Number or Ru | | | | | |
| re, | Health Health tem 27 | | Doris Tregoning 20a. Method of Disposition | | 20b. F | Place of Dispo | sition (Neme of | | Date | erick, Mc 20c. Location - | | 21701 own, Stete | |
| JO T | Pages nent of h ant: If ite | | 1 Burial 2 Cremation 3 | | TATA | | netory or other ple Hope Cem | | 1-22-96 | Woodsho | ro.M | arvland | |
| altimore, | artm ortan | | 21. Signature of Funeral Service Li | | | | - | ess of Fecility St | | | | | |
| ũ | Departri Departri Importa any Inje | | 2 | 101 | _ | | | | | | | | |
| | Physician | | 23a. Part1 Epter the disease, or c shook or heart failure. List o | omplications that can be on each one cause on each | used the deat ach line. | th. Do not ent | er the mode of dy | SSUMTOWN Ing, such as cardiae | or respiratory a | rederick rrest, | , MG | Approximate Interval Between Onset and Deeth | |
| | /Medical Examiner | | Immediate Cause (Final disease or condition resulting in death) | a. MY | OCARI | | | RCTION | | | die Anderson | 11.19.96 | |
| | | ner | | CA | RDIA | or as e consec | RREST | | | | - | 11.19.96 | |
| | nd ransi | Examiner | Sequentially list conditions, if any, leading to immediate | b | | or es a consec | - | • | | | | | |
| 0, | s axe | | if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | H | 1PER | TEN | SION. | | | | į | 1988 -> | |
| ox 68760, | leeth certificate be axecuted attending physician and I for use as the buriel-transit | //Medical | that initiated events resulting in death) Last | d | Due to (o | or as a conseq | uence of): | | | | | | |
| m | that the deeth ed by the atter detached for u | Physician/ | Part II. Other significant condition | e contribution to do | ath hut not roo | uiting in the u | ndodulna anuna a | han in Post I | 20h Did | tohanan una an | - dedda a da da | the cause of death? | |
| P.O. | by the | hys | | 1 | | | nderlying cease g | Well wit Perf I. | | | | bably 4 Unknow | |
| ů, | s tha | by P | PARKINSON | ع الله | SEAC | E. | | | | | 0 | | |
| Division of Vital Records, | s been s | Completed | PASSIVE | AGER | ess | IVE | BEHA | VIOR. | 24e. Was perfo | an autopsy rmed? | CO | ere autopsy tindings allable prior to mpletion of cause death? | |
| <u> </u> | The ate h | Con | | | | | | | 10 | Yes 20 No | 10 | ☐Yes 2☐ No | |
| /ita | ysician: The s certificate director, pag | Be | 25. Was case reterred to medical examiner? | | | | | 26. Place of Dea | ith (Check only o | ne) | | | |
| 5 | physic this c | 70 | 1 ☐ Yes 2 ☑ No | | | ER Outpatier | I 3LI DOA | | ome 5 Resid | | | y) | |
| lon | After fune | 27. Menner of Death 1 Death 28a. Dete of Injury 28b. Time ot Injury 28c. Injury 28c. Injury 28d. Month, Day Year) 28b. Time ot Injury World 1 Death 28c. Injury World 1 Death 38c. Injury World 1 Death | | | | | | | | | | | |
| DIVIS | | Certification: | 3 Suicide 6 Could no determin | ed 256. Placa (| ot Injury - At higg, etc. (Specif | ome, farm, str | eet, factory, office | | 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) | | | | |
| | To the Hospital or within 24 hours after To the Funeral Dir completely filled in | 29a. Certifier (Check only one) 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and control of the cause (s) and | | | | | | | | cause(s) and ms date and place, | nner as s and due to | tated. o the cause(s) | |
| | To the within 2 To the comple | M | 29b. Signeture end title of certitier | ha Be | lam' | | _ | se number 26 3- | 7 | 29d. Date signe | d (Month, | | |
| | | | 30. Name and address of person w | no completed cause | of death (Item | n 23e) (Tyne | Print) | | 1 | | | | |
| | | | 198 THOMAS | JOHN: | | DR, | ZUITEH | H04, F | REDERI | CK, M | レーニ | 21702 | |

State Registrar

31. Date filed (Month, Dey, Year)

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

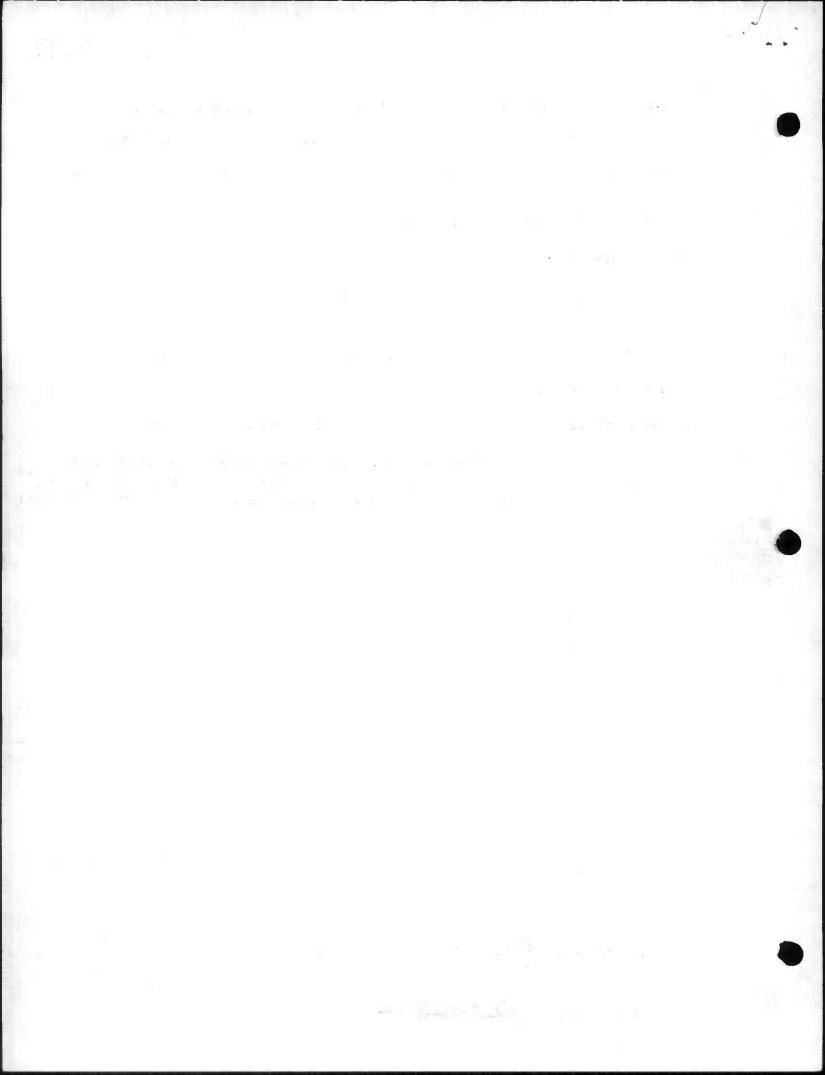
| | | | | | C | ertificate of | Death | Re | g. No, | | |
|------------------------------------|--|-----------------|---|--|--|---|--|--|--------------------------------|---------------------------|--|
| | Physic | ian | 1. Decedent's Neme (First, Midd | | | | | 2. Data of Deeth Month | Dev | Yeer | 3. Time of Death |
| | /Medi | | WILBERT | PHILIP | | WILLIAM | S | NOVEMBER | 22, 1 | 996 | 1:35 PM |
| | Exami | | 4e. Fecility Name (If not institution 8357 FOREST D | | er) | | 4b. City, Town, or UPASADENA | ocation of Deeth | 4c. County ANNE | | DEL |
| | Funeral Director | Г | 5. Social Sacurity Number 214-24-5726 | 6. Sax 1 X M 2 ☐ F | Aga (In yrs. last birthda 66 Yrs. | y) if Undar 1 Yaa Months Days | | 8. Deta of Birth (Month, Dey, 12-7-192 | | | olaca (Stete or Foreign ntry) YLAND |
| 2 | 2 * | | Usuel Residence of Decedent 10e. State 10b. Count | | 10c. City, Town or | Location | | | | | |
| backrew att the Mandage | show | 5 | | | | | | | | 1 | 0d. Inside City Limits 1 ☐ Yas 2 ☒ No |
| 9 | 28 a | Director | MARYLAND ANNE | ARUNDEL | PASADEN | A 10f. Zip Code | | 10 | g. Citizen of | Affron Cour | |
| dia. | 3a or | | 8357 FOREST DI | D T 17E | | 21122 | | | U.S.A | | itiy r |
| 100 | E 2 | Funeral | 11. Maritai Status | 12. Wes Deceder | nt Ever in U,S. 13 | | Hispenic Origin? (S) ben, Mexican, Puert | pecify Yes or No- | - | a - Americ | ean Indien, |
| 21215-0020 | 14 | by | 1 Never Married 2 Me | If Yes Give | s? No 1947-1967 | if Yas, specify Cu 1 ☐ Yes 2 🛣 No | | Rican, atc.) | Specify | ck, White, | etc. NHITE |
| 5-0 2 | "natural", o | Completed | | nt's Education ast grade completed) | | edent's Usuai Occu | ipetion a during most of work ad) | kina 1 | 6b. Kind of B | usiness/In | dustry |
| 2121 | r than | mple | Eiementery/Secondery (0-12) | College (1-4o | ir 5+) | DO NOT use retir | ed) | ung . | | | |
| | 1 0 1 | | 12 | 0 | | MACHINIST | | | | HINER | Y |
| Maryland | d day | Be | 17. Fether's Neme (First, Middle | | | | | ne (First, Middle, M | a <i>iden Sum</i> en | | Thursday) |
| aryla should | marked | 10 | PHILIP J. WII | chin (Type Print) | 19b Ma | iina Address (Stra | EDNA et end Number or Ru | rai Parda Mumbar | City of Town | | UNKNOWN) |
| , Ma | 200 | | PHILIP C. WILL | | | | | | | | (000) |
| ē, - | if Item 27 in or other tra | | 20e. Method of Disposition | | 20b. Place of Disp | position (Neme of | DRIVE, PAS | | D 2112. Oc. Location - | | wn, Stete |
| OE G | mt: if it | | 1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (| | e | emetory or other place. KE CREMAT | | 11/23/96 | ם בים | CUTTI | LE, MD |
| Baltimore, | F & 3 | | 21. Signeture of Funerei Service | | | 22. Name and Add | ace of Encility | | | | N BURNIE, |
| n § | Depa impo | | 2/1-1 | 015 | // / | TNGT PROM | FUNERAL H | | . S.W. | | YLAND 2106 |
| | hysician | | 23e. Pert1. Enter the diseese, or shock, or heert feilure. Lis | r complications that cause on each | the deeth. Do not e | nter the mode of dy | ing, such es cardiec | or respiretory erres | | | Approximate Interval Between Onset and Death |
| | /Medical xaminer | | immediete Ceuse (Finel disease or condition rasulting in deeth) | . Mile | ellina | 1 8001 | undia | in 16ho | A Sea | K | -7 2m |
| | | Je. | | ACA | Due to (or es a cons | equenca of): | 1 (11 | 110 | inga | eso | an. |
| cuted | ransit | ami | Sequentially list conditions | b | Dua to (or es e conse | 9 | - Con | | | i | |
| , e | ian ar urial-t | EX | Sequantially list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Disease or Injury |) | | | 0 | | | | |
| C 55/50, | physician and s the burial-transit | edical Examiner | that initieted events resulting in deeth) Last | С | Dua to (or as a conse | equance of): | | | | | |
| | 0 8 | 5 | Party of the Party of the | d | | | | | | 1 | |
| DOX | attendir for use | lan | | | | | | | | | |
| hat the G | igned by the attendi | Physician/ | Pert ii. Other signiffcant conditi | ons contributing to deeth | but not resulting in the | underlying cause g | iven in Pert i. | A A | | ntribute to | the cause of death? |
| T te | a deta | by Pr | COPD. | | | | | 1 (30res | 8 2 No | 3 Proi | bably 4 Unknows |
| The law requires that the death ce | gis un | | 741 | | | | | 24e. Wes en | | 24b. We | ere eutopsy findings |
| 0 8 | as been s | Completed | 219 | | | | | perform | ed? | CO | allabia prior to mpletion of cause deeth? |
| T el | ta has | E | Partires | mehana | I regle | LAD . | | 1□ Yes | à D No | | Yes 2□ No |
| <u> </u> | | Bec | 25. Wes case referred to medica | al l | 100 | 7 4 | 26. Placa of Dea | th (Check only one | 7 | | |
| ysici | directed | To | axaminer? 1 ☐ Yes 2 ☑ No | Hospital: | tient 2 ER/Outpetic | ent 3 DOA | hor | oma 5 🖾 Residen | | er (Specif | y) |
| VISION OF VITA | eath. cor: After this certificate he the funeral director, page | | 27. Mennar of Deeth 1 Netural 5 ☐ Pendi | 28e. Date of In (Month, D | jury 28b. Tima ley Year) Injury | of 28c. Inju | ork? | 28d. Describe how | v Injury occur | red | |
| Sign | death. ctor: A y the fu | cati | 2 Accident Invest 3 Suicida 6 Could | igetion | | M 1 |]Yes 2□No | | | | |
| - 5 | 2 = - | Certification: | 4 Homicide determ | nined 288. Piece of II | njury - At homa, ferm, s etc. (Specify) | treet, factory, office | | 28f. Location (Stre City or Town, | eat and Numb Stete) | er or Rure | i Routa Number, |
| Ne Hospit | within 24 hours after of To the Funeral Direct completely filled in by | edicai (| 29a. Certifier 1 Certifyii (Check only one) 1 Medical | ng Physician: To the bes Examiner: On the basis end menner s | of examinetion end/or i | th occurred et the t nvestigetion, in my | ime, dete end plece, opinion, deeth occur | end due to the ceu red et the time, det | use(s) end me le and plece, | enner es st and due to | ated. the cause(s) |
| To th | To the | ž | 29b. Signature and title of certifie | er . / . | | 29c. Lican | sa number | 290 | d. Date signe | d (Month, | Day, Year) |
| | | | thone | ra Med | dy. | Di | 30568 | | 11:2 | 36.9 | 6 |
| | | | 30. Neme and eddress of person | | | | 2,00 | | | | |
| | | | SHOBHA REDDY, | M.D., 7845 | OAKWOOD ROA | AD, STE. | 204, GLEN | BURNIE. | MARYLA | ND 2 | 1061 |
| | Sta | to | 31. Dete filed (Month, Dey, Yeer, | 32 Regis | trer's Signeture | | | | | | |

DHMH 16 Rav 6/95

State

Registrar

NOV 2 6 1996



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Day Vaar MARVEL Month **Physician** WOLFE 11-23-96 4:00 am /Medical 4a. Facility Name (If not institution, giva street end number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Winter Crest Lane Severna Park Anne Arundel Hours Min. 8. Date of Birth (Month, Day, Ye. 1 - 29 - 23 If Under 1 Yaar | Months Days Birthplace (Steta or Foreign Country) 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthdey) **Funeral** 219-10-281 Months 1□M 20 F Yrs. 73 Director Ohio Usual Residence of Decedent pemit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director MD Anne Arundel Severna Park 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 21146 USA 225 Winter Crest Lane Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, Black, White, etc. 1 Yas 2 No
If Yes, Give
Year or Dates: 1 ☐ Nevar Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No by Specify: 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12+ Executive Secretary Railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Ε. Sample Gayze1 Roberts Walter P 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Bobbie Smick / Daughter 225 Winter Crest Lane Severna Park MD 21146 20b. Place of Disposition (Neme of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 11/23 Catonsville, MD Metro Crematory 21. Signature of Feneral Service Lic 22. Nama and Address of Facility Barranco & Sons Funeral Home 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liat only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical LUNG CANCER METASATIC Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 88 980 Po signed by the a d be detached f Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yaa 2 No þ 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? page 2 s has 1 Tes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Waturel 5 Pending death. 2 Accident 1 ☐ Yes 2 ☐ No investigation 24 hours after deat Funeral Director: 8 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 10 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the ceuse(s) and manner as stated. 29a, Certifier Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title and certified 29c. Licansa number 29d. Date signed (Month, Day, Year) M Nov. 23, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANNAPOLIS MD 21401 COLE 900

State

Registrar

31. Date filed (Month, Dey, Yeer)

NOV 27 1996

32. Registrar's Signature

Lulia Davidson-Randall

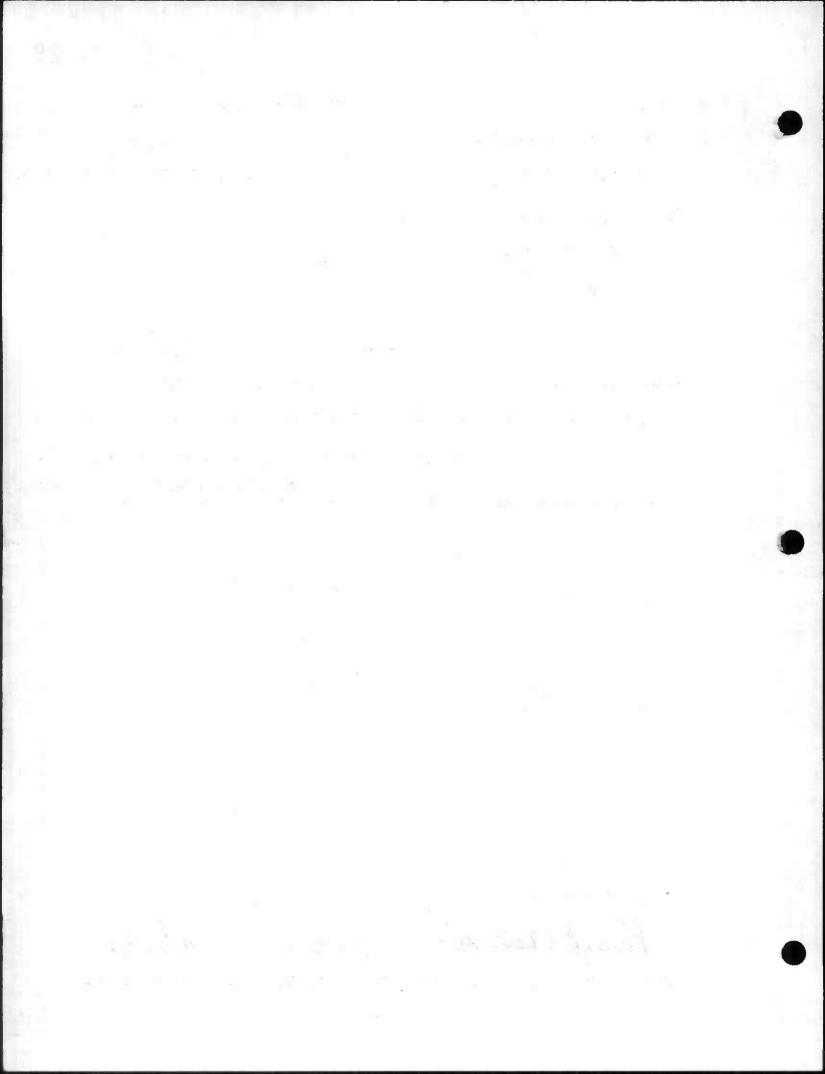
State of Maryland / Department of Health and Mental Hygiene 96

96 37329

| | | | (| Certificate of | Death | F | leg. No. | 01023 |
|---|----------------|---|-----------------------------|--|--|---|--|---|
| Phys | ician | 1. Decedent's Name (First, Middle, Last) | | Wagganan | CD | 2. Dete of Dee | | 3. Time of Death |
| /Me | | CHARLES OWEN | | Waggoner | , SR. | Nov | 22 96 | |
| Exam | | 4a. Facility Name (If not institution, give street and number) | | | 4b. City, Town, or L | ocation of Death | 4c. County of D | |
| | | The Memorial Hospital 5. Social Security Number 6. Sex 7. Age (In y | rs. last birth | | Easton If Under 24 Hrs. | Date of Birth | Talbo | |
| Funera Directo | | 197-03-0361 XIXM 2□ F 85 | Yı | Months Days | Hours Min. | 8. Dale of Birth (Month, Day JULY 2 | Year) 5,1911 I | Birthplace (State or Foreign Country) PENNSYLVANI |
| yland | | | City, Town | or Location | | | | 10d. Inside City Limits |
| e Mar | Director | MD. QUEEN ANNE | CHEST | rer | | | | 1 X Yes 2 □ No |
| ii) th | Dire | 10e. Street end Number 1705 HARBOUR DRIVE | | 10f. Zip Code | | | 0g. Citizen of What | Country? |
| s 23s | erai | | 116 | 216 | | 't-\\ | USA | mariana Indian |
| Maryland 21215-0020 d 2 should be filed within 72 hours efter death with the Maryland th and Mental Hygiens. T is marked other than "natural", or items 23s or 28s-1 show traumatic event, the Medical Examiner must be notified. | by Funeral | 3 Widowed 4 □ Divorced If Yes, Give Year or Dates: | 10,5. | 13. Wes Decedent of H If Yes, specify Cubs 1 ☐ Yes 2 ☐ No | an, Mexican, Puerto | Rican, etc.) | Specify: | merican Indian, hite, etc. WHITE |
| 5-0 72 hc | Completed | 15. Decedent's Education (Specify only highest grade completed) | 16a. D | ecedent's Usual Occup Give kind of work done | ation during most of world | kina | 16b. Kind of Busine | ss/Industry |
| within ena. | mpidu | Elamantary/Secondary (0-12) Collega (1-4or 5+) | - // | ite. DO NOT usa ratired | 1) | | CURTIS | |
| a filed v other t | | 8 17. Fether's Name (First, Middle, Last) | SH. | IPFITTER | 18. Mother's Nam | | Maiden Sumame) | ARD YARD |
| ylan buld be Mental arked o | To Be | | | | | CHAMBE | | |
| Maryland d 2 should be filed the and Mental Hyg 7 is marked other traumatic event. | | 19a. Informant's Neme/Relationship (Typa, Print) | 19b. N | Mailing Address (Straet | and Number or Ru | ral Route Numbe | r, City or Town, State | e, Zip Code) |
| | | CHARLES OWEN WAGGONER, J | R. 41 | 10 PEPPER | MILL L | ANE, YO | ORK, PA | 17404 |
| Baltimore, I permit. Peges 1 enc Depertment of Healt Important: If item 27 any Injury or other | | NEXBurial 2 ☐ Cremetion 3 ☐ Removal from State | cemetery, | Disposition (Name of crematory or other place | | Date | 20c. Location - City | or Town, State |
| Baltimo | | | TEVE | NSVILLE C | | 11-26 | STEVENS | VILLE, MD |
| Bal Depermination of the property of the prope | and a | 21. Signature of Funeral Service Licensee | | 22. Name end Addre | | EIN & I | NEWNAM F | UNERAL HOMI |
| K 68760, rufficate be assculed by the physician and physician and set the burial-trensit | Examiner | resulting in death) Due to | O (or as a col | CVALS nsequence of): BDV RAC nsequence of): | Heude | DNAS | 3 | Interval Between Onset and Death |
| Dia B | n/Medical | Cause (Disease or Injury that initiated events resulting in death) Last C. Due to | (or as a con | nsequence of): | | | | |
| P.O. Box het the death ce ed by the attendid | Physician/ | Part II. Other significant conditions contributing to death but not r | resulting in th | he underlying ceuse giv | en in Part I. | 23b. Did to | bacco use contrib | ute to the cause of death? |
| , P.O. the the de by the detached | Phy | HO PARKINSON'S DI | ic sa | 557 | | 1 🗆 Y | es 2 No 3 | Probably 4 Unknown |
| dS, F | b | | | | | | | / / |
| I Records The law requires ate has been sign page 2 should be | Completed | | | | | 24a. Was a perfor | | b. Were autopsy findings evailable prior to completion of cause |
| The law ate has page 2 | dwo | | | | | | 1 | of death? |
| Vital viclen: Th cartificate | | 25. Was cesa referred to medical | | | Of Diagraf Davi | 1 □ Y | / | 1 ☐ Yes 2 No |
| f Vi ysicle is cart direct | o Be | examiner? | ☐ ER/Outpe | atient 3 DOA Oth | er: 4 Nursing Ho | | ence 6 □Othar (S | necify) |
| Division of Vital Records, or Attanding Physician: The law requires the dath dath. Director: After this cartificate has been signed in by the tuneral director, page 2 should be | ation: T | 27. Manper of Death 1 | | ne of 28c. Injury | yat k? Yes 2 □ No | | ow Injury occurred | pouny |
| Division of Vita to the Hospital or Attending Physician: within 24 hours efter death. To the Funeral Director: After this cartific completaly filled in by the funeral director, | Certification: | 3 ☐ Sulcide 6 ☐ Could not be datarmined 28a. Place of Injury - At building, etc. (Spe | icify) | | | City or Tow | n, State) | Rural Route Number, |
| To the Hospital within 24 hours or to the Funeral completaly filled | edicai | 29a. Certifier (Check only one) 1 Certifying Phya(clan: To the best of my k 2 Medical Examiner: On the basis of axaml and manner steted. | nowledga, d nation and/c | laath occurred at tha tim or Invastigation, in my op | ne, dale and place, pinion, daath occur | and dua to the c red at tha tima, d | ause(s) and mannar ata and place, and c | as staled. dua fo the causa(s) |
| To the To the Comp | Me | 29b. Signature and title of certifier | | 29c. License | number | 2 | 9d. Date ligned (Mo | ogth, Day, Year) |
| | | > from College Mi | > | 133 | 5259 | | 11/25/ | 76 |
| | | 30. Nama and address of part on who complated cause of death (it | | | | | / | |
| | | KEVIN J. O'KEEFE, M.D., | 606 | DUTCHMAN | 'S LANE | , EAST | ON, MD 2 | 1601 |

Registrar

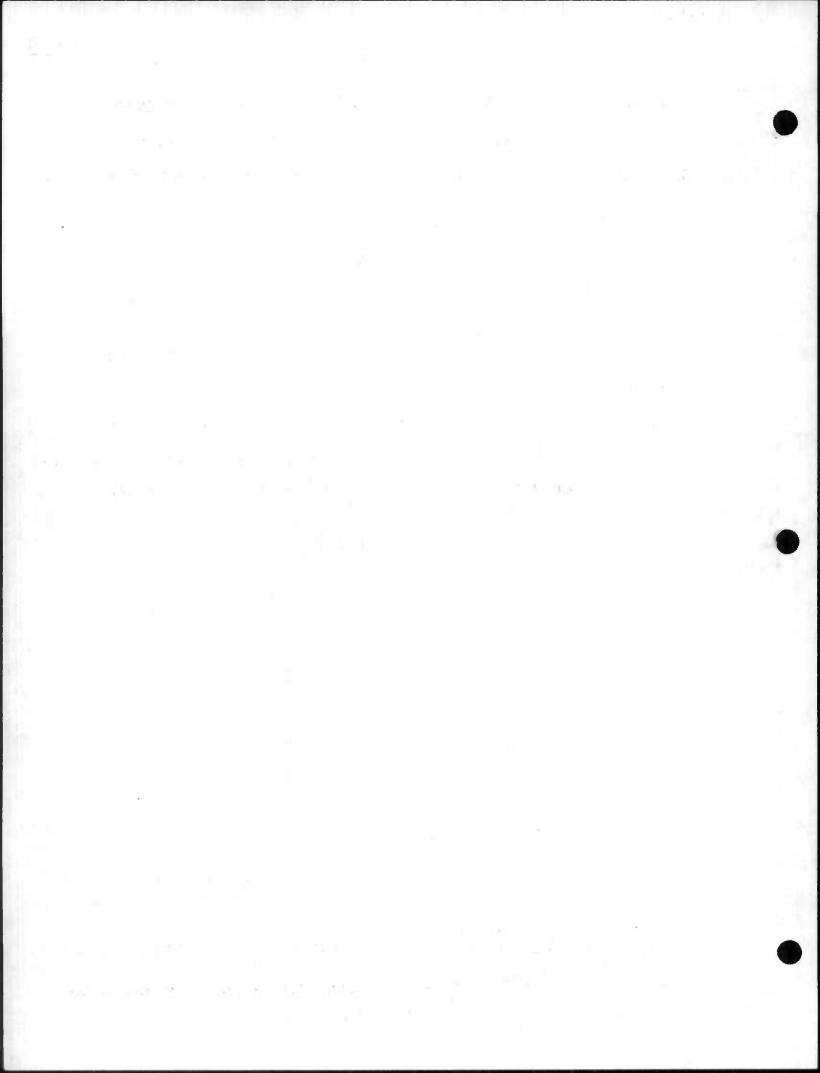
NOV 2 5 1996



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|----|---|---|---|---|---|
| 20 | J | 1 | J | J | U |

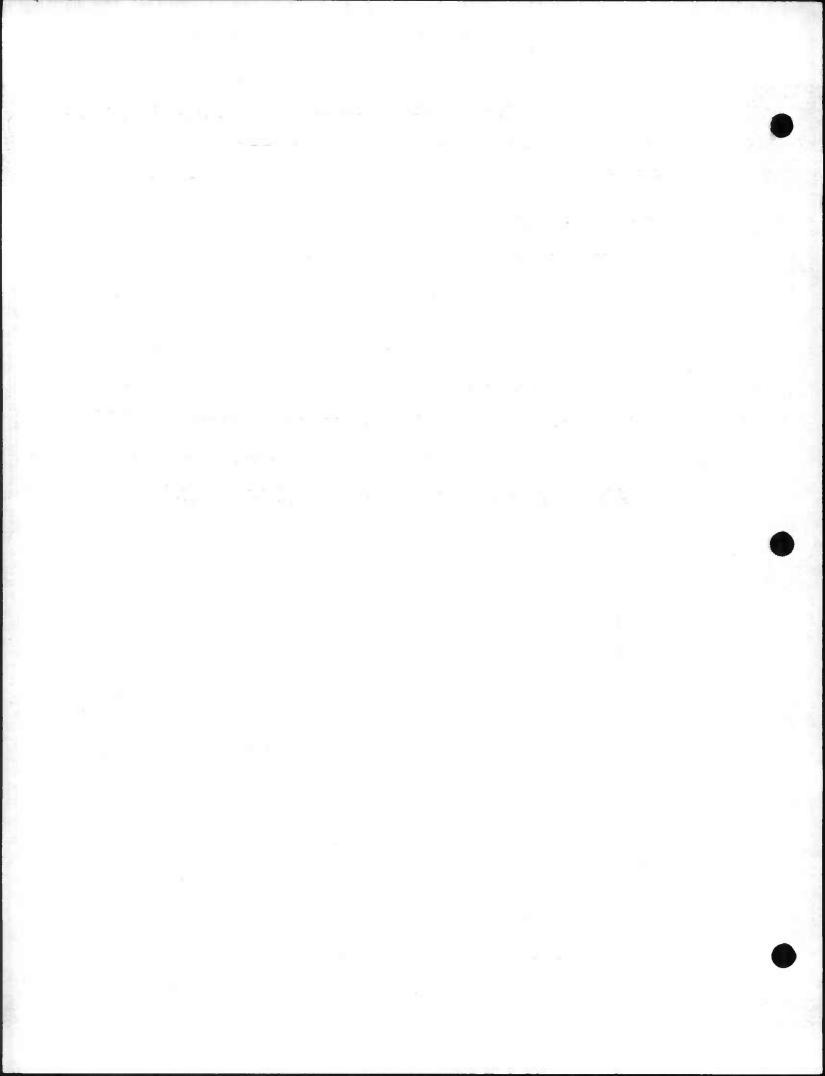
| | 1. Decedent's Nem | | | | | MEDI | Z D | | Dete of Dee Month | Dev | Year | | e of Deeth | |
|---|--|--|--|---------------|--|---|---|-----------------------------|--|--|--|---|---|--|
| sician edical | RALPH | | 0. | | | WEBI | | NC | V. | 12 19 | 996 | 3:2 | .5 PM | |
| niner | | | ra street end number) | | | | 4b. City, Town | | | 4c. County | | | | |
| al | 5. Social Security N | TRAUMA Number 6. S | | (In yrs. lest | | nder 1 Year | If Undar 24 | IMORE | Dete of Birth Month, Dey | CITY | | ece (Ste | ate or Foreign | |
| or | 578-38-04 | 429 | 1⊠M 2□F | 69 | Yrs. Mont | hs Days | Hours | | Month, Dey 18 | | | | ete or Foreign | |
| | Usuel Residenca o | Decedent 10b. County | | 10c City T | own or Location | | | | , ==-3 | | | | | |
| To Be Completed by Funeral Director | | | -1- | | | | | | | | 10 | | e City Limits /es 2 No | |
| Director | Maryland 10e. Street end Nu | | СК | Mt. | Airy 10f. | Zip Code | | | 1 | log. Citizen of | What Count | | 0 | |
| a D | 5422 Sid | lney Road | | | | 1771 | | | | United | | | | |
| Funeral | 11. Maritel Stetus | | 12. Was Decedent E Armed Forces? | ver in U,S. | | | fispenic Original | n? (Specify | Yes or No- | 14. Red | ck, Whita, a | en Indian | ٦, | |
| by Fu | | led 2 Married | 1 ⊠Yas 2 □ No | | | s 2 No | Specify: | T donto Tirou | 11, 010.7 | | | | | |
| D D | 3 Widowed | 15. Decedent's Ed | Yeer or Dates: W | | So Decedent's I | Isual Ossum | otloe | | | | Whit | | | |
| Completed | | cify only highest gra | ide completed) | | 6e. Decedent's U (Give kind of life. DO NO | work done T use retire | during most of d) | of working | | 16b. Kind of B | usiness/ind | ustry | | |
| E O | Elementary/Seco | ondery (0-12) | College (1-4or 5+ | F) | Electr | ician | | | | U.S Gov | rernme | ent | | |
| Be | 17. Fether's Neme | (First, Middle, Last) |) | | | | 18. Mother's | s Nema (Fir | | Maiden Sumen | | | | |
| 2 | George J | | | | | | Jenni | e Tifi | any | | | | | |
| | | ame/Reletionship (| | | 19b. Mailing Addr | | | | | | | Code) | | |
| | Alice A. | | re | 20b. Plece | 422 Sid | ney Ro Neme of | oad, M | | | cyland . 20c. Location - | | un State | | |
| | 1 ☑ Buriel 2 | | Removel from State | | a of Disposition (a etery, crematory of | | | | | | | | | |
| 4 | piece and a second | neral Service Licen | | FOIL | Lincoln 22. Name | | ss of Fecility | ov.16, | 1990 | Brentwo | ood, | Mary | land. | |
| | 1 | 1.191 | 1/ kane | , , | Olin | L. Mo | oleswo | rth Fu | ineral | Home 1 | P.A. | | | |
| | 23e. Part1. Enter ti | he diseese, or com | plications het caused to one ceu on eech line | the deeth. D | 2640 Do not enter than | ⊥ Ridş noda of dyir | ge Road ng, such es ca | d,_Dan ardiac or res | nascus piretory err | s, Mary | land | 208 Approxi | 72 mate Between | |
| n | SHOOK, OF HOL | it lendle. List only | one ced a on eech line | J. | | | | | | | | Onsat a | nd Deeth | |
| ai er | Immediate Cause (| Finel | . 1 1 | | | | | | | | | | | |
| | diseese or conditio | n | . HE120 | AI | NO NA | TIC. | IMU | nIES | 5 | | | | | |
| | resulting In death) | n | 4. | - | e consequence | | IMU | nies | 5 | | | | | |
| | resulting In death) | in . | b | Due to (or es | e consequence | of): | IMU | nies | | | 1 | | | |
| Examiner | resulting In death) | in . | b | Due to (or es | | of): | IMU | nies | | | | | | |
| Examiner | Sequentially list co if eny, laeding to Irr cause. Enter Unde Ceuse (Dissesse or that initieted events | nditions, nmediate rhying Injury | b | Due to (or es | e consequence | of): of): | IMU | nies | | | | | | |
| edical Examiner | resulting In death) Sequentially list co. if eny, laeding to Incause. Enter Unde | nditions, nmediate rhying Injury | b | Due to (or es | e consequence | of): of): | IMU | nies | | | | | | |
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| edical Examiner | Sequentially list co if eny, laeding to in cause. Enter Unde Ceuse (Disaese or that initieted events resulting in death) I | nditions, imediate rrying injury Lest | b | Oue to (or es | e consequence | of): of): | | | | obacco use co | ntribute to | the cau | se of death? | |
| Physician/Medical Examiner | Sequentially list co if eny, laeding to in cause. Enter Unde Ceuse (Disaese or that initieted events resulting in death) I | nditions, imediate rrying injury Lest | b | Oue to (or es | e consequence | of): of): | | | | 4/ | | | se of death? | |
| by Physician/Medical Examiner | Sequentially list co if eny, laeding to in cause. Enter Unde Ceuse (Disaese or that initieted events resulting in death) I | nditions, imediate rrying injury Lest | b | Oue to (or es | e consequence | of): of): | | | 23b. Did to | 26 No | 3 ☐ Prob | ably 4 | Unknown | |
| by Physician/Medical Examiner | Sequentially list co if eny, laeding to in cause. Enter Unde Ceuse (Disaese or that initieted events resulting in death) I | nditions, imediate rrying injury Lest | b | Oue to (or es | e consequence | of): of): | | | 23b. Did to | n autopsy | 3 Proba | ably 4 | Unknown | |
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| e Completed by Physician/Medical Examiner | Sequentially list co if eny, laeding to in cause. Enter Unde Ceuse (Disaese or that initieted events resulting in death) I | nditions, mediete rhying lijury sest | b | Due to (or es | e consequence | of): of): | en in Pert I. | | 23b. Did to 1 \(\sum Y_1\) 24a. Was e perform | n autopsymed? | 3 Proba | re autopileble prinpletion eath? | Unknown sy findings or to | |
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| To Be Completed by Physician/Medical Examiner | resulting In death) Sequentially list confirmers, laeding to Impause. Enter Unde Ceuse (Disaese or that initieted events resulting in death) I Part II. Other significations are referred exeminer? 1 2 Yes 2 2 27. Menner of Deett 1 Neturel 2 Accident | nditions, mediate riving injury Lest Icant conditions co | b | Due to (or es | e consequence de cons | of): of): of): g cause give DOA Oth 28c. Injur Work | en in Pert I. 26. Place o er: 4 □ Nurs | of Deeth (Chi | 23b. Did to 1 Ye 24a. Was e perform 1 Ye eck only on | n autopsymed? | 24b. Wei ava corror of d | re autopileble pri pletion eath? | B ☐ Unknown sy findings or to of causa | |
| To Be Completed by Physician/Medical Examiner | Sequentially list confirmers are sufficiently list confirmers. Enter Under Ceuse (Disaese or that initiated events resulting in death) I | nditions, imediate riving liniury Lest loant conditions or | b | Due to (or es | e consequence de cons | of): of): g cause giv DOA Oth 28c. Injur Wor 1 | 26. Place of | 1 Deeth (Ching Homa 28d. I) | 23b. Did to 1 You 24a. Was e perform 1 Deck only on 5 Reside Dascribe ho | n autopsymed? as 2 No nece 6 Oth ow injury occur OF PIU reet and Numb | 24b. We ava corr of d | re autopileble prinpletion reath? | Sylindings of to of causa | |
| Certification: To Be Completed by Physician/Medical Examiner | resulting In death) Sequentially list confidency, laeding to Incause. Enter Unde Ceuse (Dissease or that initiated events resulting in death) I Part II. Other significations are seminer? 1 Types 2 2 27. Menner of Deett 1 Neturel 2 Accident 3 Suicide 4 Homicide | red to medical No S Pending investigation C Could not be determined | b. D c. D d | Due to (or es | e consequence de consequence de consequence de consequence de a consequence de a consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequ | of): of): of): of): g cause giv DOA Oth 28c. tnjur Wor 1 □ tory, offica | 26. Place of ef: 4 □ Nursiyet k? | Deeth (Ching Homa 28d. L | 23b. Did to 1 Ye 24a. Was e perform 1 Preside eck only on 55 Reside hore perform on the control of the contr | n autopsy med? as 2 No ne) ance 6 Oth ow injury occurred and Numbon, State) | 24b. Wei ava corr of d to the corr (Specify, red | re autopilleble pripletion eath? Res : | Sylindings of to of causa | |
| Certification: To Be Completed by Physician/Medical Examiner | Sequentially list conferny, laeding to Irr cause. Enter Unde Ceuse (Disaese or that initieted events resulting in death) I Part II. Other significations of the community of th | red to medical No 5 Pending investigation 6 Could not be determined | b | Due to (or es | e consequence de cons | DOA Oth 28c. Injur Word 1 cory, office | 26. Place of er: 4 □ Nursi yet k? Yes 2 □ No | If Deeth (Ching Homa 28d. I | 23b. Did to 1 Ye 24a. Was e perform 1 Ove eck only on 5 Ocation (St ity or Town 1 Ye use to the ca | n autopsy med? as 2 No ne) once 6 Oth ow injury occurrect and Numb n, State) autopsy med? | 24b. Wei ava corr of d 10 er (Specify, red V. J.) er or Rural | re autopileble prinpletion eath? Kes : | Unknown sy findings of to of causa No HE MAN of Causa | |
| To Be Completed by Physician/Medical Examiner | resulting In death) Sequentially list coif eny, laeding to In cause. Enter Unde Ceuse (Dissease or that initiated events resulting in death) I Part II. Other significations are seminer? 1 Yes 2 2 27. Menner of Deett 1 Neturel 2 Accident 3 Suicide 4 Homicide | nditions, imediate riving injury Lest locant conditions of the con | b. D c. D d. Sontributing to death but Hospital: 1 Minpatiant 28e. Deta of Injury (Month, Day 28e. Pleca of Injury building, etc. yelclan: To the best of elimer: On the basis of elimer: On t | Due to (or es | e consequence de cons | DOA Oth 28c. Injur Word 1 cory, office | 26. Place of er: 4 Nursivet k? | If Deeth (Ching Homa 28d. I | 23b. Did to 1 You 24a. Was e perform 1 Over eck only on 5 □ Reside Describe ho in or Town 1 You ue to the cetthe time, did | n autopsy med? as 2 No ne) once 6 Oth ow injury occurrect and Numb n, State) autopsy med? | 24b. Wei ava corr of d 10 er (Specify, red Luf) er or Rural | re autopileble pripletion reath? Wes :: Route A | Unknown sy findings of to of causa No HE MANY OFE fumber, | |
| edical Certification: To Be Completed by Physician/Medical Examiner | resulting In death) Sequentially list confirency, leading to Imcause. Enter Unde Ceuse (Disaese or that initiated events resulting in death) I Part II. Other significations of the confirmation of the conf | nditions, imediate riving injury Lest locant conditions of the con | b. D c. D d. Sontributing to death but Hospital: 1 Minpatiant 28e. Deta of Injury (Month, Day 28e. Pleca of Injury building, etc. yelclan: To the best of elimer: On the basis of elimer: On t | Due to (or es | e consequence de cons | DOA Oth 28c. Injury tory, office | 26. Place of er: 4 Nursivet k? | If Deeth (Ching Homa 28d. I | 23b. Did to 1 Ye 24a. Was e perform 1 Ye eck only on 5 Reside Describe ho ocation (St. ity or Town 1 Ye ue to the cetthe time, di | n autopsy med? as 2 No ne) ence 6 Oth ow injury occurrent and Numb, State) euse(s) end me ate end plece, it | 24b. Wei ava con of d 10 er (Specify, red W. J. D. er or Rural enner as steamd due to or d (Month, D. | re autopileble pripletion reath? Route A Route A sted. the cause wey, Yea. | Unknown sy findings or to of causa No HE No OFF Jumber, (e(s) | |
| edical Certification: To Be Completed by Physician/Medical Examiner | resulting In death) Sequentially list confirmer, laeding to Imcause. Enter Unde Ceuse (Dissesse or that initiated events resulting in death) I Part II. Other significations are seminer? 1 Tyres 2 To Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signature end | red to medical No 5 Pending investigation 6 Could not be determined 1 Certifying Phy 2 Medical Exam | b. D c. D d. Sontributing to death but Hospital: 1 Minpatiant 28e. Deta of Injury (Month, Day 28e. Pleca of Injury building, etc. yelclan: To the best of elimer: On the basis of elimer: On t | Due to (or es | e consequence de consequence de consequence de consequence de a consequence de a consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequ | DOA Oth 28c. Injury tory, office | 26. Place of er: 4 Nursi yet k? Yes 2 Noone, date end pinlon, death | If Deeth (Ching Homa 28d. I | 23b. Did to 1 Ye 24a. Was e perform 1 Ye eck only on 5 Reside Describe ho ocation (St. ity or Town 1 Ye ue to the cetthe time, di | n autopsy med? as 2 No nee) ance 6 Oth ow injury occurrence and Numbon, State) Then the peuse(s) end me atte end plece, the peuse of the peupe of | 24b. Wei ava con of d 10 er (Specify, red W. J. D. er or Rural enner as steamd due to or d (Month, D. | re autopileble pripletion reath? Route A Route A sted. the cause wey, Yea. | Unknown sy findings or to of causa No HE No OFF Jumber, (e(s) | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| | | | | | | Cert | mcale | OI | Death | | | Reg. No. | | |
|---|----------------|---|--------------------|--------------------------------------|-----------------------|----------------------|--------------------------|---------------|---------------------|-----------------|---------------------------------|----------------------------|-----------------------------|--|
| Physic | ian | Decedent's Neme (First, Middle | , Last) | | | | | | | | 2. Dete of De Month | eeth Dev | Year | 3. Time of Death |
| /Medi | | | Jo | ohn | Gordo | n | We: | rne | r | | Novemb | | . 1996 | 12:39 PM |
| Exami | | 4a. Feellity Neme (If not institution Frederick Me | | | tal | | | 1 | | wn, or Lo | ocation of Deal | | Frede | |
| Funeral | | 5. Social Security Number | 6. Sex | | n yrs. lest bir | thday) | If Under 1 | Year | If Under | | 8. Dete of Bi | rth | 9 Birth | |
| Director | | 390-16-3868 Usuel Residence of Decedent | 1 M 2□ I | | | Yrs. | Months | Deys | Hours | Min. | June 2 | , 1922 | Wisc | plece (State or Foreign intry) CONSIN |
| Man Man | | 10e. Stete 10b. County | | 10 | c. City, Tow | n or Loca | ation | | | | | | | 10d. Inside City Limits |
| Sa-f sh | Director | 7 | rederick | ζ | | | | F | reder | ick | | | | 1 □ Yes 2 No |
| th with the Maryler 23e or 28e-f show | al Dire | 10e. Street end Number 6864 Snowber | ry Court | t | | | 10f. Zlp (| 2170 | 03 | | | 10g. Citize | n of Whet Cou | unfry? |
| Herns Herns Inst. m | / Funeral | 11. Manifel Status 1 □ Never Merried 2 □ Merri | ed 1 🔼 Ye | Decedent Eve 1 Forces? es 2 No | | | as Decede res, specif | | | | ecify Yes or No Rican, efc.) | | Race - Amer Bleck, White | , etc. |
| ours ours | d by | 3 ☐ Widowed 4 ☐ Divorced | Yeer o | Give 194 | 12-1946 | 10 | J 165 Z) | 7 140 | эрвину. | | | St | pecify: Wh | ite |
| 72 h | etec | 15. Decedent (Specify only highes | e Education | ed) | 16a. | Deceder (Give kir | nt's Usuai | Occup done | ation during mos | t of work | ina | 16b. Kind | of Business/I | ndustry |
| d 2121 filed within Hygiene. wher then | Completed | Elementery/Secondery (0-12) | 1 | e (1-4or 5+) | A | he bo | NOT use | retired | er | | | Feder | al Gov | ernment |
| d stal | To Be C | 17. Fether's Name (First, Middle, I John | George | Werne | r | | | | 18. Mothe | er's Name E1 | e (First, Middle .Sie | , Maiden Su Wil | name) liamso | on |
| E 2 61 F | | 19e. Informent's Neme/Relationsh June E. Werner | | | 19b | Malling | Address (| Street | y Cou | er or Aur | Freder | er, City or Tick, N | own, State Z ID 2170 | ip Code) 13 |
| 0 00 - | | 20e. Method of Disposition 1 Å Buriel 2 ☐ Cremetion | | | 20b. Place of cemeter | ry crema | tony or oth | er nier | e) Park | Nov | Date 20.190 | | tion - City or T | own, Stete , Maryland |
| Baltimo pemit. Peg Department Important: Il any injury o | | 4 □ Donation 5 □ Other (Sp. 21. Signature of Funeral Service L | | 1 | arkia | | | | | | | | | , |
| Balt permit. Departu Importu any inj | | ▶ Allan | I Ru | by | MO0703 | 3 Ke | eeney 06 Ea | st | Basic | rd E h St | A. Fu | neral Frede: | Home | D 21701 |
| | | 23a. Part1. Enter the disease, or shock, or heert failure. List of | complications the | at crused the | death. Do r | | | | | | | | | Approximete Interval Between |
| Physician | | | | | 1 | | | | | | | | | Onset end Death |
| /Medical Examiner | | Immediate Cause (Final disease or condition | 14 | LIK | 121 | 701 | 1-311 | | I | 1 fo | ーレナン | | | t150 |
| Examine | | resulting in deeth) | a | Due | to (or aa a | conseque | ence of): | | | | | | | |
| 2 = | in e | | (| LVCI | -7 | 1 | 11- | 7 | K |) Jei | 15 | | į | |
| and trans | Examiner | Sequentially list conditions, | 0. | Due | to (or es e | conseque | ence of): | 1 | | | | | | |
| Sian s | Ê | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diaeese or injury that initiated events | | | | | | | | | | | 1 | |
| 68760, ificate be ex g physician as the burie | dica | that Initiated events resulting in death) Last | G | Due | to (or as a c | onseque | nca of): | | | | | | 1 | |
| X Cert Cert | n/Medical | | d | | | | | | | | | | | |
| O. Bo | Physicia | Pert II. Other significant condition | a contribution to | a double had as | et requiting in | a dhi a sanat | adulan an | -h- | an in Day I | | l ook pld | Asharas | | |
| . = > % | hys | Part II. Other significant condition | is contributing to | o death but no | ot resulting in | the und | enying cau | ise giv | en in Part I | | | | | to the cause of death' |
| Ords, P.O. By requires that the death een signed by the atte hould be detached for | by P | | | | | | | | | | 10 | Yee 2 | NO 3 PR | obably 4 Unknow |
| 0 > 0 0 | Completed | | | | | | | | | | | an autopsy ormed? | 9 | Vere autopsy findinga valleble prior to ompletion of cause f death? |
| The law ate has pege 2 | mo | | | | | | | | | | 10 | Yes 201 | No 1 | ☐ Yes 2☐ No |
| VITAL HE Idelan: The lav certificate has rector, pege 2 | Bec | 25. Wes case referred to medical | | | | | | | 28. Plece | of Deeth | n (Check only | 11.2 | | |
| Of VIta Physician: this certific rai director, | ToB | examiner? 1 ☐ Yes 2 ☐ No | Hospitel: | ☐ Inpatient | 2 DER/Ou | tnatienf | 3□ DOA | Oth | or | | me 5□Res | | Other (Spec | (6,1) |
| 0 £ £ 8 | | 27. Manner of Death 1 Natural 5 Pending 2 Accident Investig. | 26a. De | ate of Injury fonth, Day Ye | - | ime of | | : Injun | | | 28d. Describe | | | ,,,, |
| Or Attending after death. Director: After din by the fune | Certification: | 3 Suicide 6 Could n 4 Homicide determine | ot be 28e. Ple | eca of Injury - Ilding, etc. (S | At home, fe | rm, stree | | | | | 28f. Location (City or To | Street and N wn, State) | lumber or Rui | ral Route Number, |
| UIVISION O To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral | edical Ce | Check only 21 Medical E | Physician: To t | the best of m | y knowledge | , deeth o | ccurred at | the tim | ne, dete en | d place, | end due to the | ceuse(s) an | d menner as | stated. |
| the I | Med | urie) | end m | enner stated. | | | | | | | | | | |
| T N N | | 29b. Signature and title, of certifier | | | 10 | | 29c. l | icens | number | | | 29d. Dafe s | igned (Month | , Day, Year) |
| | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ~ | ~~ | D | | | 03 | 260 | 1 | | 111 | 16/96 | |
| | | 30. Name and address of person w | the completed ca | | (Item 23e) (| Type, Pri | int) | 5 | r | F-21. | w. Eln 1 | NIC | 21701 | |
| Sta | te | 31. Dete filed (Month, Day, Year) | 1000 32 | . Registrer's | Signature | P | 7 | | / | | 91 | 1,00 | | |
| Registr | | NOV 1 8 | 1995 | | امصالت | randa | 461: | | | | | | | |



DIVISION OF VITAL RECORDS, P.O. BOX 68760

1041

| THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | UNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | be filed within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|--|---|--|--|
| THE HOSPITAL OR ATTE | THE FUNERAL DIRECTOR | filed within 72 hours after | PORTANT: If Item 28 |

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGINE REGISTROR 1. DECEDITY SAME (FIVE MADE ALD) MILL H. WONG 1. | | | | | | | | | | | | 50 | 0 1 0 0 2 |
|--|---|--|-----------------------|--------------------|------------------|----------------|----------------------|-------------------------|------------------|---|--------------------|-------------|--|
| Mun H. Wong 1 SOCIAL SECURITY NUMBERS 5 SEX 0 S2-16-1906 1 S2 12 CT 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS 2 MORE PROPERLY 90 YMS | • | STATE | STATE OF M | | | | | | | | | | |
| MULT H. WONG SOCUS SECURITY NAMED IN SECURITY NAMED IN SOCIETY NAMED IN S | , | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | | DAY | VEAR | 3. TIME OF DEATH |
| B SCH SCHOPT NUMBER 082-16-1966 19 a 1 F | ľ | Mun H. Wong | | | | | | | | | - | | 4:45 AM |
| Selection of the metables, to personal and analysis 90 Yes 9 | ı | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. In | ast birthday) | - T- | | | - | 7. DATE OF BIRTH | | 0. BIRTI | HPLACE (State or Foreign |
| Randolph Hills Nursing Center **Rented olph Hills Nursing Center | | 082-16-1906 | 1 🙀 M 2 🗌 F | | 90 YRS. | MONTHS | DAY\$ | HOURS | MIN. | | 1906 | | ** |
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| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 26. PLACE OF DEATH (Check only one) 4 Mursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Inperient 2 ER/Outpatient 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify) 28. TIME OF 1 WORK? 1 WORK? 1 YES 2 NO 28. PLACE OF INJURY 28. PLACE OF INJURY 28. TIME OF 1 WORK? 1 YES 2 NO 28. PLACE OF INJURY At WORK? 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, factory, office building, atc. (Specify) 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atasted. 295. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) | | DID TOPACCO LISE CONTE | DIDLITE TO CA | ICE OF DE | Med VI | | - 1 | | DTAI | | | | 1 YES 2 NO |
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| 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atated. 29c. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year) | | O COURT NOT DE | | | home, term, | street, factor | ry, office | | | 26f. LOCATION (Street City or Town, Sta | et and Numb te) | er or Rural | Route Number, |
| (Check only One) 2 MEDICAL EXAMINER: On the beet of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIES 296. DATE SIGNED (Month, Day Year) | | | | | | | | | | | | | |
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| | | anal | R: On the beele of an | amination and/o | or investigation | on, In my op | Inlon, de | ath occure | d at the | time, date and placa, | and dua to | the cause(| (s) and manner es stated. |
| Denne 1. Lengelech Ma 112 121 1 11-25-96 | - 11 | 296 SIGNATURE AND TITLE OF CERTIFIE | 1 | - | 2 | 7. | V | 29c. LICE | NSE NU | MBER | 29d. DA | TE SIGNE | D (Month, Day, Year) |
| | | Dearne 1 | · Klen | gota | ah | -Ma | 古 | 11 | 2 | 121 | • | 11- | 25-96 |

George F. Sengstack, M.D. 3929 Ferrara Dr., Wheaton,
31. DATE FILED (Month, Day, Ven)
NOV 2 7 1996

32. AEGISTRAP'S, SIGNATURE
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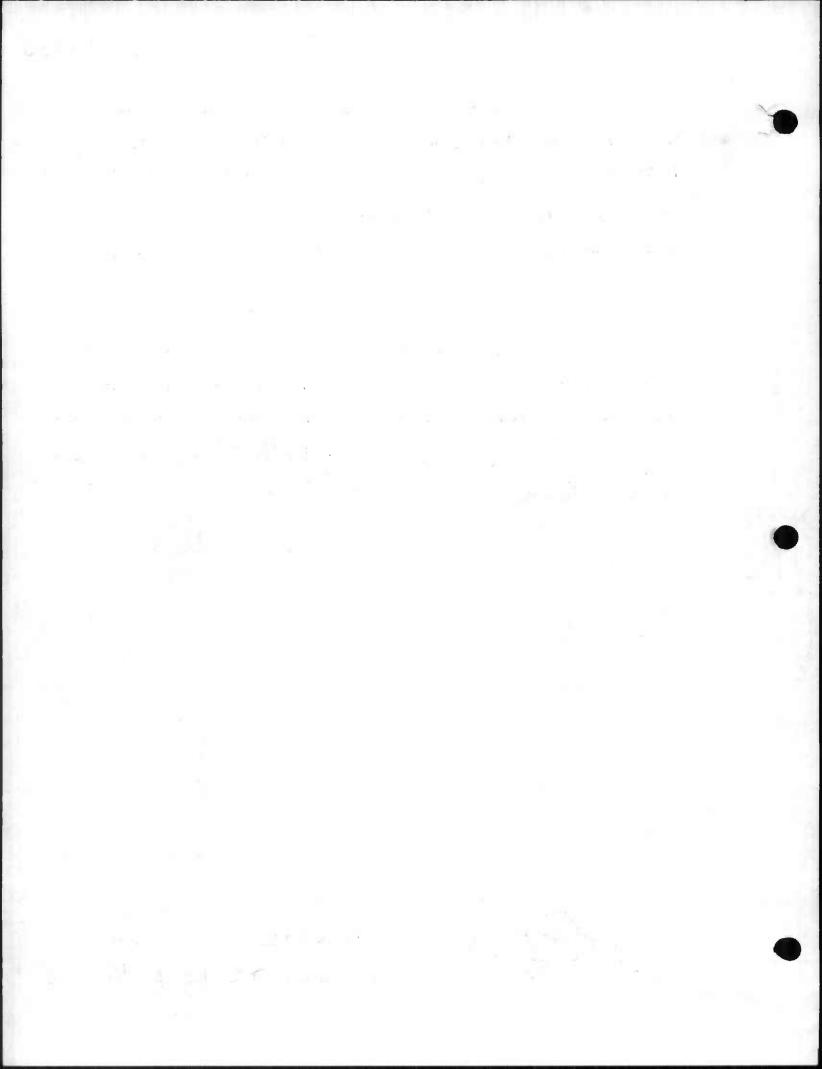
20906

Maryland

November 21, 1996

| | | | | | Cer | rtificate | of L | Death | | Re | g. No. | | |
|--|----------------|---|--|------------------------|----------------------------------|---------------------------------------|----------------------------------|--|--------------------------|--|--------------------------------|--|---|
| Phys | ician dical | Decedent's Neme (First, Middle, L. | ast) Sarah | | G. | | Wall | ace | | Dete of Deet Month | Dey | Yeer 1996 | 7:53 AM |
| | niner | 4a. Fecility Neme (If not institution, gr | | | | | | b. City, Town, | | | | y of Deeth | LIA CC.1 |
| | | Shady Grove Adver | | | | If Under 1 | Voor | Rocky If Under 24 | | | Mont | gomery | |
| Funer: Directo | | | 1 M 2 ▼ F | 90 | lest birthdey) Yrs. | | Deys | | /lin. | Dafe of Birth (Month, Dey, ept. 2 | Year) 8,1906 | 9. Birthplace Country) Pennsy | (Stete or Foreign |
| ryland | | 10e. State 10b. County | | 10c. Cit | y, Town or Lo | cation | | | | | | 10d. | Inside City Limits |
| tha Ma 28a-f | Director | Maryland Montgon | nery | | Rockv | 111e | ^ode | | | 14/ | On Othings of | Whet Country? | 1 ☐ Yes 2 ☑ No |
| 23e or | al Di | 14003 Bardot Sti | reet | | | 10 Lip (| 208 | 353 | | | | ed Sta | |
| be filed within 72 hours after death with the Maryland tel Hygians. d other than "natural", or items 23s or 28s-f show event, or a Maco cal Examerer must be notified at | by Funeral | 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes: | | 11 | Ves Decade f Yes, specif | | spenic Origin' n, Mexican, Pr Specify: | (Specify uerto Rice | Yes or No- an, etc.) | | ce - American in the ck, White, etc. fy: White | |
| A I A I 3-00 CO d within 72 hours af jiana. r than "natural", or the Medical Exam | Completed | 15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12) | rede completed) College (1-4or 5 | +) | (Give I | | Occupa done d retired) | ntion u <i>ring most of</i> | working | | | usiness/Indust | try |
| I be filed within ntal Hygiana. | Be Co | 17. Fether's Neme (First, Middle, Las | 5+ 1) | | Teach | er | | 18. Mother's | Neme (FI | | | Schoo. | I |
| | ToB | Anthony Gigliot | ti | | | | | | | | e Roma | | |
| 0 " = 3 | | 19e. Informent's Name/Reletionship Jacqueline B. Ma | | | | | | nd Number of | | | | Stete, Zip Coo | |
| Description of the property of | | 20e. Method of Disposition 1 □ Buriel 2 ☒ Cremefion 3 □ 4 □ Donetion 5 □ Other (Speci | Removel from State | C | lace of Dispos ametery, crem | sition (Neme | e of ner plece | Nov. 2 | 3, 1 | 996 2 | 20c. Location | City or Town, | |
| Appartment (Department of Medical Medical of | n | 23e. Peril. Enter the disease, or conshock, or heart feilure. List only | 1,500 | M001 the deeth | 98 3 R. Do not ente | Name and bert A 00 Wes ockvi | Addres A. P. St M. 11e, of dying | umphre lontgom Maryl , such es care | ery and diec or re | neral Avenue 20850 spiratory erre | =2805 st, | Ap | le, Inc. |
| Examine | | diseese or condition resulting in deeth) | e. Cer | Due to (o | r es e consequ | uence of); | M | as | occ | 40 | ren | | 100 |
| cuted | Examiner | Sequentially list conditions, | b | 200000 | es e consequ | MOU uenca of): | DN | | | | | | 110 |
| ficate be axe physician a s the bunal- | | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events | c. Dy | ISP | hag | 10 | | | | | | , | YRS. |
| 2 5 8 | VMedical | resulting in deeth) Lest | d | TO) OF BUC | es e consequ | ience or): | | | | | | | |
| death he attan ed for u | Physician | Pert II. Other significant conditions of | contributing to death bu | f not resu | ulting in the un | derlying cau | use give | n in Pert I. | | 23b. Did tol | Dacco usa co | ntributs to the | cause of death? |
| s that tha gned by the | by Phy | | | | | | | | | 1 □ Ys | 8 2□ No | 3 Probabl | y 4 🖫 Unknow |
| been si | Completed b | | | | | | | | | 24a. Was en perform | | aveilab | autopsy findings ble prior to etion of cause th? |
| clan: Tha artificata h ector, page | | 05.11 | | | | · | | | | 1 ☐ Ye | s 2XINo | 1 □ Ye | s 2N No |
| Physician: this cartific ral director, | o Be | 25. Wes case referred to medical examiner? | Hospitel: | | 241.70.00 | -5000 | Othe | 26. Plece of I | | | | CO CONTRACTOR | |
| Phys rthis rraid | - | 1 ☐ Yes 2 ☐ No 27. Menner of Deeth | 1 Li Inpatier | | ER/Outpatient 28b. Time of | | | 4AJ Nursin | | 10000 | w Injury occur | | |
| Attending or death. ector: Atlar by the funa | ation | 1 XNeturel 5 ☐ Pending 2 ☐ Accident Investigatio | | Year) | Injury | м | c. Injury Work 1 Y | ? es 2□No | 200. | Describe not | w injury occur | red | |
| al or Attending s after death. I Director: After od in by the funa | Certification: | 3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined | | ry - Af ho (Specify | me, ferm, stre | ef, fectory, o | office | | | Location (Str. City or Town, | | ber or Rural Ro | ute Num <i>ber</i> , |
| To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this cardificate has complately filled in by the funaral director, page 2. | edical C | 29e. Certifier 1 🗓 Certifying Ph (Check only one) 2 Medical Exer | nysician: To the best of miner: On the basis of end menner stel | examineti | vledge, deeth ion end/or inve | occurred at estigetion, in | the time | e, dete end ple inion, death o | eca, and ecurred e | due fo the cer t the time, de | use(s) end me te and piece, | enner es steted end due to the | i. cause(s) |
| To the Within To the | Me | 29b. Signeture end title of certified | 0- | | | 29c. l | License | number | | 29 | d. Dete signe | d (Month, Day, | Year) |

State Registrar 31. Dete filed (Month, Day, Year) NOV 2 5 1996



If Under 1

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner 1. Decedent's Name (First, Middle, Last) BESSIE

WINDHAM

94

7. Age (In yrs. lest birthday)

2. Dete of Deeth NOVEMBER PM

4e. Fecility Neme (If not institution, give street and number) SHADY GROVE NURSING CENTER 4b. City, Town, or Location of Deeth

ROCKVILLE

21. 1996 1:30 4c. County of Deeth MONTGOMERY

Funeral Director

28a-f show

ò

items 23a

ŏ

"natural",

nd Mentel Hygiene. marked other than

permit. Pages 1 and 2 should be file Deportment of Health end Mentel Hy Important: If Item 27 Is marked other any Injury or other traumatic event once.

Physician /Medical

Examiner

physician and s the burial-transit

USB 8S

signed by the e

page 2 should Completed

director.

in by t

certificate

this the funeral

Affert

death.

24 hours after deat Funeral Director:

Hospital

\$ within 2 by

Be

2

Certification:

Medical

the

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

the Medical Exactions must be notified at

Director

Funeral

þ

Completed

Be

10e Stete MARYLAND.

10h County MONTGOMERY

Yrs. 10c. City, Town or Location

9. Birthplece (Stete or Foreign MARYLAND

213-54-9378 Usuai Rasidenca of Decedent

5. Sociel Security Number

10M 2XF

LAYTONSVILLE

10d. Inside City Limits 1XYes 2□No

10e. Street end Number

6910 HOWARD STREET

10f. Zip Code

20882

10a. Citizen of Whet Country? UNITED STATES

11. Maritai Status

1 ☐ Never Merried 2 ☐ Merried 3 ₩Widowed 4 Divorcad

12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 No if Yes, Give Year or Dates:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1□ Yes > No

14. Rece - American Indien, Bleck, White, etc. Specify: WHITE

15. Decedent's Education (Specify only highest grede completed)

16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Eiementary/Secondary (0-12) 6

Coilege (1-4or 5+) N

HOMEMAKER

OWN HOME

17. Fether's Neme (First, Middle, Last)

EDWARD HOLIDAY BARBER, SR.

MARY FRANCES BURRISS

18. Mother's Neme (First, Middle, Meiden Sumeme)

19e. informent's Neme/Reletionship (Type, Print) MARGARET W. JOHNSON, DAUGHTER 19b. Mailing Address (Streat end Number or Rural Route Number, City or Town, Stete, Zip Code) 6910 HOWARD STREET, LAYTONSVILLE, MD. 20882

20e. Method of Disposition

1 Burial 2 Crametion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Neme of cematery, cremetory or other plece) LAYTONSVILLE CEMETERY

20c. Location - City or Town, Stete LAYTONSVILLE, MD.

21. Signeture of Funerel Service Licansee

23e. Pert1. Entar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one ceuse on each line.

MURIEL H. BARBER FUNERAL HOME

P.O. BOX 5038, LAYTONSVILLE, MD. 20882

11/25/96

immediate Ceusa (Finai

Due to (or es e consequença of):

Approximete Interval Between Onset end Deeth

disease or condition rasulting in deeth)

2

Due to (or es e consequence of):

Physician/Medical Examiner Sequantially list conditions, if eny, laeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last

23b. Did tobacco use contribute to the cause of death?

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Pert I.

1 ☐ Yes 2 ☐ No 3 Probably 4 2 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to complation of cause of death?

26. Piece of Deeth (Check only one)

1 ☐ Yes 2 No

25. Wes case referred to medical exeminer? 1 | Yes 250 No

1 Inpatiant 28e. Dete of Injury (Month, Day Year) 5 Pending investigation

2 ER/Outpetient 3 DOA 28b. Time of

28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

2 XN0

29a. Certifier (Check only one)

27. Manner of Deeth

Neture

2 Accidant

3 Suicide

4 Homicide

Certifying Physician: To tha best of my knowledge, deeth occurred at tha time, date end piaca, end due to the ceuse(s) and mannar as steted.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end placa, end dua to tha cause(s) end menner stated.

29b. Signature and title

29c. License number

1 ☐ Yes 2 ☐ No

29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who ath (Item 23a) (Type, Print)

6 Could not be datermined

NOVEMBER 22, 1996

XUARDO 31. Dete filed (Month, Day, Year)

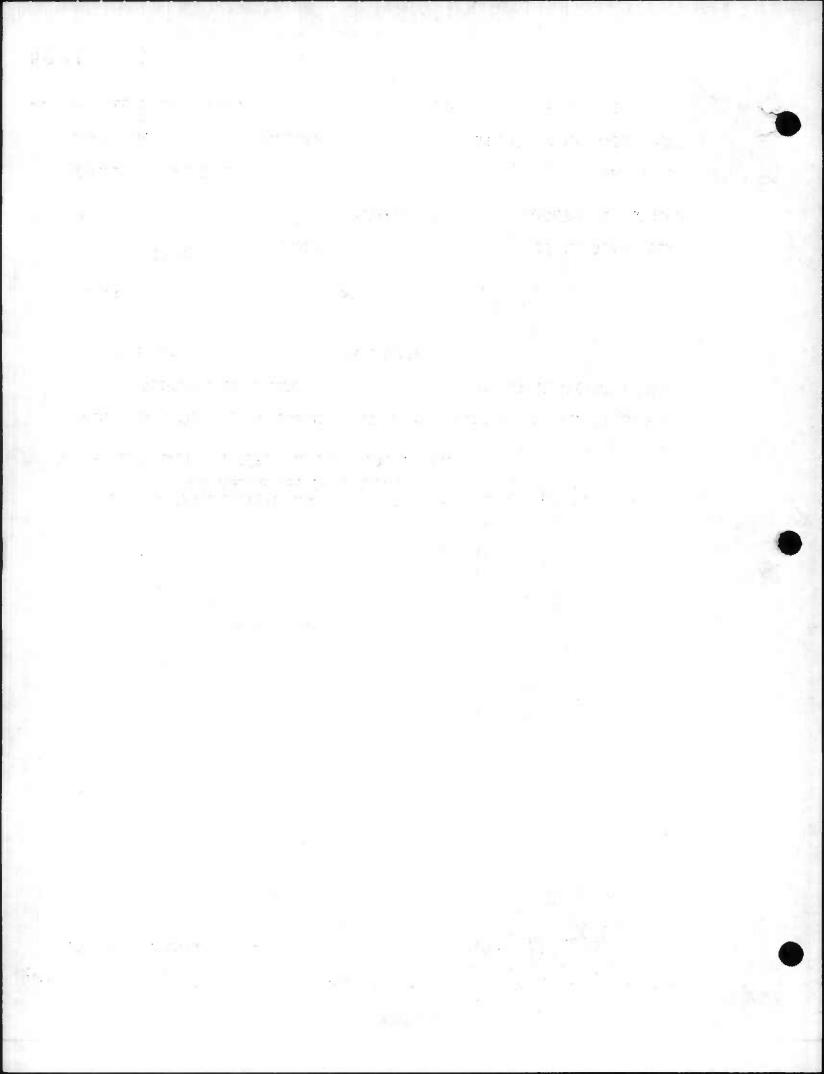
32. Registrer's Signeture

NOV 2 Filia Davids

The law requires that the death certificete be executed Box 68760. P.O. Records, Division of Vital or Attending Physician:

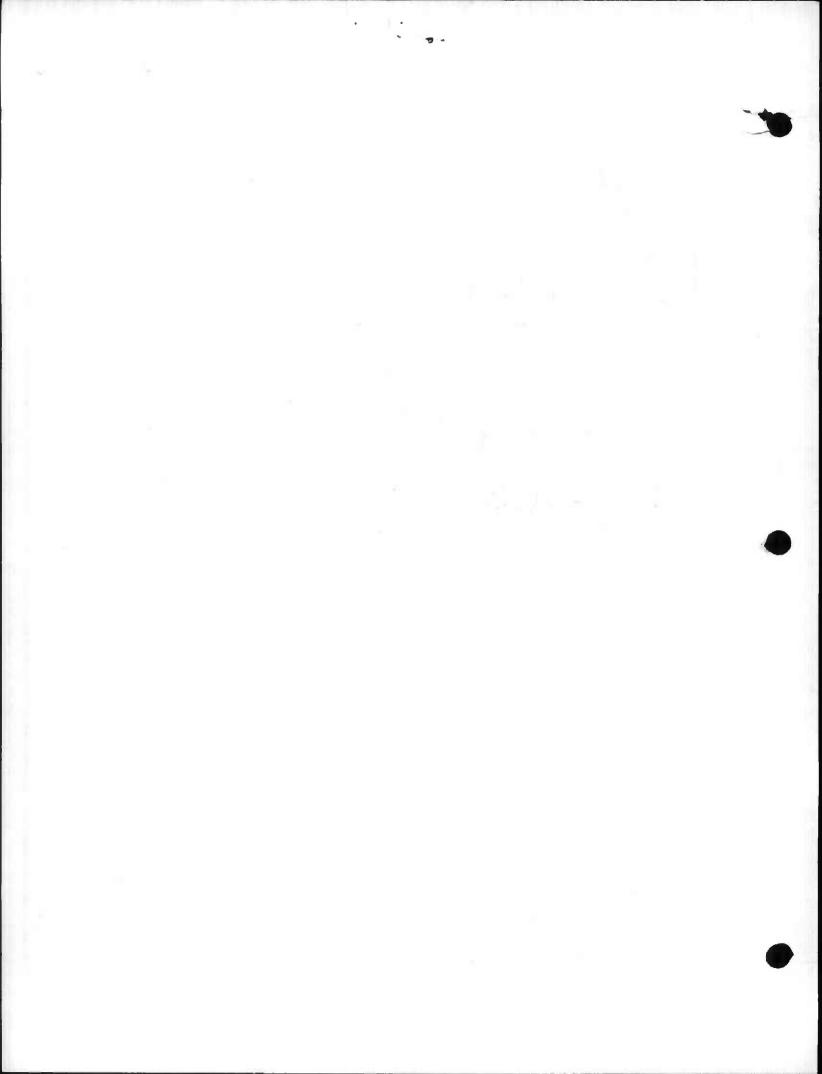
> State Registrar

DHMH 16 Rev 6/95



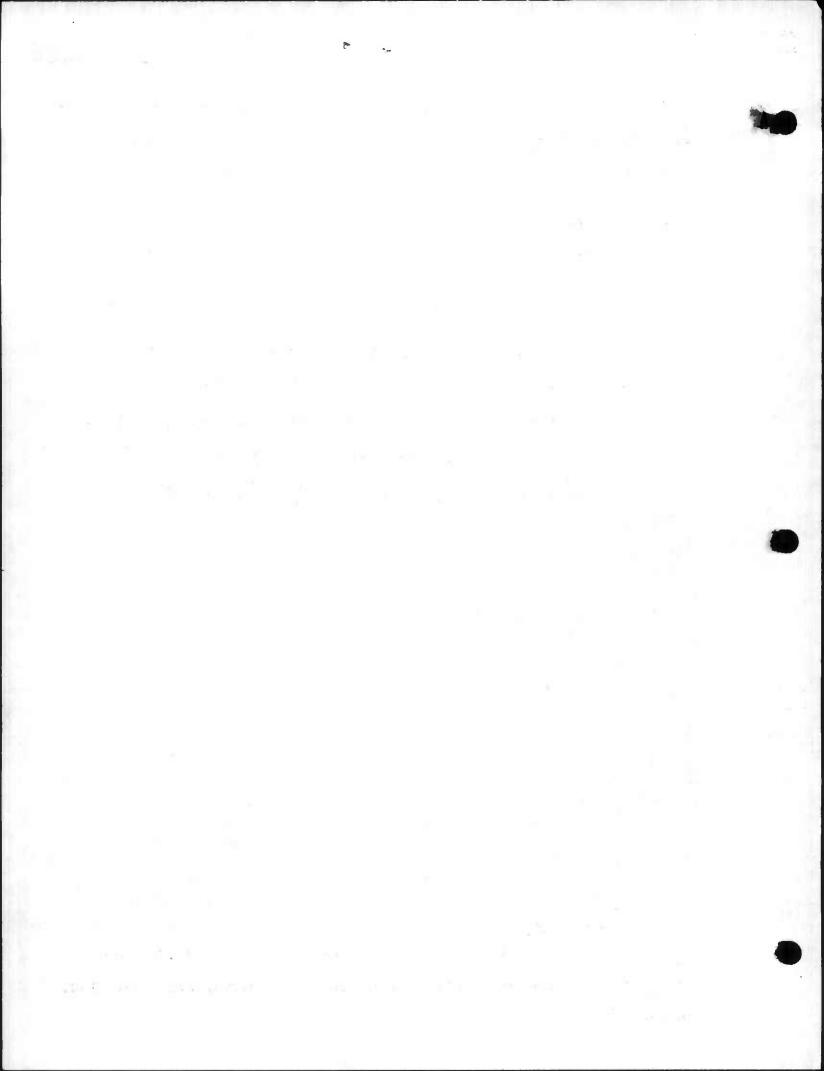
| BALTIMORE, MARYLAND 21203-3146 | IAN: The law requires that the death certificate be executed within Law Jours after death. Page 6 may be retained by the hospital or attending physician. This care has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. The State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. The medical examiner must be notified at once. |
|--|---|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

| | FOR STATE REGISTRAR | STATE OF I | MARYLAND / | DEPAR | ICATE | OF H | EALTH A | ND N | MENTAL | HYGIEN | E | | |
|--------------------|---|------------------------|---------------------|----------------------|---------------|----------------|---------------|----------|-------------------|--------------------------------|------------------|---------------------|-----------------------------------|
| | 1. OECEDENT'S NAME (First, Middle, Last) | WIRSI | | | | | | | 2. DATE MONTH | OF DEATH | 96 | EAR | S-50 P M |
| | 4. SOCIAL SECURITY NUMBER 220–22–0611 | 5. SEX 1 🔀 M 2 🗆 F | 6. AGE (In yrs. Ia: | st birthday) YRS. | IF UNDER | 1 YEAR DAYS | IF UNDER 24 | HRS. | 7. OATE ((Month) | Day, Year) | 06 Ma | BIRTHPL Country) | ACE (State or Foreign |
| İ | Se. FACILITY NAME (If not institution, give a | | 90 | | 9b, CITY | TOWN C | R LOCATION | | | 11,15 | 9c. COUNTY | | |
| Œ | Brevin Nursing | | | | | | de Gr | | | | F | Harf | ord |
| FUNERAL DIRECTOR | RESIDENCE OF DECEDENT | aut- | | _ | | | | | | | | | |
| R | 10e. STATE 10b. COUNT | | | 10c. CI | TY, TOWN (| | | | | | | | Dd. INSIDE CITY LIMITS? |
| ā | Maryland | Harford | | | Aber | _ | | _ | | | | | YES 2 K NO |
| AE I | 10e. STREET AND NUMBER | | | | | 101 | ZIP CODE | | | - 1 | 100 | | AT COUNTRY? |
| N. | 539 Aldino-Step | ney Road | | | La | | 21001 | | | 2 (D 1A - V | | S.A. | A-color ledin |
| 5 | 11. MARITAL STATUS 1 Never Married 2 Married | FORCES? | YES 2 | NO | 1.3 | If yes, sp | ecify Cuben, | Mexical | n, Puerto F | ? (Specify Yes lican, etc.) | OF NO. | | - American Indian, White, etc. |
| BY | 3 Widowed 4 Olvorced | IF YES, GIVE | MAR OR DATES | | | 1 YES | 2 ₩ NO | Specify | r: | | | Specify: | White |
| 8 | 15. OECEDENT'S EDU | | | | S USUAL O | | | | 16b. | KIND OF BUS | BINESS/INDUS | TRY | - |
| COMPLETED | (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5 | 116 | e. Do NOT i | use retired.) | qunny mo | st of working | | | | | | |
| 로 | 8 | 0 | Hea | avy E | quip | . or | erato | r | | Civil | Servi | e_ | |
| Š. | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOTHE | R'S NA | ME (First, A | fiddle, Meiden | Surneme) | | |
| BE (| Peter Gebhart W | lirsing | | | | | | | Lie | | | | |
| 0 | 19e. INFORMANT'S NAME (Type/Print) | | | | | | | | | | n, State, Zip Co | | 040=0 |
| - | Sharon Worthing | rton | | | _ | | | _ | Havr | | race, | | 21078 |
| | 20e. METHOD OF DISPOSITION 1/TX Buriel 2 Cremetion 3 Ren | noval from State | St. Place | OF OISPO | SITION (N | me of ce | metery, creme | tory or | | | CATION — CR | | |
| | 4 Donation 5 Other (Specify) | | _ pt. Pa | aurs | | | ND ADDRESS | | | Abei | deen, | Mar | yıand |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | | | Ť | arri | ng-Ca | irgo | Fun | eral H | Iome, I | .A. | |
| | Hary/K. | WIL | iova | nne | U A | berd | leen, | Mar | ylan | d 210 | 01-339 | 99 | |
| | 23. PART I. Enter the disesses, or shock, or beart fellure. | | | | not sate | tha mo | da of dyln | ig, suc | h as card | llec or resp | iratory srres | t, | Approximate interval Between |
| | IMMEDIATE CAUSE (Final | | | | Pn | D.L. | wo1 | | | | | | Onset and Deeth |
| | disesse or condition resulting in death) | 10.2 | Pirali | 7 17 3 | | CI | W U 1 | 116 | 4 | | | | JMXC. |
| | | DUE TO | OR AS A CONS | EOUENCE | OF): | | | | | | | | 1 |
| Z | Sequentially list conditions, | b | | | | | | | | | | | / 1 - |
| CERTIFICATION | If eny, leading to immediate cause. Enter UNDERLYING | DUE IC | O (OR AS A CONSI | EUUENUE | OF): | | | | | | | | |
| F S | CAUSE (Disease or injury that initiated events | C. DUE TO | OR AS A CONS | EOUENCE | OF): | | | | | | | | + |
| Ē | resulting in death) LAST | 1000 | | | | | | | | | | | |
| CE | | d | | | | | | | | | | | |
| AL | PART II. Other significent condition | | | | | | - | | Part I. | 24a, WAS AN | | 1 | WAILABLE PRIOR TO |
| 2 | Congestion | Hear! | Tean | 10 | 0 | La | age | _ | - 1 | 1 TYES | 2 11/16 | | OMPLETION OF CAUSE OF DEATH? |
| PHYSICIAN: MEDICAL | | | - | | | | 0 | | _ | | | , | YES 2 NO |
| ä | | | | | | | | | | | | | |
| 5 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHE | | LACE OF DE | ATH (Ch | neck only or | 10) | | | |
| YS | 1 YES 2 NO | | ☐ ER/Outpatient | - | 4 SMG | | JURY AT | idence | | | INJURY OCCU | 050 | |
| | 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE C (Month, | Day, Year) | 200. 1 | NJURY | W | ORK? YES 2 | 1 110 | 200. DE | SCHIBE HOW | INJUNY OCCU | NEU | |
| ВУ | 2 Accident Investigation | | OF INJURY — At I | home ferm | atrast fo | | | 140 | 281 1.00 | ATION (Street | end Number or | Bural Bo | uta Number |
| E | 3 Suicide 6 Could not be 4 Homicide determined | building | g, etc. (Specify) | notine, term | , 5.166., 16 | otory, ott | | | City | or Town, State |) | | • |
| COMPLETED | 290. CERTIFIER | | | _ | | | | | | | | | |
| MPI | (Check only | | 110-1-1-1-1-11 | | | | | | | | | | |
| CO | 2 MEDICAL EXAMIN | | examination and/o | or investiga | tion, in my | opinion, | | W. Carre | | e end piace, e | | | |
| BE | 29b. SIGNATURE AND TITLE OF CERTIFI | ER IMS |) | | | | 29c. LICE | | MBER 600 | | | SIGNED (| Month, Day, Year) |
| 10 | 20 HAME AND ADDRESS OF SECONO | NO COMBI ETER CO | IIRE OF PEATE *** | reu en « | Del-et | | | | | | | 1 | - |
| | 30. NAME AND ADDRESS OF PERSON W | MITE | ALA MAA | 7A | Ro. | , ot | line. | 5+. | Ha | stro f | v Com | 364 | MD21078 |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTI | PAR'S SIGNATURE | -0, | 10 | - | | _ | - 100 | | -43. | | _ ,, 0 |
| | NOV 2 9 1996 | Takin Show | LLON-ROAD | Щ | | | | | | | | | 100 |



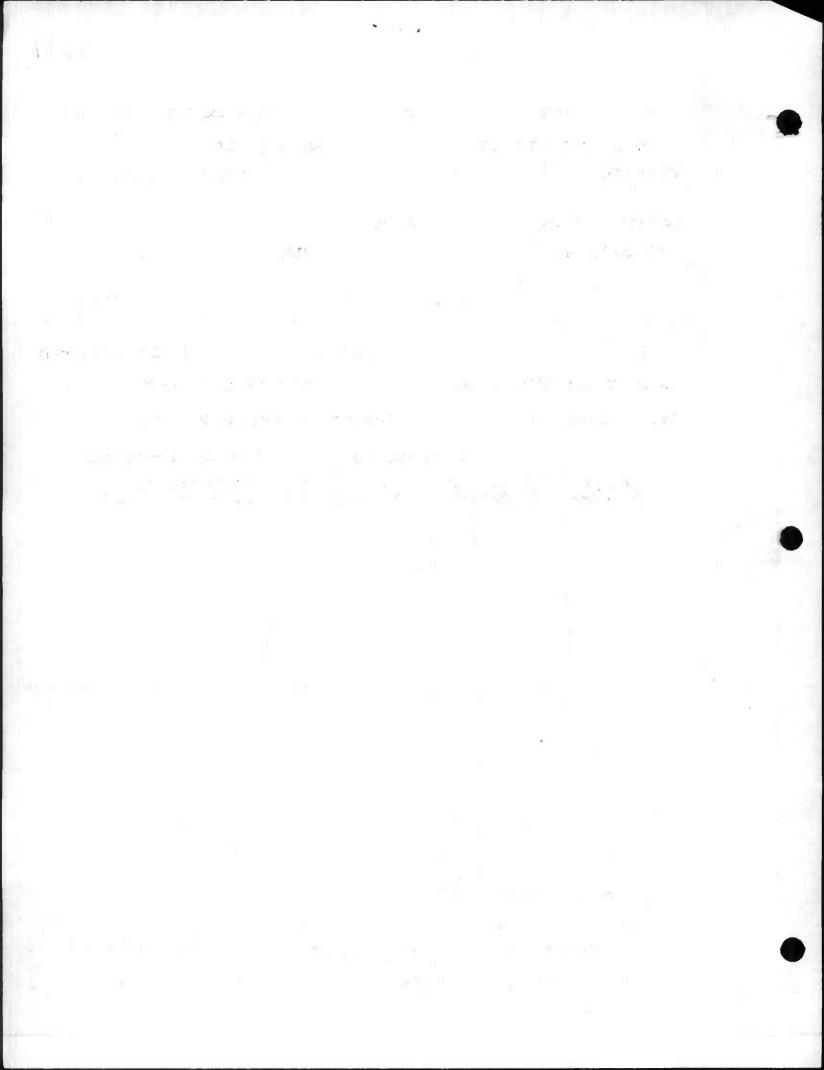
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37336

| | | | | | | Cei | titical | te of | Death | | R | eg. No. | | | |
|---|------------------|---|--|---|----------------------|-------------------------------------|-------------------|------------------|------------------------------|--|--|-------------------------------------|---|-------------------------------------|--|
| Physicia /Medic | | Decedent's Name (First, Middle JOEL H | , Last) | | WHI | TSEL | L | | | | 2. Date of Dee Month NOV • 2 6 | Dey | Year | 3. Time of Dea | |
| Examin | | 4a. Facility Neme (If not institution, ABERDEEN THRU | | nd number) |) | | | | 4b. City, To Aber | | cation of Deeth | | | | |
| Funeral ، Director | | 260-68-5437 | 6. Sex 1 XM 2 | | ge (In yrs. les | of birthdey) Yrs. | if Unde Months | r 1 Yaar Days | If Under Hours | 24 Hrs. Min. | 8. Deta of Birth (Month, Dey NOV 2, | | 9. Birthp | lece (Stete or Fo itry) Jia | |
| 72 nours eller death with the Maryland netural; or items 23s or 28s-f show sical Examiner must be notified at | ctor | Usual Residence of Decedent 10a. State 10b. County Maryland Ceci | 1 | | | Town or Lo | | | | | | | 10d. Inside City Limit: 1 ☐ Yas 2⊠ N | | |
| 23a or 28 | Funeral Director | 10e. Street and Number 372 Principio R | oad | 10f. Zi | | | | | 04 | | 1 | 10g. Citizen of Whet Country? | | | |
| "netural", or items 23s or 28s-f sho | by | 11. Maritel Stetus 1 □ Never Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced | Armo | ed Forces? Yas 2 🗆 | | if Yes, specify Cuban, Mexicen, Pua | | | | gin? (Spe n, Puarto | ecify Yes or No- Rican, etc.) | 14. Re Bio | Rece - Amaricen Indien, Biack, White, etc. | | |
| - 91 | Completed | 15. Decedent's (Specify only highest Elementery/Secondery (0-12) | grede comple | eted) aga (1-4or : | 3+) | | | | eatlon during mos | | | | | | |
| d other | To Be Co | The second 11 22 | | | | | | | r's Neme | (First, Middle, I | Dey Year 0730 A 4c. County of Deeth HARFORD 9. Birthplece (Stete or Foreign Country) 1945 Georgia 10d. Inside City Limit 1 Yes 2 No 11 Yes 2 No 14. Rece - American Indian, Biack, White, etc. Specify: White 16b. Kind of Business/Industry Civil Service Maiden Surname) The City or Town, State, Zip Code) Sit, MD 21904 2cc. Location - City or Town, State Dawsonville, GA 399 1st, Approximata Interval Between Onset and Deeth Approximata Interval Between Onset and Deeth 1 Service 1 Service Maiden Surname 1 Service Maiden Surname 1 Service Maiden Surname 1 Service Maiden Surname 1 Service Maiden Surname 1 Service Maiden Surname 1 Service Maiden Surname 1 Service Maiden Surname 1 Service Maiden Surname May 2 No May 1 Service Maiden Surname May 2 No May 1 Service May 2 No May 1 Service May 2 No May 2 No May 1 Service May 2 No May 2 No May 3 No May 4 No M | | | | |
| 9 8 | | 19e. informent's Name/Reletionsh Mrs. Jean L. Wh | | tsell (wife) | | | Princ | ipic | | | | | | | |
| Department of Health Important: If item 27 eny injury or other to once. | | 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Special Control of C | | from State | | e of Dispo etery, cren ernor | | | ch. | Cem. | 1/30/96 | Dawson | - City or To NVille | wn, Stete | |
| Depart Import eny in | | 21. Signetura of Funeral Service Li | 22. Name end Addrass of Facility Tarring—Cargo Funeral Home, P.A. Aberdeen, Maryland 21001–3399 Pent 1. Enter tha disease, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrast, | | | | | | | | | | | | |
| ysician Medical aminer | iner | shock, or heart feilura. List o immediate Ceuse (Finel disease or condition resulting in deeth) | | | Chiple Dua to (or as | | | rîs | | | | | | Intervel Between Onset and Deeth | |
| physicia s the bur | Medical Examiner | Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Disaasa or injury that initiated evants resulting in deeth) Last | c | | Due to (or es | | | | | | | | | | |
| e attendi | Physician/M | Pert il. Other algnificant condition | ds contributing | to death b | ut not resultir | no in tha ur | derivina c | eusa oiv | en in Pert i | - | 23b. Did to | hacco use co | antribute to | the cause of de | |
| 80 | by Phy | | | 1 Yes 2 To 3 Probably 24e. Was an autopsy performed? 24b. Were eut available complatic | | | | | | | | | | | |
| | Completed b | | | | | | | | | illable prior to applation of cause | | | | | |
| certificate ha | | | | | | | | | | | 1/2 Ye | Yes 2□No 1□Yes 2□ | | Yes 2□ No | |
| | Be | 25. Wes cese raferred to medicei exeminer? 1∆ Yes 2 No | Hospitel: | | | | | Oth | or. | | (Check only on | | | | |
| h. After th funeral | tion: To | 1∆ Yes 2 No 27. Mannar of Deeth 1 Naturel 5 Pending 2 Accident Investige | 28e. C | 28e. Dete of Injury (Month, Day Year) 28b. Time of injury Work? | | | | | 4 LI NU | 2 | | Dascribe how injury occurred Oriver | | | |
| within 24 hours ener dear To the Funeral Director: completely filled in by the | Certification: | 3 Suicide 6 Could no determin | ad 289. F | Pieca of injudicity | ury - At home | , farm, stre | | , office | | 2 | 18f. Location (St.) City or Town | , Stata) | ber or Rurai | Route Number, | |
| Funer Funer stely fill | edical | 29a. Certifiar 1☐ Certifying (Check only one) 1☐ Certifying 2℃ Medical Ex | aminer: On ti | he basis of | axaminetion | dga, deeth end/or inv | occurred a | at the tim | ne, dete end olnion, daet | d place, e h occurre | nd due to tha ce | usa(s) and m | ennar es ste end dua to | ated. the ceuse(s) | |
| To the comple | Mec | 29b. Signetura and title of certifier | Ol | manner sta | ited. | | | | e number | | | | | | |
| | | 30. Name end eddress of person wh | no completed | ceuse of de | eeth (item 23 | a) (Type, F | Print) | OCI | 1E | | N | OV.26 | ,1996 | 5 | |
| 1174 | | David R | Forle | | | | | reet | t. R= | a]+i | more, | Marul | and ' | 21201 | |
| State Registra | | 31. Dete filed (Month, Dey, Year) | (1: As | 32, Registra | ar's Signature |) | | | - | | | - acar y L | | .1401 | |



Please Type or Print in Black Indefible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 36 37337

| | | | | | , | Certific | | | R | eg. No. | | 0,00, | | |
|----------------------------|--|----------------|---|---|---|--------------------------------------|--|--|---|--|--------------------------|--|--|--|
| п | Physic | ian | 1. Decedent's Name (First, Middle, | Last) | | | | | 2. Dete of Dee Month | th Day | Year | 3. Time of Death | | |
| 7 | /Medical Examiner | | LEONARD B 4e. Fecility Neme (If not institution, | ERNARD give street end number | | | | | NOVEMBE Location of Deeth | ER 24, 1996 | | 6:35 PM | | |
| | | | THE JOHNS HOPKI | NS HOSPITA | Τ. | | | BALTIMOR | E CITY | | _ | | | |
| | Funeral Director | | 5. Social Security Number 212–30–3519 | Sex 7.A | ge (In yrs. lest bi | Yrs. If Un Mont | ider 1 Year | | 8. Dete of Birth | | | plece (Stete or Foreigntry) yland | | |
| | pur * | | Usuel Residence of Dacadent 10e. Stete 10b. County 10c. City, Town or Location | | | | | | | | | | | |
| | /anylan f ahow | ٥ | | | | | | | | | | 10d. Insida City Limit 1 ☐ Yas 2 N | | |
| | the 1 | Director | Maryland Harfo | ra | | Abingdon | | | | | | g. Citizen of What Country? | | |
| | 3a or | | 3805 Longley Rd | | | 10 | zip oodu | 21009 | | | JSA | my: | | |
| | ter death with the Maryla tioms 23s or 28s-f show | Funerai | 11. Maritel Status | 12. Wes Deceden Armed Forces | Ever In U,S. | 13. Wes De | ecedent of I | | Specify Yes or No- to Ricen, etc.) | | ce - Americ | cen Indien, | | |
| 020 | 72 hours after death with the Maryland natural", or items 23a or 28a-f show ocal Examine must be notified at | þ | 1 ☐ Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced | Armed Forces 1 | No | 1 ☐ Yes | | | to Ricen, etc.) | 0 | | nite | | |
| 5 | es 1 and 2 should be filed within of Health and Mercal Hygiena. (filem 27 is marked other than "r other traumatic avent, trains and the statement of the mercal than "r other traumatic avent, trains and the statement of the sta | ted | 15. Decedent's (Specify only highest) | Education | | Decedant's U | Isuei Occup | petion | odein o | 16b. Kind of 8 | Business/In | dustry | | |
| 2121 | | Completed | Elementery/Secondary (0-12) | College (1-4or | 5+) | | (Give kind of work done during most of ville. DO NOT use ratired) Steelman | | rking | Steel | Manu: | facturing | | |
| ם | | Be | 17. Fether's Neme (First, Middle, La | - | | | | 18. Mother's Na | , Maiden Surneme) | | | | | |
| <u>X</u> | | 10 | Gorman Edward | Wilhelm, | Mina | Virginia | | | | | | | | |
| a | | | 19e. Informent's Neme/Relationship | | 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Ste 3805 Longley Rd., Abingdon, Md. 21009 | | | | | | | Code) | | |
| | | | Joan C. Wilhelm 20e. Method of Disposition | - Wife | | | | | | | | | | |
| altimore, | | | 1 ☐ Suriel 2 ☑Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec | cify) | | of Disposition (in property) Ferris | | | Dete 11-29-96 | 20c. Location West | | ter, PA | | |
| gal | permit. Pag Department important: i | | 21. Signature of Fyneral Service Lic | eral Ho | Home, P.A. MD 21009 | | | | | | | | | |
| Н | | | 23a. Perf1. Enter the diseese, or co shock, or heart failure. List on | mplications that cause | d the deeth. Do | not enter the n | node of dyi | ng, such es cerdia | c or respiretory err | est, | | Approximete Intervel Between | | |
| | Physician | | | | | | | | | | | Onset end Death | | |
| | /Medical Examiner | | Immediata Ceuse (Finel disease or condition resulting in death) e. ASPIRATION PNEUMONIA | | | | | | | | 2 | 4 HOURS | | |
| | | 5 | rooming in doubly | Dua to (or es e consequence of): | | | | | | | | | | |
| 1 | nsit | Ë | | b. HEPATIC | HEPATIC FAILURE | | | | | | | | | |
| , | icata be executed physician and s the burial-transit | Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury | | Due to (or as e consequence of): | | | | | | | | | |
| 68/60, | sicia bur | | triat initiated availts | c. RENAL I | | 1 | WEEK | | | | | | | |
| DOX PR | 0.0 | n/Medical | | | | | | | | | | | | |
| | that tha death ce ed by the attendi detached for use | Physician/I | Port II. Other elanificant conditions | contribution to death t | | n Abra vanda di da | | and Books | act plate | tobacco use contribute to the cause of death | | | | |
| 5 | t tha de by the tached | hys | reath. Other significant conditions | contributing to death t | out not resulting I | n the underlyin | o underlying cause given in Pert I. 23b. Did tobacco use cor 1 ☑ Yss 2 □ No | | | | | bably 4 🗆 Unknow | | |
| | s tha | ру Р | | | | | | | 190 | 2 2 140 | 0 110 | beby 4 Dikilo | | |
| | The law requires that tha site has been signed by the page 2 should be detached. | Completed I | | | | | | | 24e. Wes e | n autopsy ned? | av co | ere autopsy findings ellable prior to empletion of cause death? | | |
| č | The lay te has page 2 | ошо | | | | | | | 1 □ Ye | s 25 No | 1 | ☐ Yes 2☐ No | | |
| 2 | certificate rector, pag | Bec | 25. Wes cesa referred to medicel | | | | | 26. Plece of De | eth (Check only one) | | | | | |
| > | ls ce direc | To | exeminer? | Hospitel: | ent 2 ER/Ou | utpetient 3 | DOA Ott | or. | lome 5 ☐ Reside | | ner (Specif | (v) | | |
| DIVISION OF VITAL RECORDS, | Attanding Physician: It death. actor: Aftar this certific by the funeral director, | | 27. Manner of Deeth 1 Naturel 5 Pending 2 Accident Investigation | 28e. Date of Injury (Month, Day Year) 28b. Time of Injury Work? 28d. Describe how | | | | | | | | | | |
| | ai or Atta s aftar de ii Directo | Certification: | 3 ☐ Sulcida 6 ☐ Could not 4 ☐ Homlcide detarmina | d 286. Piece of in | jury - At home, fe ic. (Specify) | erm, street, fect | tory, office | | 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) | | | | | |
| | To the Hospital or Attanding Physician: The I within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page | edicai (| 29e. Certifier (Check only one) 15 Certifying F | thysician: To the best miner: On the basis of end mennar st | f examinetion an | e, deeth occurre d/or Investigeti | ed at the tir ion, in my o | ne, dete end plece pinion, deeth occu | e, end due to the co | euse(s) and m ate end piece, | enner es s and dua to | tated. o tha ceusa(s) | | |
| | To the To the Comp | M | 29b. Signeture and title of certifier | | | 1 | 29c. Licens | e number | | 9d. Dete signe | | | | |
| | | | Shain | u ()0 | ma | | RES-C | 000 | | Nove | nhel | 24 199 | | |
| , | | | 30. Name and address of person who | completed ceusa of | deeth (Item 23e) | (Type, Print) | KED-(| <i>.</i> | | | | 1/(4) | | |
| | male a | | | tman. | Johns 1 | tookin | s Ho | spital, | Baltin | nove. | Mn | | | |
| | Sta | | 31. Dete filed (Month, Dey, Year) NOV 2 5 19 | OG Rogis | ar's Sprature | relath | | , | | | | | | |
| | Registr | ar | MO 4 2 9 19 | 30 | - Access Color | | | | | | | | | |

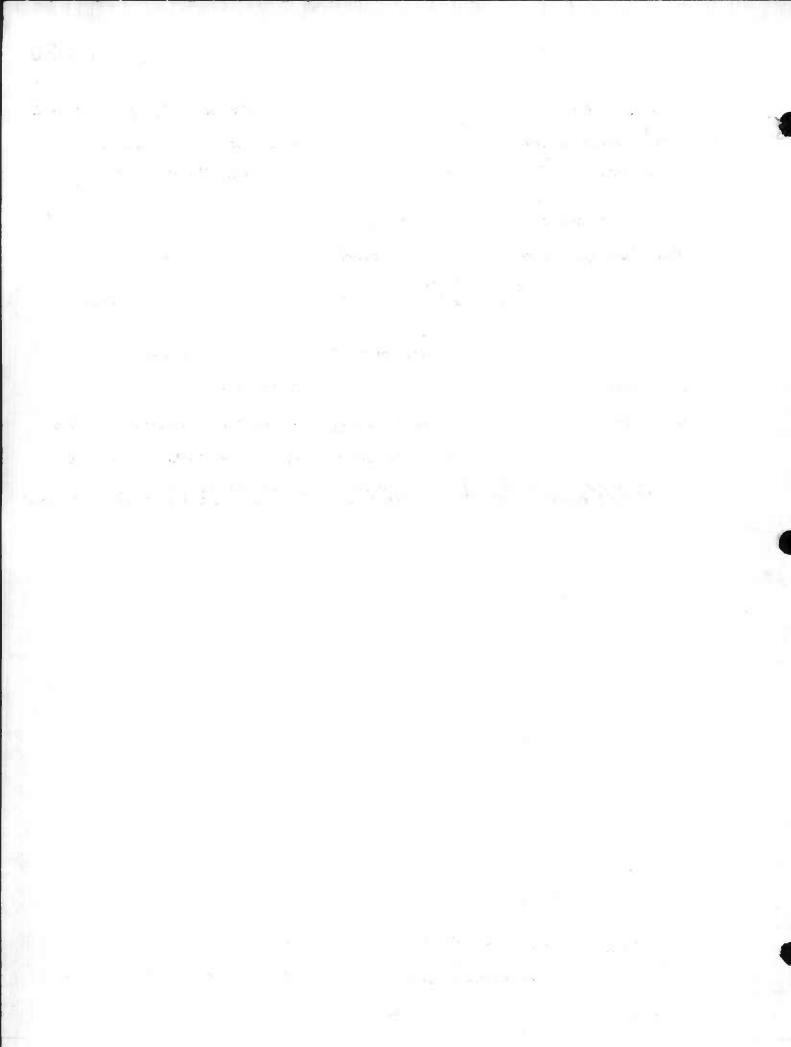


State of Maryland / Department of Health and Mental Hygiene

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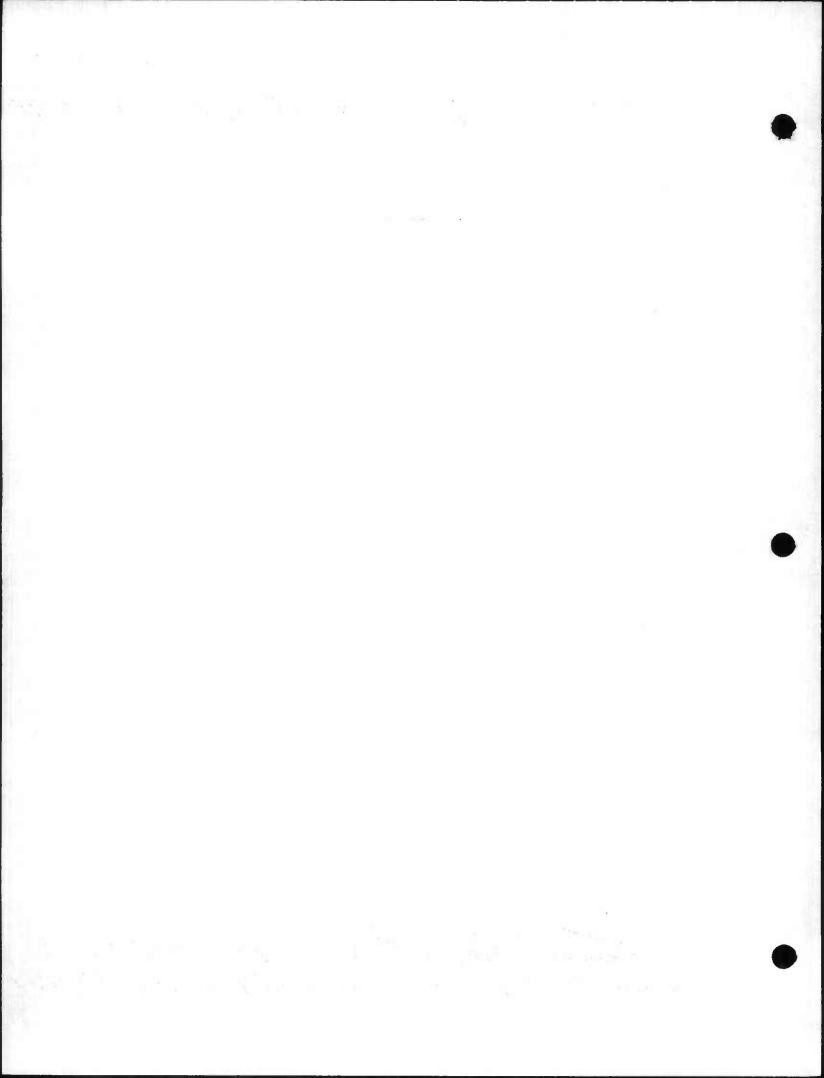
| | | | | | Certificate | e of | Death | | | Reg. No. | | | | |
|--|----------------|--|---|----------------------------|--|-----------------|--------------------------------|---------------|---|-----------------------|---|-------------------------------------|--|--|
| CALL ST | 1 6 | 1. Decedent's Neme (First, Middle, Le | est) | | | | | 1 | 2. Date of De | eth | , | 3. Time of Deeth | | |
| | lclan | Stephen Yarr | | | | | | | Month | Dey | Yeer | 11./0 43/ | | |
| 7E * | dicai niner | 4e. Fecility Neme (If not institution, gi | ve street end number) | | | | 4b. City. To | wn. or Lo | Novemb cation of Deet | | | 11:49 AM | | |
| Exal | IIIIIei | 3701 Rossmoor Bo | | | | | | | | | | | | |
| _ | | | | (In yrs. lest | hirthday) If Under | 1 Vee | Silver | | ing 8. Dete of Bir | Mon | | | | |
| Funer | _ | | 1 ☐ M 2 ☐ F | 80 | Yrs. Months | Days | | Min. | (Month, De | y, Year) | 9. Birthp | ntry) | | |
| Direct | OF . | Usuel Residence of Decedent | | | | | | | Aug. 3 | 1, 1916 | Ne | w York | | |
| pue * | | 10e. Stete 10b. County | | 10c City To | own or Location | | | | | | | Od Inside City I halt | | |
| sho | 5 | | | | | | | | | | , | | | |
| he N | Sch | MD Montgomery Silver Spring 10e. Street and Number 10f. Zip Code | | | | | | | | | | 10165 212110 | | |
| ith year | Director | | | | | 10g. Citizen of | Whet Coun | ntry? | | | | | | |
| 23e | | 3278 Gleneagles | Drive | 20906 | | | | | | USA | | | | |
| eme | Funeral | 11. Maritel Stetus | 12. Wes Decedent Ev Armed Forces? | | Maria annual Outer Manager | | | gin? (Spe | city Yes or No | - 14. Rec | | | | |
| o afte | | 1 ☐ Never Merried 2 🕅 Married | 1 XYes 2 No 19 | | - + | | , i doito i | 110011, 010.) | | | etc. | | | |
| 15-0020 72 hours after death with the Meryland "natural", or items 23a or 28a-f show added Examiner must be mustred at | b | 3 ☐ Widowed 4 ☐ Divorced | Yeer or Detes: | 1945 | 10 165 2 | э эрвспу. | | | Specif | v: W | hite | | | |
| 21215-0 3 within 72 hd jiene. r than "natur the Medical | Completed | 15. Decedent's E | 15. Decedent's Education (Specify only highest grede completed) | | | Occi | upetion | | | 16b. Kind of B | dustry | | | |
| within within then "re Mee | ple | Elementery/Secondary (0-12) | College (1-4or 5+) | | (Give kind of won life. DO NOT us | e retin | e during most ed) | or workir | ig | | | | | |
| 212 d withii giene. wr than | , no | | 4 | | Accountant | t | | | | Priva | te Co | rp. | | |
| be filed tal Hygid d other | Be | 17. Fether's Neme (First, Middle, Last |) | | | | 18. Mothe | r's Name | (First, Middle, | | | | | |
| should be and Mental marked o | To B | Jacob Yarr | | | | | Para | nka | Rass | | | | | |
| Maryland 21215-0020 d 2 should be filed within 72 hours af th and Mental Hygiene. The marked other than "natural", or traumatic event, no Medical Expensional Control of the marked other than "natural", or traumatic event, no Medical Expensional Control of the Medical Expensional Control of the Medical Expensional Control of the Medical Expensional Control of the Medical Expensional Control of the Medical Contr | - | 19e. Informent's Neme/Rejetionship | (Type Print) | | 9b. Melling Address | (Stree | | | | er City or Town | State Zin | Codel | | |
| | | Olga Yarr | 7,50,000 | | | | | | | | | | | |
| s 1 and f Health ttem 27 other tr | | 20e. Method of Disposition | | 20h Place | Place of Disposition (Neme of cemetery, cremetory or other place) | | | ive, | Silve: | | | | | |
| altimo | | 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ | Removel from State | ceme | | | |) | | 1 | | | | |
| | | 4 Donetion 5 Other (Special | (y) | Gate | e of Heaven Cemetery 11/27/96 Silv | | | | | | Spring, MD | | | |
| | 9 | 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility | | | | | | | | Б т | | | | |
| o 28 E 5 | a | William | I Dreco | K | 500 Un | SJ | . COLL | Rlvd | Funera. | Home, | Inc. | « MD 20001 | | |
| | | 23e. Part1. Enter the disease, or com shock, or heert feilure. List only | plications that caused th | he deeth. D | o not enter the mode | of dy | ing, such es | cerdiac or | respiratory at | rest. | SPLIII | | | |
| Physicia | | shock, or heert feilure. List only | one ceuse on each line. | | | , | | | , | | 1 | interval Between Onset and Deeth | | |
| /Medica | | Immediate Cause (Final | | | | | | | | | 1 | | | |
| Examine | er | disease or condition resulting in death) | e. Acute | e m | YOCARD | 10 | 2 11. | FA | 2017 | SN | 1 | mounte | | |
| | i i | | | | | | | | | | | | | |
| ted 1sit | Examiner | | b. DICATE | 2D 0 | ARDIO, | ny | OPA | THO | 1 | | | 1 YEAR | | |
| and and -trar | xar | Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying | | | | | | | | | | | | |
| 68760, finate be expensed to the purieur as the burieur | | ceuse. Enter Underlying Ceuse (Diseese or Injury | C | | | | | | | | | | | |
| ox 68760, certificate be executed iding physician and ise es the burlel-transit | //Medical | thet Initieted events resulting In deeth) Lest | Du | e to (or es | e consequence of): | | | | | | 1 | | | |
| | N N | 2725(7) (11.725) (11.11) | | | | | | | | | | | | |
| 0 - 5 - | 2 | | d | | | | | | | | | | | |
| S, P.O. Bo es that the death igned by the atter be deteched for u | Physician | Pert II. Other significant conditions of | in the underlying on | uco a | ivon in Bort I | | osh Did | obassa usa sa | maniferrate An | Abo course of death O | | | | |
| P.O. | hys | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. | | | | | | | | , | | | | |
| I Records, P.O The law requires that the ate has been signed by th page 2 should be deteche | | CARCINOMA OF BLADDER | | | | | | | | Yea Zijij No | Dey Year 1996 11:49 AM 4c. County of Deeth Montgomery 9. Birthplace (State or Foreign County) New York 10d. Inside City Limits 1 Yes 2 No 10g. Citizen of Whet Country? USA 14. Rece - American Indian, Black, White, etc. Specify: White 6b. Kind of Business/Industry Private Corp. Ididen Sumeme) City or Town, State, Zip Code) Spring, MD 20906 Oc. Location - City or Town, State ilver Spring, MD Home, Inc. ilver Spring, MD 2090; st, Approximate interval Between Onset and Deeth ////////////////////////////////// | | | |
| d be | d by | | | | | | | | 0.45 105 | eranga men | Odb Wa | and anything of the state of | | |
| cord v require been si | Completed | | | | | | | | 249. Wes | an autopsy med? | eve | eileble prior to | | |
| Rec e law | du | | | | | | | | | | of c | deeth? | | |
| The Ingresses | 5 | | | | | | | | 101 | es 2 No | 1 [| Yes 2□ No | | |
| Vital vician: The certificate rector, pag | Be (| 25. Wes case referred to medicel | | | | | 26. Plece | of Deeth | (Check only one) | | | | | |
| Vision of Vita Attending Physician: or death. ector: After this certific by the funeral director, | To | exeminer? | Hospitel: | 2□ FB/0 | Outpetient 3 DOA | Ot | hor | | | | or (Specifi | Leisun | | |
| Phys Prthis eral di | | 27. Manner of Deeth | 28e. Dete of fnjury | 28b | - Control - Cont | c. Inju | | | | | | " WATEL B | | |
| VISION O Attending Ph ar death. ector: After th by the funeral | 10 | Neturel 5 Pending | (Month, Dey Y | (ear) | Injury | | ork?]Yes 2.∐N | | | | | | | |
| dea dea y the | lica | 3 Suicide 6 Could not b | 3 Suicide 6 Could not be | | | | | | | 2004 | | | | |
| Division of Vital Records, or Attending Physician: The law requires the relation and additionable that been signe blactor: After this certificate has been signe in by the funeral director, page 2 should be on the funeral director, page 2 should be on the funeral director, page 2 should be on the funeral director. | Certification: | 4 ☐ Homicide determined | building, etc. (| | ieiii, stieet, iectory, | OHIGO | | 2 | City or Tow | n, Stete) | er or nurar | r Houte Multiper, | | |
| Divisio To the Hospital or Attendil within 24 hours efter death. To the Funeral Director: A completely filled in by the fu | | 20-0-4 | | | | | | | | | | | | |
| Hos Fun Fun tely i | edical | Z Medical Exam | ysician: To the best of r niner: On the basis of ex | my knowied kaminetion e | ge, deeth occurred e end/or investigetion, i | t the ti | ime, dete end opinion, deet | plece, er | nd due to the o | euse(s) end me | end due to | eted. | | |
| the the | Med | 5.107 | end menner state | d. | | | | | | | | | | |
| 5 × 5 0 | ~ | 29b. Signeture end title of certifier | 1. | | | | se number | | | | | | | |
| | | Amer a. | Rrai | WI | | L | 245 | 43 | | Novem | ben: | 25, 1996 | | |
| ./ | | 30. Name and eddress of person who | | |) (Type, Print) | | | | | | | | | |
| 15 | | 3305 NONTH LLI | lune wone | LD B | LVD. | 51 | Lucn | L S | PRIN | 9 11 | 20 | 20906 | | |
| | tate | 31. Dete filed (Month, Dey, Year) | | | , | | | | | | | | | |
| Regis | | NOV 2 7 1996 | 32. Registrer's | dron-The | andelle | | | | | | | | | |
| | | 1101 10 1000 | Al | | | | | | | | | | | |

DHMH 16 Rev 6/95



| | | | | | Ce | rtificate | e of | Death | | Reg. No. | | | | | | |
|--|-----------------------------|--|--|--|--|--|---|-----------------------|---|---|--|---|--|--|--|--|
| Physici | an | Decedent'a Neme (First, Middle, | Last) | 1/0 | 05 | 7 | 1/1 | 77 | 2. Dete of De Month | eath Day | Year | 3. Tima of Deeth | | | | |
| /Medi | cal | 0770 | | | SE | FO | | | NOV | 21 | 96 | 17597 | | | | |
| Examir | ner | 4a. Facility Nama (If not institution, SUBURBAN HOSPIT | | | | | - 1 | BETHE | Location of Deat | | | ÆDV. | | | | |
| Funeral | | | | e (In yrs. las | t birthday | If Undar | | Il Under 24 Hr | | | | | | | | |
| Director | | N/A | 15 M 2□ F | 92 | Yrs. | Months | Deys | Houra Mir | 8. Data of Bi (Month, Di 08/09 | 9/05 | RO | MANIA | | | | |
| | | Usual Residence of Decedent 10e. State 10b. County | | 10c. City, 1 | Foun or I | ocation | | | | | | Od Jacida Olty Limite | | | | |
| 28a-f show | 5 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | TGOMERY | | | | | | | | Ι. | | | | | |
| r 28a-f notifie | rect | 10e. Street and Number | I IN | OCKV. | 10f. Zip | Code | | I | 10g. Citizen | of What Cour | ntry? | | | | | |
| 23a or ant be | a D | 1714 MARK LANE | | | | | 208 | 852 | | IS | RAEL | | | | | |
| items i | Funeral Director | 11. Marital Stetus | 12. Wes Decedent Armed Forces? | Decedent Evar in U,S. | | J.S. 13. Was Dacedant of H II Yas, specify Cube | | ispanic Origin? (| Specify Yas or No | o- 14. F | | | | | | |
| 2 4 | by FL | 1 ☐ Nevar Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced | d 1 ☐ Yas 2 ☐ If If Yas, Give X | | | 1 ☐ Yes 21 No Specify: | | | | | | | | | | |
| tural 28 Es | pa pa | 3 LXWidowed 4 □ Divorced Yaer or Datas: 15. Decedent's Education 16a. Decedent's Usu | | | | dent's Heus | i Occur | etion | | 16h Kind of | | | | | | |
| Medica | plet | (Specify only highest Elementery/Secondery (0-12) | grada completed) | | (Give | kind of wor DO NOT us | k done | during most of w | orking | TOD. KING OF | Of Dualitess/Houstry | | | | | |
| giano at the | Completed | Elementery/Secondery (0-12) | College (1-4or 5 |)+) | ELECTRICAL | | AL I | ENGINEER | 2 | ELETR | ICAL F | PLANNING | | | | |
| ed oth | Be | 17. Father'a Name (First, Middle, La | est) | | | | | 18. Mother's No | eme (First, Middle | , Meidan Sum | eme) | | | | | |
| Marks marks | 2 | (UNOBTAINABLE | - | | | | 74-12-70-70-70-70-70-70-70-70-70-70-70-70-70- | | OBTAINA | | 741501 | | | | | |
| partment of Health an portant: If them 27 is: I injury or other trau | | 19e. Informent's Neme/Raletionshi AVINOAM BAR-YOS | | | | | | | | | | Code) | | | | |
| | | 20e. Method of Disposition | 20b. Pled | e of Disp | risposition (Neme of cremetory or other plec | | Dete | | | | wn, Stete | | | | | |
| | | 1 ☑ Buriel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe | | | | | | EMETERY | 11/25 | TSRAF | Τ. | | | | | |
| | Ì | 21. Signature of Funeral Service Li | 01, | | 2. Neme and | Addra | ss of Facility | | | KVILLE, MD 20852 | | | | | | |
| og was | | EDWARD SAGEL FUN 1091 ROCKVILLE P | | | | | | | | | | 0852 | | | | |
| sician and burial-transit | Examiner | resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury | e. M YO (| Due to (or e | s a conse | quence of): | | | | | | | | | | |
| ed by the attending physicia detached for use as the bur | Physician/Medical | Cause (Disease or injury that initiated events reaulting in deeth) Last | c | Due to (or es | s e conse | quance of): | | | | | | | | | | |
| ed for | sicia | Pert II. Other eignificant conditions contributing to death but not resulting in the underly | | | | | use giv | en in Pert I. | 23b. Did | tobacco use | Ac. County of Death MONTGOMERY 9. Birthplece (Stete or Foreign County) ROMANIA 10d. Inside City Limits 1 Yes 2 No 20. Citizen of What Country? ISRAEL 14. Rece - American Indian, Black, White, etc. Specify: WHITE 16b. Kind of Business/Industry ELETRICAL PLANNING Teldan Surneme) 10c. Location - City or Town, Stete ISRAEL 10 | | | | | |
| signed by the | by Phy | | | | | - 177. | - in | | 10 | Yes 2 N | 3 Prol | bably 42 Unknown | | | | |
| peed | Completed | | | | | | | | | an eutopsy omed? | av | aliable prior to mpletion of cause | | | | |
| 2 shou | | | | | | | | | 10 | Yes 2 No | 10 | Yes 2□ No | | | | |
| ate has been page 2 shou | S | | | | | | | 28. Place of De | eth (Check only | one) | | | | | | |
| ate has been page 2 shou | Be | 25. Was casa raierred to medical axeminar? | Hospital: | | | | Oth | 00 | | | | | | | | |
| s certificate has been director, page 2 shou | To Be | axeminar? 1 | Hospitel: 1 tnpatle 28e. Dete of Injur (Month, Day | | VOutpetie Bb. Time of Injury | | Bc. Injur Wor | 4 LI Nursing | Home 5 ☐ Res | | - ' ' ' | y) | | | | |
| s certificate has been director, page 2 shou | To Be | axeminar? 1 | 28e. Dete of Injur | ry Year) 28 | Bb. Time of Injury | ol 28 | Bc. Injur Wor | y et k? | Home 5 Res 28d. Describe | how injury occ | curred | | | | | |
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| s certificate has been director, page 2 shou | edical Certification: To Be | axeminar? 1 | 28e. Plece of Injunction t be ed 28e. Plece of Injunction 28e. Plece of Injunction 28e. Plece of Injunction building, etc caminer: On the basis of end manner ste | y Year) 28 y Year) 28 ury - At home c. (Specify) of my knowle examinetion | Bb. Time of Injury a, ferm, at dge, deet a end/or in | M 21 M 21 M M M M M M M M M M M M M M M | Bc. Injung Wor 1, office | yet k? Yes 2 No | Home 5 Res 28d. Describe 28f. Location City or To be, end due to the surred et the time, | (Street and Num, State) cause(s) end dete and plec | mber or Rura manner as si e, and due to ned (Month, | al Route Number, lated. the cause(s) Day, Year) | | | | |

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** November 21, 1996 7:05 AM Louisa C. Yu /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Montgomery Bethesda If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 28 F Months Days Yrs. Director 549-67-5946 45 Jan. 5, 1951 Taiwan Usual Residence of Decedent tha Maryland 10a, State r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Maryland | Montgomery Directo Potomac 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10916 Broad Green Terrace 20854 United States Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Americen Indian, Black, White, etc. filed within 72 hours after Hygiena. ther than "natural", or ite 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced Asian Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 5+ Loan Officer Banking 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be fill Department of Haalth and Mantal Hy Important: If frem 27 is marked oth any Injury or other traumatic even 18. Mother's Name (First, Middle, Meiden Sumame) Chao-Yun Yu Yuying Shia 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Henry W. Lee / Husband Broad Green Terrace, Potomac, MD 20854 20b. Place of Disposition (Name of cametery, cremetory or other place) Nov. 23, 1996

Gate of Heaven Cemetery 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Silver Spring, Maryland 21. Signature of Funeral 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, allure. List only one cause on each line. Interval Between Onset and Death Physician /Medical Immediete Cause (Finat Massive Pulmonary Emboli disease or condition resulting in deeth) **Examiner** Due to (or as a consequence of): Examiner Condiavoscular collapse The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Respiratory fails tailure Physician/Medical 8 Recurrent Breast Cancer P.O. signed by the a Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by Completed 24b. Were autopsy findings available prior to 24a. Was an eutopsy performed? completion of ceuse of death? paga 2 1 □ Yes 2 No 1 Yes 2 No of Vital 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) val or As.

ours after death.

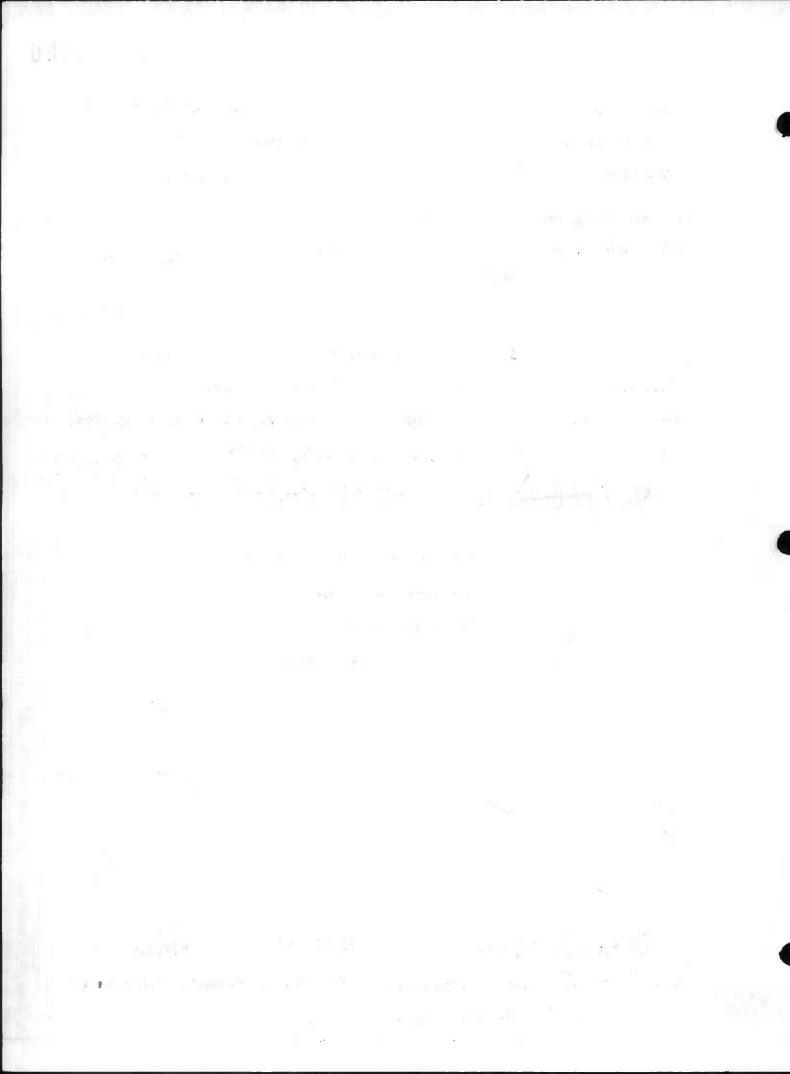
*eral Director: After th.

in by the funeral dir 2 1 Yes 2 No 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred Division 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide To the Hospital of within 24 hours at To the Funeral D complataly filled Lettifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner es steted.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) end manner stated. 29a. Certifier Medical 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 035696 11/21/96 30. Neme and adversarily person who completed cause of death (Item 23e) (Type, Print) 10637 Montrose Aux # 104 Bethesda, MD 20814 Baumantner 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State held Davidson-Randone

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

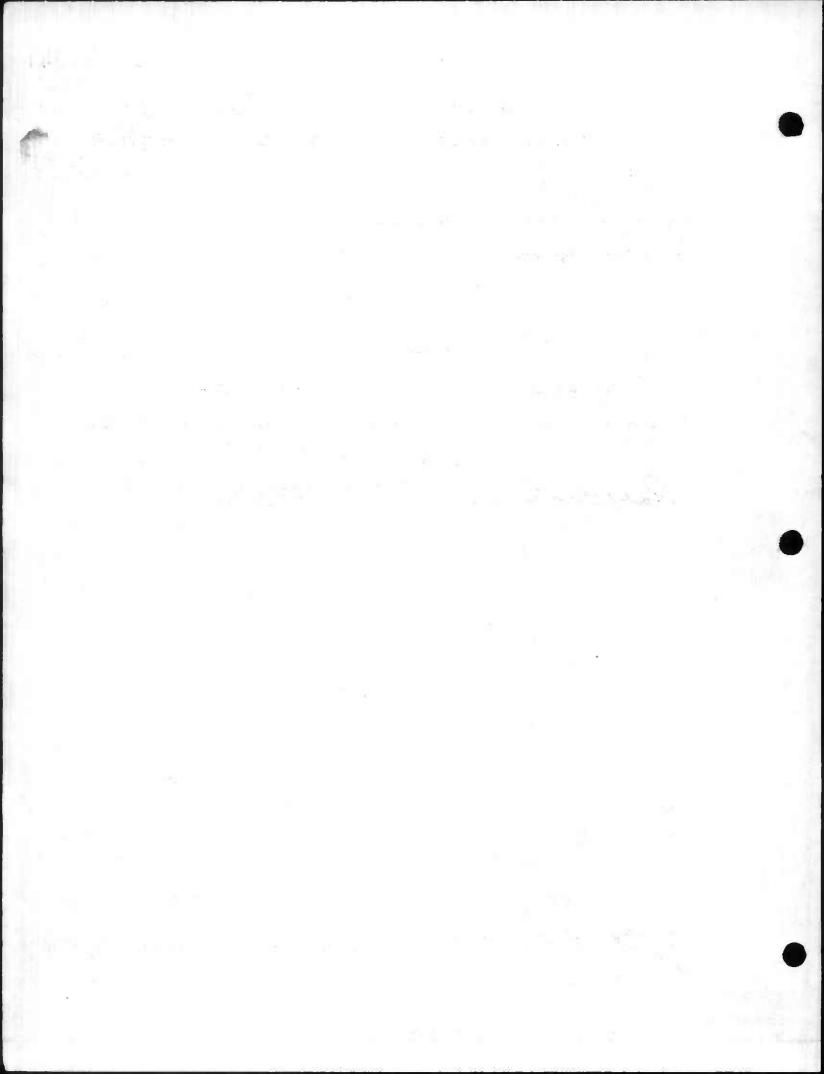
37341 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Dev Richard August Zinn November 19, 1996 5:39 PM /Medical 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** Months Deys 1⊠M 2□ F Hours 220-50-6277 47 Yrs. Director May 8, 1949 Washington, DC Usuel Residence of Decadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at Directo 1 ☐ Yes 2 ☑ No Maryland Montgomery Germantown 10e. Street end Number 10f, Zip Code 10g. Citizen of What Country? b 18937 Pine Ridge Lane 23a 20874 United States Funeral thams 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, the Medical Examiner Bleck, White, etc. 1 ∑Yes 2 □ No If Yes, Give Yeer or Detes:Vietnam 1 ☐ Never Married 2 🕅 Married 21215-0020 8 1 ☐ Yes 2 No Specify. by Specify: 3 Widowed 4 Divorcad "natural", White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiane. Elementery/Secondery (0-12) Montgomery County College (1-4or 5+) Bus Driver 12 Government Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be 8 Mental marked. Pages 1 and 2 should John Richard Zinn Louise Batsleer traumatic and is 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 3 Department of Health 1 Important: If Nem 27 it any injury or other tra Beatrice Ann Zinn/Wife 18937 Pine Ridge Lane, Germantown, MD 20874 Baltimore, 20b. Place of Disposition (Name of cametery, cremetory or other place) Nov. 22, Date 1996 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetlon 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Parklawn Memorial Park Rockville, Maryland 21. Signature of Fundral Service Licenses

22. Name end Address of Fecility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805
Rock, or heart failure. List only one cause on each line.

23. Name end Address of Fecility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805
Approximate **Physician** ACUTE MYOCANDIA/ INFANCTION /Medical immediete Ceuse (Finel disease or condition resulting in deeth) **Examiner** conowany anteny disease Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest nding physician a Box 68760. CARdIOMYOPAThy Physician/Medical Due to (or es e consequenc signed by the a ld be deteched for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably Anknown Records. by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings avelleble prior to completion of cause of deeth? Completed 5906 2 No 1 ☐ Yes 2 ☐ No Division of Vital Physician: certific Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 R/Outpetient 3 DOA Altar mis 27. Me nner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred Athending 1 Naturel 5 Pending investigation death 1 ☐ Yes 2 ☐ No To the Hospital or Attends within 24 hours after death To the Funeral Director: A 6 ☐ Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Mame end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 9901 Medical Center Drive Rockville Md 20878. DAVIO SROUL 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State Julia Davidson-Randosse Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

37342 Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Date of Deeth 3. Time of Death **Physician** tun 10:53 A.M. /Medicai 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** GARDED INdSOR Salti NA MORE if Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) if Under 1 Year .Funeral 8. Date of Birth Birthplace (State or Foreign Country) 1□ M 20%F Months Days 85 Director 212-20-2 Usual Residenca of Decedent the Maryland 10a. State 10b. County r than "natural", or items 23e or 28e-f show the Medical Examiner must be politized at 10c. City, Town or Location 10d. inside City Limits 1 Yes 2□ No Director NA MORE 10e. Street end Number #C33 10f. Zip Code 10g. Citizen of What Country? 21201 ind soe Carcher death 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indian Black, White, etc. filed within 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2☑No Black Specify. Be Completed by 3 Widowed 4 □ Divorcad Year or Dates 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Kose wood state Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. 9th grade Nurses Aide Hospital marked other traumatic event, Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Pages 1 and 2 should be Heelth and Mental Harding 0 easar Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 00 Morwood pemit. Pages 1 and 2 Department of Heelth s Important: If Itam 27 is any injury or other tra Harding 4242 10 wande Baltimore, NO 21215 20b. Placa of Disposition (Name of cemetery, crematory or other placa 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Buriel 2 □ Cremation 3 □ Removal from Stete 4 Donation 5 ☐ Other (Specify) Memorial Park 21. Signati are of Funeral Service Licensee 22. Name and Address of Facility H.West Wabash 300 Dalto Ma 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate intervat Between Onset and Deeth Fnysician Immediate Cause (Finel disease or condition resulting in death) /Medical 26 3 years **Examiner** Physician/Medical Examiner The law requires that the deeth certificate be executed bunel-tren Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760, physician the Due to (or as e consequence of): for use as igned by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown , searl arkinsons Division of Vital Records, ρ 24b. Were autopsy findings available prior to completion of cause of death? director, page 2 should Completed 24e. Was an autopsy performed? peed certificate has 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 2 Other: 4 Nursing Home 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) this funeral 27. Manner of Death 28a. Date of injury (Month, Day Year) 28c. injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred After 1 Natural 5 Pending investigation or Attending 1 Yes 2 🗌 No 2 Accident the 3 Sulcide 6 Could not be determined in by t 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete and plece, end due to the ceuse(s) end menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. Medical 29e. Certifier (Check only one) 29b. Signature and title of certifi 29d. Date signed (Month, Day, Year) 29c. License number 042178 30. Name and address of person who completed cause of death (item 23e) (Type, Print) Court ld-Baltimore, n.d. 21208 31. Dete filed (Month, Day, Year) DEC 1 2 1996 32. Registrar's Signeture State Dauldson

DHMH 16 Bev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 37343 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dev **Physician** Yee PATRICIA BUNDSEN DECEMBER 1996 15:46 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/a 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1 □ M 300 F Months Deys Yrs. 55 Director 220-38-1770 March 17, 1941 Washington DC Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Exaniner must be notified at Director 1 ☐ Yes X No Maryland Howard Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 23a or 6907 Allview Drive Funeral 21046 TISA or items 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2☑ No If Yes, Give 11. Maritai Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiena. Important: If Nem 27 is marked other than "natural", or her eny injury or other traumatic event. 1 Never Merried 2 Married Balfimore, Maryland 21215-0020 1 ☐ Yes 200No Specify: þ Specify: white 3 Widowed 4 Divorced Year or Dates: Be Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) consultant library 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Leslie Willard Landrum Phyllis Jane Metcalf 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Bruce Bundsen/spouse 6907 Allview Drive, Columbia, MD 21046 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 1XX Burial 2 Cremetion 3 Remove from Stete 12-13-96 4 Donetion 5 Dother (Specify) Crestlawn Mem. Gdns. Marriottsville, MD 21. Signeture of Funeral Servica Licental 22. Neme end Address of Facility Slack Funeral Home, P.A. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Betw **Physician** Onset end Deeth SPONTANEOUS BACTERIAL PERITONITIS mmediete Cause (Final disease or condition resulting in deeth) /Medical I DAY Examiner Due to (or es e consequence of) Physician/Medical Examine UVER CIRRHOSIS 4 MONTHS The law requires that the death certificate be axecuted use as the bunal-tran Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of) 0 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? datached 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown þ 90 Completed 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an eutopsy performed? has page 2 2MINO 1 ☐ Yes 2 ☑ No 1 Yes Attending Physician: funeral director, Be 25. Was case referred to medical exeminer? 26. Pieca of Deeth (Check only one) Hospitel: 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA this 28b. Time of Injury 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28d. Describe how injury occurred Aftar 1 Neturei 5 Pending Investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After complately filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) end manner steted. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 3/mdes Purylar, MD 12/9/96 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) LUONDER PURYEAR 110 N. TOWER, JNN, BALTO, MO 21287 32. Registrar's Signature

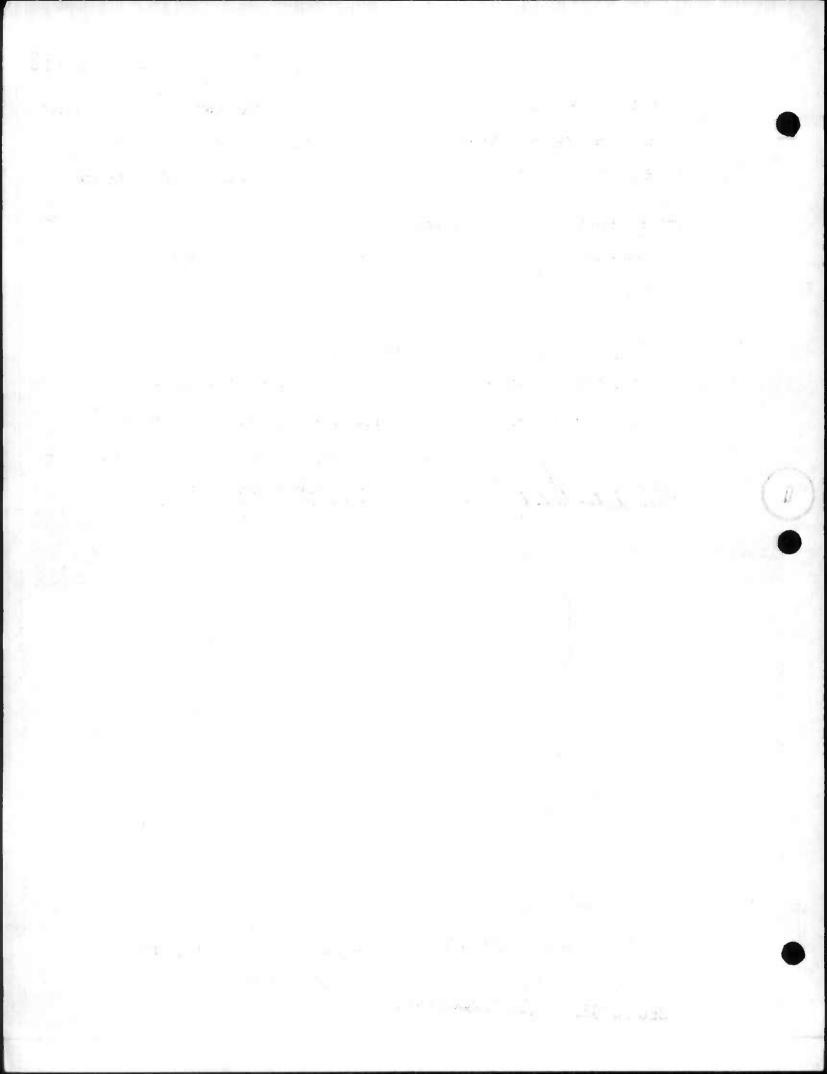
DHMH 16 Rev 6/95

State

Registrar

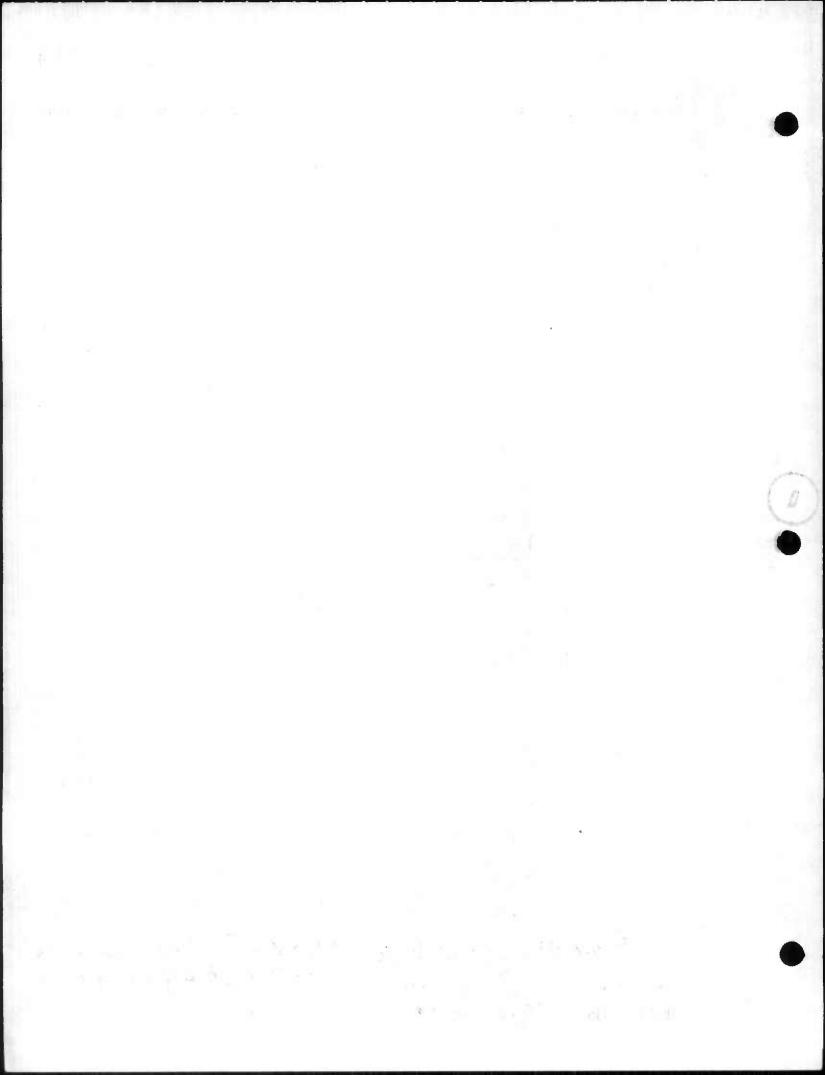
31. Date filed (Month, Dey, Year)

DEC 1 2 1996



State of Maryland / Department of Health and Mental Hygiene 96 37344

| | | 1. Decedant's Nama (First, Middla, Last) | of Death | 2. Data of Dee | leg. No. | 3. Time of Death |
|---|------------------|---|--|---|--------------------------------------|---|
| Physic | | Bassia, Baer | | Month | Day | Yaar 5.60 |
| /Medic Examir | | 4a. Facility Neme (If not institution, giva street and number) | 4b. City. Town, o | Da.Camb r Location of Death | 4c. County | |
| Exami | ici | Lorien Nursing Home | | umbia | | |
| Funerai | | 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) If Undar 1 Y | ear If Undar 24 Hr | s. 8. Deta of Birth | | ard County 9. Birthplace (State or Foreign |
| Director | ı | 214-01-1200 10 W 2RX 90 Yrs. | ays Hours Mi | August 27 | , Ya 1898 | Mary Land |
| pus * | | Usual Rasidance of Decedant 10e. Steta 10b. County 10c. City, Town or Location | | | | 404 4-14-09-11-9 |
| e Maryta | ctor | Maryland Howard County Columbia | | | | 10d. Insida City Limits 1 ☐ Yes 2 ☐ No |
| th with th | Funeral Director | 10e. Street and Number 10f. Zip Co | 21044 | 1 | 0g. Citizan of W USA | hat Country? |
| within 72 hours after death with the Manyland ene. than "netural", or items 23e or 28e-f show the Medical Examinet must be notified at | by | 11. Marital Status 1 Navar Marriad 2 Marriad XXXVIdowed 4 Divorced 12. Was Dacedant Evar in U,S. Armed Forces? 1 Yas 2 Mao If Yas, Giva Yaar or Datas: 13. Wes Decedant If Yas, specify 1 Yas, Giva Yaar or Datas: | of Hispanic Origin? (Cuban, Maxican, Pua © o <i>Specify:</i> | Specify Yes or No- rto Rican, atc.) | | - American Indien, k, Whita, etc. white |
| s 1 and 2 should be filed within 72 hours after death with the Manylan f Heelin and Manylan House and Hygiene 1 free files and 1 strategies of 28e-f show other traumatic avent, it a Manical Examinating must be not the file. | Completed | 15. Decedant's Education (Specify only highest grada complated) Elamantary/Secondary (0-12) Unknown 16e. Decedant's Usual O (Giva kind of work of life. Do NOT usa re Clerk | ocupation ona during most of w otired) | orking | 16b. Kind of Bus | |
| Hygi ther art, | | unknown clerk 17. Fathar's Nama (First, Middla, Last) | 18. Mothar's No | ama (First, Middla, I | retai Ma <i>idan Sum</i> ama | |
| d 2 should be filed with th end Mental Hygiene. 7 Is marked other than traumatic avent, Item | To Be | Frye W. Bayley | | | | (unknown) |
| 2 shou end N | | 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (St | raat and Numbar or F | | | |
| 1 end 2 s Heelth er am 27 ls | | Ms. E. Josephine Nippard, Esq. 3701 Court 1 | | | | |
| permit. Pages 1 end 2 Department of Heelth of Important: If Item 27 Is any Injury or other tra | | 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Spacify) | f placa) i Crematory | Data 12-7-96 | | city or Town, Stata |
| permit. Departr Importa any Inji | | 21. Signator of Funeral Service Licensee 22. Name and A Slack I | Timeral Ho | ome, P.A. | 22.0.42 | |
| | | 23a. Part Lenter the disease or complications that caused the death. Do not enter the mode of hock, or heart failure. List only one cause on each line. | dying, such as cardi | ec or raspiratory arm | 21043 ast, | Approximata intarval Batwaan |
| Physician /Medicai Examiner | | / | | | | Onset end Death |
| | iner | Dua to (or as a consequence of): | faitu | ve. | | years |
| icate be executed physician and s the buriel-transit | al Examiner | Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause, (Disaasa or injury c. | | | | |
| E 00 | n/Medical | that initiated evants | | | | |
| seath cer ettendin d for use | icia | Part li Other algorities et conditions conditions acceptibilities to death but as the little interest | | 1 001 0141 | | |
| d by th | / Physician/ | Part II. Other significant conditions contributing to death but not rasulting in the underlying cause. Severe ar Hunts (Several) | givan in Part I. | 236. Did to | U | tribute to the ceues of death? 3 Probably 4 Unknown |
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| To the Hospital or Attending Phwitin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral | edicai | 29a. Cartifiar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the Medical Examiner: On the basis of examination and/or invastigation, in medical examiners. | e tima, data and plac ny opinion, daath occ | e, and dua to the ca urred at the time, de | ausa(s) and man ata and place, ar | nnar as stated. nd dua to tha causa(s) |
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| Stat | - | 31. Data filed (Month, Day, Year) 32. Registrar's Signatura | | | - | |



State of Maryland / Department of Health and Mental Hygiene

| | 1. Decedant's Na | ma (First, Midd | lla, Last) | | | | | | | 1: | 2. Data of Da | Reg. No. | | 3. | Tima of Death |
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| sician | | Decedent'a Name (First, I | Middie, Li | ast) | | | | | | 2. Date of De | | | 3. Time of Death |
|---|----------------------------|--|--|---|---|--|--|---|-------------------------|--|--|--|--|
| edical | | Jo | hn | C. Bas | ler | | | | | Month Dec. | 11, 199 | Yeer | 9:20 a.i |
| edicai miner | 4 - | a. Facility Name (If not inst | itution, gi | ve street end numbe | nr) | | | 4b. City, To | own, or Lo | ocation of Death | | ty of Death | 71 |
| | | North | west | Hospital | Cente | r | | Randa: | llsto | own | E | altim | ore |
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| une | 11 | I. Maritai Status | | 12. Wes Deceden | 5? | . 13. V | Was Decedent of f Yes, specify Cub | Hispenic Or oan, Mexice | igin? (Spe n, Puerto | ecify Yes or No Rican, etc.) | - 14. Ra | ce - Americ ack, White, | |
| by F | | 1 Never Married 2 □ 3 ☑ Widowed 4 □ Divo | | 1 ☐ Yes 2 ☐ If Yes, Give Year or Dates | ≬ No ∷ | 1 | 1□Yes 201No | Specify: | | | Spec | ity: Wh: | ite |
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| Con | | 7 | | | | Own | ner & Ope | erator | • | | Serv | ice S | tation |
| Be | 17 | 7. Father's Name (First, Mic | | | | | | 18. Mothe | | (First, Middle, | | me) | |
| 2 | | John T | - | | | | | | | ia Ann | 111/11/1 | | |
| | 1 | 9a. Informant's Name/Rela Luther Basl | | (Type, Print) | | | Ritters | | | | | | |
| | 20 | a. Method of Disposition 1 Buriel 2 □ Crema | ion of | Domesial from State | 0.00 | ce of Dispon | sition (Neme of netory or other ple | ece) | | Date | 20c. Location | - City or To | own, State |
| | | 4 Donetion 5 Oth | | | | | Church | | Dec. | 14, 15 | 96 Wes | tmins | ter, Md. |
| ance. | 2 | 1. Signature of Funeral Ser | vice Lice | 05097 | 2/ | 22 | . Neme and Addr | ess of Fecili | ty | (1) | | 2 | 1117 |
| 8 | | D 11. 4 | 5 | V.V.a.d | 7 | | | | | Chapel | | | |
| | 2 | 3a. Part1. Enter the disces shock, or heart faire. | e, or com | plications that cause | ed the death. | Do not ente | | | | | | 8 FILL. | Approximete |
| an | 1 | snock, or near timure. | List only | one cause on each | | | | | | | | | |
| 200411 | | | | | line. | | A STATE OF THE PARTY OF THE PAR | | | | | | Intervel Between Onset and Death |
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State of Maryland / Department of Health and Mental Hygiene

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| | | | | Certificate of | Dealli | Re | g. No. | |
|---|------------------------------|---|---|---|--|---|---|--|
| Physici | an | 1. Decedant's Name (First, Middle, La | 0 | | | 2. Date of Death Month | - | 3. Time of Do |
| /Medic | | Kuby | Bowman | | | Decemb | | 1996 5.36 |
| Examin | | 4e. Facility Name (If not institution, give | 11 | | 4b. City, Town, or Lo | cation of Daath | 4c. County | ot Death |
| | ш | 5. Social Security Number 6.5 | Hospital | t birthdey) If Under 1 Year | If Under 24 Hrs. | TORE | N | la . |
| Funeral Director | | | Sex 7. Age (In yrs. les | Mantha Dave | | 8. Date of Birth (Month, Day, | Year) | 9. Birthplace (State or F |
| | | Usual Residence of Decedent | | | | 2-015- | 7.7 | Marylan |
| how | h. | 10a. State 10b. County | 10c. City, 1 | Town or Location | | | | 10d. Inside City |
| Page Critical | Director | MA NIA | Ba | Hmore | | | | 1 Yes 2 |
| "natural", or items 23s or 28s-f show added Examiner must be notified at | | 10e. Street and Number | 1/1- 91. | 10f. Zip Code | 0.00 | 10 | Dg. Citizen of W | Vhat Country? |
| 23 | Funerai | 1506 W. I-RQ | nKlin Street 12. Wes Decedent Ever In U.S. | 13 Was Decedent of | Hispanic Origin? (Spe | cifu Vec or No. | 14 Becc | OH - American Indien, |
| at the | Fun | 1 ☐ Never Married 2 ☐ Married | Armed Forces? 1 ☐ Yes 2 Mo | 13. Was Decedent of if Yes, specify Cub | | Rican, etc.) | | k, White, etc. |
| Era. | by | 3 ☐ Widowed 4 ★ Divorcad | It Yes, Give Year or Dates: | 1 ☐ Yes 2 No | Specify: | | Specify | Black |
| a. nn "natu Medical | Completed | 15. Decedant's Education (Specify only highest great programme) | ducation 1 | 8a. Decedent's Usual Occu | pation during most of working | 10 | 16b. Kind of Bu | sinass/Industry |
| iena. ' than " | mipl | Elamantary/Secondary (0-12) | Coilaga (1-4or 5+) | (Give kind of work done life. DO NOT use retire | | | | .0 111 |
| other t | | 17. Father's Name (First, Middle, Last, |) | Dietar | 18 Mother's Name | /First Middle N | Vlary lar | nd General H |
| | To Be | Cleve Bown | | | 1. 1:11:0 | 1101 | _ | 9) |
| marked umatice | - | 19a. Informant's Name/Ralationship (| | 19b. Mailing Addrass (Stree | and Number or Rure | Routa Number, | City or Town, | Stete, Zip Coda) |
| m 27 ls | | Lee Elton Mc | Coutt (son) 1 | | | | | |
| 7 9 5 | | 20e. Method of Disposition 1 | 205. Piac | a of Disposition (Neme of etery, cramatory or other ple | (ce) | Data 2 | 20c. Location - | Maryland 2 City or Town, State |
| Department of Important: If I any Injury or once. | | 4 Donation 5 Other (Specif | Jenioval from State | Memorial Pa | RK I | 2/14/96 F | antik | town, Mary |
| Department Important: any Injury once. | | 21. Signature of Funeral Service Licar | ISBB A | 22 Name and Addre | BADION SR | E | L II | in in |
| 05 8 3 | | I | DO | 2140 N. F | ultan As | our Bal | times. | Paryland 212 |
| | | 23a. Part1. Enter the disease, or com shock, or heart tailura. List only | plications that caused the death. I one ceuse on each lina. | Do not enter the mode of dyl | ng, such as cardiac of | raspiratory arre | st, | Approximate Intarval Between |
| iysician Medical | | Immediata Cause (Final | | | | | | Onset end Dea |
| aminer | | disease or condition resulting In death) | e. Anoxic | Encepha | to pathy | | | 3days |
| 110 | Jer | | 0 | s a consequenca ot): | | | | 3 days |
| ransi | Examiner | Sequentially list conditions. | b. HS DIVO | a consequence of): | eumonia | ٨ | | 30043 |
| | | Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Cause (Disease or Injury | Astt | matic | Bronch | tis | | |
| physician and s tha bunel-transit | edicai | that initiated evants resulting in death) Last | | a consequenca of): | O TOTTOY! | | | |
| ding se se | ₹ | | d. Thy | rom bocyto | nenia | | | |
| attending for use a | ciar | | | 1 | | | | |
| igned by the atte be deteched for | Physician | Part II. Other significant conditions of | ontributing to death but not resulting | g In the underlying cause gi | ven in Part I. | | 1. | tribute to the cause of d |
| ped e | by P | | | | | 1□ Ye | 2 2 No | 3 Probably 4 ☐ Un |
| | | | | | | 24e. Was an | autopsy | 24b. Were autopsy find available prior to |
| | | | | | | portonii | | completion of caus of death? |
| s been s 2 should | pie | | | | | 1 ☐ Yes | s 2 No | 1 ☐ Yes 2 No |
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| ertificate hes been s actor, page 2 should | Be Completed | 25. Was case raferred to medical axaminar? | | | 28. Place of Daath | (Check only one |) | |
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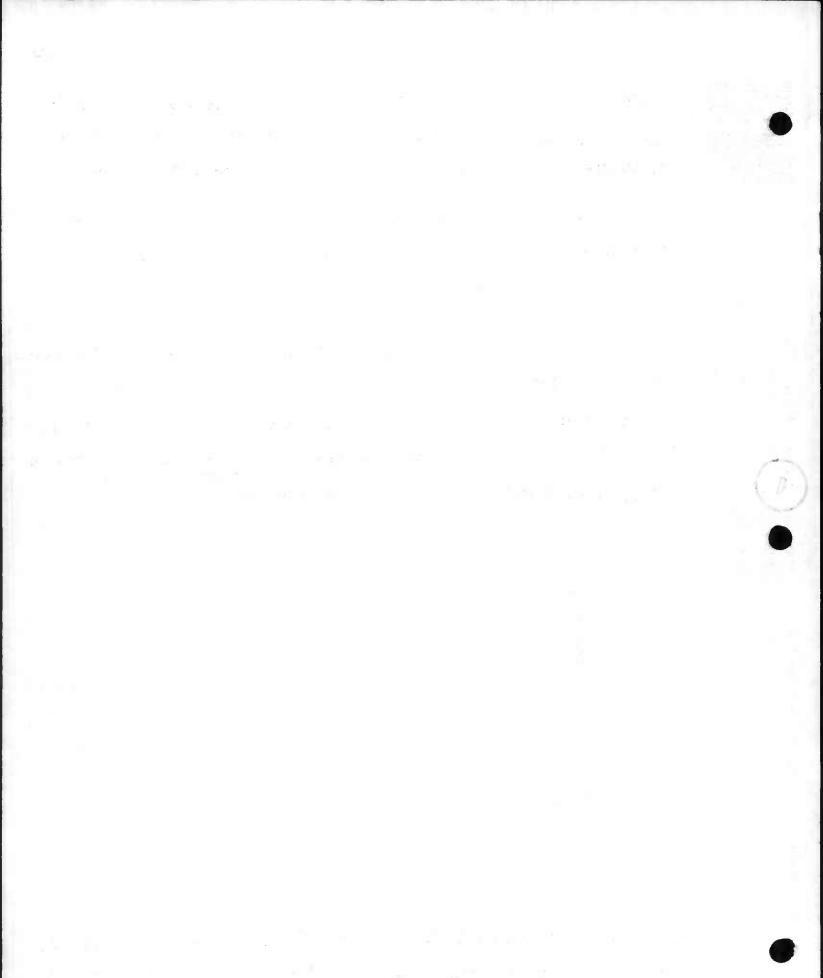
Certificate of Death 2. Date of Death 1. Decedant's Neme (First, Middle, Last) 3. Time of Death CAIN December 8, 1996 **Physician** IRFNE pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Samaritan Huspita Baltimore Baltimore Good If Under 1 Yeer If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 04-12-15 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 VA. **Funeral** 1□M 21 F Months 81 231-38-2316 Yrs. Director Usual Residence of Decedent the Marylend 10a. State 10b. Counts 10c. City, Town or Location 10d. Inside City Limits show r than "natural", or frems 23a or 28a-f show the Madical Examiner must be notified at MD. Na 1 ☐ Yes 2 ☐ No Director Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 3313 Ravenwood Avenue 21213 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Merried Yes 2 No Yas, Give more, Maryland 21215-0020 1 Yes 2√No Specify: Aq Specify: 3X Widowed 4 □ Divorced Black 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) 6th Grade College (1-4or 5+) Nursing Assistant Johns Hopkins Hospital 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Pages 1 and 2 should be fill ment of Heelth and Mentel Hant If Item 27 is marked other Be George Lee Travlis 2 unknown 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) L. Cheatom 3313 Ravenwood Avenue Baltimore, Maryland 21213 20b. Place of Disposition (Name of cometery, crematory or other place) 20e. Method of Disposition XIX Burial 2 Cremetion 3 Removal from State Baltimore Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 12-13-96 Baltimore, Maryland 22. Name end Address of Facility Baltimore , Maryland 21. Signature of Funeral Service Lice WM.C. March FH 1101 E. North Avenue 21202 23e. Pert T. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory arrast, shock, or hear fellure. List only one cause on each lina. Physician Immediete Cause (Final disease or condition resulting In deeth) /Medical Sie Psis Examiner Dua to (or as a consequence of): Aspiration Preumoni's physician end the burial-tran Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): be axecu Records, P.O. Box 68760. VA Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by the 1 Yse 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy 1 Yes 2 TO 1 Vas 2 PNO Division of Vital Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 epital or Attending Physhours after deeth.
neral Director: After this y filled in by the funeral di this 28e. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Neturei 5 Pending Investigation Injury NIA NIA MIA 1 Yas 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, offica building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 T Homleide Alu To the Hospital or within 24 hours aff To the Funeral Di completely filled in 1 Certifying Physicisn: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and mennar stated. 29a. Certifier Medicai (Check only one) 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier 29c, License number D48268 December 8, 1996 Wadwould (P. B Good Samaritan Hospital My 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) KALYAN OM, AWGAW 32. Registrar's Signature 31. Dete filed (Month, Day, Year) State

Registrar

DEC 1 2 1996

who Davidson-Randell



| | | | State of Maryland | | ent of Health ar a <i>te of Death</i> | id Mental Hy | giene Reg. No. | 6 373 | 49 |
|--|----------------------|---|--|--|---|--|--------------------------------------|--|---------------------|
| Physi /Med | | 1. Decedent's Name (First, Middle, Las | | CF | RAndall | 2. Date of D. Menth | 98 | 3. Time of | d Death |
| Exam Funera Directo | ı | 5. Social Security Number 6. Sa | AD | f birthday) If Und Month | BALTI dar 1 Yaar If Undar 24 | MORE Hrs. 8. Dete of Bi (Month, D 5 - 2) | rth ey, Year) | 9. Birthpiece (State of Country) ARVLANS | o <i>r Foreig</i> n |
| nyland thow | | 10a. State 10b. County | | own or Location | | | | 10d. Inside Ci | |
| with the Marylar a or 28s-f show the neutrised at | Director | 10e. Street and Number | | MORE 101. | Zip Code | | 10g. Citizen of V | What Country? | 2 □ No |
| 17215-0020 within 72 hours after death with the Maryland ens. than "netural", or items 23e or 28e-f show the Madical Exemption must be recurred at | by Funeral | 11. Maritel Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced | 12. Wes Decedent Ever in U.S. Armed Forces? 1 Yas 2 No If Yas, Give Yeer or Detes: | If Yes, s | 21239 cedant of Hispanic Origin pacify Cuban, Maxican, F 2 No Specify: | ? (Specify Yas or Nouarto Rican, etc.) | o- 14. Rac | JSA e - American Indian, ock, Whita, atc. | |
| NE, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours af the belth and Mental Hygiens. Item 27 is marked other than "netural", or other traumatic avant, the Medical Even | Completed | 15. Decedent's Edi (Specify only highest grad Elementery/Secondery (0-12) 12-th GRADE | | 16a. Decedent's Us (Give kind of liffe. DO NOT | work done during most of usa retired) | f working | Post | Usiness/Industry OFFICE | |
| Maryland 212: d2 should be filed within th and Mental Hygiene. 7 Is marked other than traumatic avant, the M | To Be C | | OORE | | 18. Mother's EDNA | Neme (First, Middle CRAND | a, Meiden Surnem | ie) | |
| re, Mar 1 and 2 sho 1 Heelth and tem 27 is me other traum | | 19e. Informent's Neme/Reletionship (7) EDNA MOORE 1 20a. Method of Disposition | MOTHER 5 | 5407 LE e of Disposition (A | EITH ROAD, | BALTIMO | DRE, N | Stete, Zip Code) D 21239 City or Town, State | |
| timo t. Pege thment or tant: If | | 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 6 4 ☐ Donetion 5 ☐ Other (Specify, 21. Signeture of Funarai Service Licens | ARBUT | | ORIAL PARK and Address of Fecility | 12-H-96 AUGHN C. | | ORE, MARY | |
| Depariment of the control of the con | | 23a. Part1. Enter the diseesa, or comp | Fren | 5151 BA | LTO, NATL' PIL | KE; BALTO | . MD. 212 | 229 | |
| Physician /Medica Examine | | shock, or heert fellure. List only of immediate Cause (Final disease or condition resulting in deeth) | e. acquired | _ Dmmu | ine Deficiei | ing Lyna | trone | Approximat Intervei Bet Onset and I | Death |
| . BOX 00/00, death certificate be axecuted e attending physician and d for use as the buriel-transit | i Examiner | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury | b. Due to (or es | s e consequenca o | n): | | | | |
| BOX 68/6U, eeth certificate be ax attending physician i | n/Medical | that initiated events resulting in death) Last | Due to (or as | a consequence o | f): | | | | |
| | Physician/M | Part II. Other significant conditions co | 24.000 | ng in the underlying | g cause given in Pert i. | | tobacco use co | ntribute to the cause | of death? |
| ecor ew requ | Completed by | | rone | | | 24a. We | s an autopsy ormed? | 24b. Wera autopsy to available prior to completion of confetence of death? | to |
| - F 6 6 | | - W | | | | | Yes 200No | 1 🗆 Yes 2 🗆 |] No |
| n OT ng Phys ther this meral di | lon: To Be | 27. Manner of Deeth 1 Netural 5 Pending | Hospitel: 1 Inpatiant 2 EP/ 28a. Date of Injury (Month, Day Year) 28t | b. Time of Injury | DOA Other: 4 Nursi | | | | ı |
| or Atten | Certification: | 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined | 28e. Piece of injury - At home, building, atc. (Specify) | M e, ferm, street, fect | 1 ☐ Yes 2 ☐ No ory, office | 28f. Location | (Street and Numb wn, State) | per or Rural Route Num | n <i>ber</i> , |
| he Hospital in 24 hours he Funeral pletely filled | Medical | 29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami | sician: To the best of my knowled iner: On the basis of examination and menner stated. | dge, deeth occurre and/or invastigati | ed et the time, date end pon, in my opinion, deeth | plece, and dua to the occurred at the time | cause(s) end me , dete and piece, | onner as stated. and dua to tha cause(s | s) |
| To the within 2 To the comple | Σ | 29b. Signature and titla of certifiar | | 2 | 29c. Licansa number | | | d (Month, Day, Year) | |
| 1 | | 30. Neme end eddress of person who co | ompleted cause of death (item 23) | Be) (Type, Print) | DO8583 | | 1411 | 96 | |
| 0 | Contract of the last | 4565 N. Charles S | 32. Registrer's Signeture | BALTIMO | 12, MD 212 | 04 | | | |
| Si Regis | ate trar | DEC 1 2 1996 | Sz. rugistrers signeture | ~ Pandell | | | | | |

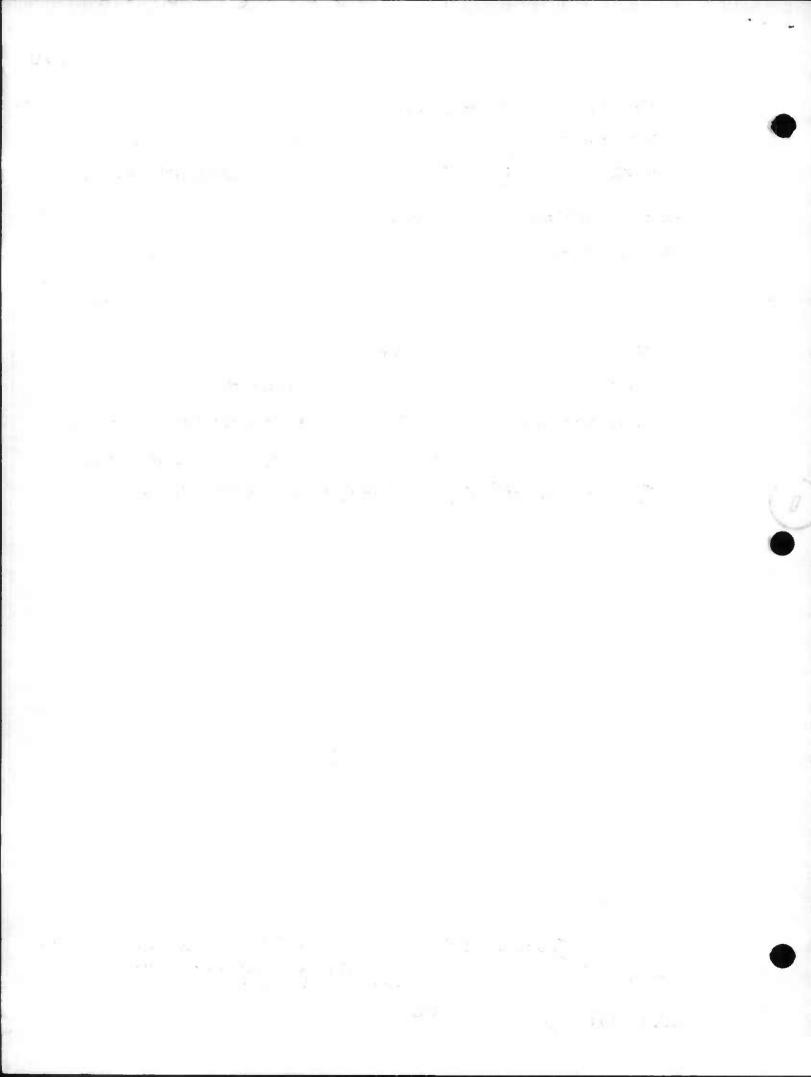
**** - **** 883-1-1 191J

State of Maryland / Department of Health and Mental Hygiene 96

37350

| | | | | | | | Cei | tificate | of . | Death | | | Reg. No. | 20 | 07000 |
|--|---------------------|------------|--|--------------------------------------|---|--------------------------------------|--|---|-----------------|----------------------------|--------------------|---------------------------------------|-------------------------------|--------------------------------|--|
| Phy | sician | | ^ | (First, Middle, Lu | | _ | , | | | | | 2. Date of D Month | eeth Day | Year | 3. Time of Death |
| /M | edical | | Don | 1 \$\institution, gir | | emen | 175 | | | 4h Cib. Ta | num aal | Decem of Dee | | 1996 | 01:15 14 |
| Exa | miner | | Charlest | own Care | Center | | | | | Caton | svill | е | E | altimore | |
| Fune Direc | | 21 | clal Security Nu 5-07-9105 | | Sex 1□M 2AFF | 7. Age (In yrs. I 87 | est birthday) Yrs. | Months 1 | Deys | If Under Hours | 24 Hrs. Min. | 8. Dete of Bi (Month, D Februar | y 7,1909 | 9. Birthp Count Maryla | place (State or Foreign entry) and |
| tand tand | | 10e. | Residence of D | 10b. County | | 10c. City | , Town or Lo | cation | | | | | | 1 | 10d. Inside City Limits |
| Mary H sh | jo | Mar | yland | Baltim | ore | | Catonsvi | lle | | | | | | | 1 ☐ Yes 2 No |
| with the Maryland | jrec | 10e. | Street and Numl | | | | | 10f. Zip (| Code | | | | 10g. Citizen | of What Cour | ntry? |
| 23a 23a | iai | 2 0 | ld Domini | on Court | | | | 21 | 228 | | | | U. | S.A. | |
| -0020 hours after death with the Meryler turel", or Hems 23e or 28e-f show | by Funeral Director | 11. M | eritai Stetus Never Married Widowed 4 | | Armed Fo | 2 🔀 No | 1 | Vas Decede f Yes, speci I □ Yes 2 | fy Cube | en, Mexica | n, Puerto | ecify Yes or N Rican, etc.) | | Raca - Americ Bleck, White, | etc. |
| 15-002 72 hours | 8 | 3. | | 15. Decedent's E | Yeer or D | ates: | 16a Deced | lent's Usuei | Occup | etion | | | | Mhit f Business/Inc | |
| 21215-0020 d within 72 hours affigiene. | Completed | Flo | (Specify | y only highest gr | ede completed) | der Eu) | (Give | kind of work | done i | durina mos | at of work | ing | 100. Killa d | i Dusiness/in | dustry |
| | E | E.16 | mentary/Second | dery (0-12) | College (1 | -40r 5+) | Bookke | eper | | | | | Retail | | |
| Maryland 21215-002 d 2 should be filed within 72 hours in and Mental Hygiene. | .0 | 17. Ft | ather's Name (F nn Wagner | irst, Middle, Last |) | | | | | | er's Nami McCaf | | a, Maiden Sun | name) | |
| Magand 2 | | 19a. | | ne/Relationship (Walker | | | | | | | | | ber, City or To Maryland | | Code) |
| Paltimore, | | 1 | Wethod of Dispo ☐ Buriai 2 ☐ ☐ Donation 5 | sition Cremetion 3 [Other (Special | Removal from | Canala C6 | aca of Dispo metery, cren eview Me | natory or off | ner pled | ;;) Dece k | mber 9, 1 | Dete 996 | 20c. Location Sykesvi | on - City or To | |
| permit. Depart | ouce | 21. S | Ignature of Fun | aral Service Lice | nsee | 1 | Wi | Name and | mer | al Hom | e of (| Catonsvi | lle, Inc Marylan | | |
| X 68760, Medicate be assorted ing physician and partial transit as the burdal-transit. | al er | Sequif any | ediate Ceuse (Fi ise or condition ling in deeth) entielly list cond , leading to imm a. Enter Underh e (Disease or in nitiated events | ditions | b | | as a consequence as a c | uence of): | 1 C | er | | | | | 17 yrs |
| I Records, P.O. Box 68760, The law requires that the death certificate be assecuted ate has been signed by the attending physician and ages 2 should be detected for use as the hursal-transit | nn/Medical | resun | nitiated events ling in deeth) Le | st | d | Due to (or | as a consequ | uence of): | | | | | | | |
| P.O. BOX that the death cert ed by the attendin | Physician/ | Part ii | . Other signific | ant conditions of | ontributing to de | eath but not resu | iting in the ur | derlying car | use giv | en in Part | i. | 23b. Did | tobacco use | contribute to | o the cause of death? |
| P.O. at the dby the | Phy | ' | | | | | | | | | | 1□ | Yes 204N | o 3 Prol | bably 4 Unknown |
| Records, P.C. he law requires that the he has been signed by the | eted by | | | | | | | | | | | 24a. Was | s an autopsy ormed? | evi | ere autopsy findings alleble prior to impletion of cause |
| Re law has | - 유 | | | | | | | | | | | | | | death? |
| Vital Rec | ပိ | 25. W | as case referre | d to medicai | | | | | | OC Dina | a of Doot | (Check only | Yes 2 000 | 11 | Yes 28(No |
| Of Vita Physician: this certific | To B | (6) | caminer? ☐ Yes 2 N | | Hospitel: | npatient 2 E | R/Outpatien | 3 DOA | Oth | | | | Idence 8 🗆 | Other /Specifi | 60 |
| Division of Vital Ra To the Respital or Attending Physician: The I within 24 hours after death. To the Funeral Director: Attar this certificate ha complataly filled in by the funeral director, caca | ation: T | 17 | anner of Deeth Naturai Accident | 5 Pending investigatio | 28a. Date (Mont | 1 | 28b. Time of Injury | | c. injur Wor | | | | how injury oc | | , |
| Division al or Attending I s after death. II Director: After ed in by the funda | Certification: | | □ Suicide □ Homicide | 6 Could not b determined | 28e. Placa | of injury - At horng, etc. (Specify, | me, farm, stre | eet, fectory, | office | | | 28f. Location City or To | (Street and Nu wn, State) | mber or Rura | al Route Number, |
| Division To the Hospital or Attending within 24 hours after death. To the Funeral Director: Aftar complataly filled in by the fune | edicai | | Certifier † (Check only one) | Certifying Ph | ysician: To the niner: On the be and mann | isis of examineti | rledge, deeth on end/or inv | occurred at estigation, i | the tin | ne, dete en pinion, des | d piece, i | and due to the ed at the time | cause(s) and dete and pied | menner es si ce, and due to | tated. o the cause(s) |
| Vith Vith Control | × | 29b. S | Signature end tit | ie of certifier | n | MD | | 29c. | Licenson 3 | e number | 95 | 3 | 29d. Date sig | ned (Month, | Dey, Year) |
| 4 | 3 | 30. Na | ame and eddres | s of person who | completed caus | e of death (Item | 23a) (Type, I | Print) (| 5 4 | 7 | Apr | 1ebac | m, h | 20 | 1996 |
| | State Istrar | | ate filed (Month, | | | egistrar's Signati | | | | | | | | | |
| 3 | | 144 | W 1 W 12 | 24 | 1 | | | | | | | | | | |

DHMH 16 Rav 6/95



wlc FilmG742 item 23,27,28abcdef

State of Maryland / Department of Health and Mental Hygiene Per ME 12-30-96 rja Certificate of Death

COX

37351

| Physician | |
|-----------|--|
| /Medical | |
| Examiner | |

DEMETRIUS DEAN 4a. Facility Name (If not institution, give street and number) REAR/1826 N. CHAPEL STREET

Na

6. Sax

4b. City, Town, or Location of Death BALTIMORE

December 07, 1996 1548hrs 4c. County of Death

Funeral

5. Social Sacurity Number 219-70-2145 Usual Residence of Decedent 10a. State 10b. County

Ma

1. Decedent's Name (First, Middle, Last)

7. Age (In yrs. last birthday) 1₩ 2□ F Yrs. 39 10c. City, Town or Location

Baltimore

if Under 1 Yaar If Under 24 Hrs.
Months Deys Hours Min. Date of Birth (Month, Day, Year) 06-18-57

2. Date of Death

 Birthpleca (State or Foraign Country) NC

10d. Insida City Limits

1 Yas 2 □ No

Director

ral", or items 23a or 28a-f show Examiner roust be notified at the Pages 1 and 2 should be filed within 72 hours eftar "natural", or The Medical lith and Mental Hygiana. 27 Is marked other than 'r traumatic event, me Me

more, Maryland 21215-0020

Director Funeral Completed by Be

10e. Street and Number

6307 Yorkshire Drive 1 Never Marriad 2 Marriad 3 Widowed 4 Divorced Elementary/Secondary (0-12)

21212

1 ☐ Yes 2 ☑ No

10f. Zip Code

 Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, atc.) Specify

14. Race - American Indian, Black, White, etc. Specify: Black

15. Decedant's Education (Specify only highest grade complated)

College (1-4or 5+) NA

DYTE

12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 🔼 No If Yes, Give Year or Dates:

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Deys

16b. Kind of Business/Industry Disabled

10g. Citizen of What Country?

USA

12th Grade 17. Father's Name (First, Middle, Last)

Cox

18. Mother's Neme (First, Middla, Maiden Sumama)

Cox

Luby 19a. intorment's Name/Relationship (Type, Print)

6307 Yorkshire Drive Baltimore, Maryland 21212

Welder

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda)

Cox Helen 20e. Method of Disposition

20b. Place of Disposition (Name of cametery, crematory or other place)
King Mem. Pk. Cem.

20c. Location - City or Town, Stata

t Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 Donation 5 Other (Specify)

12-13-96

Randallstown, Md.

re of Funaral Service Licens

22. Nama and Address of Facility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue

Helen

21202

Approximata interval Between Onset end Death

Physician /Medical Examiner

burial-transit

the

use

signed by the

certificata

this funeral

After

death. spital or Attendi iours aftar death neral Director: A filled in by the f

Hospital
 24 hours a
 Funeral C

To the Hosp within 24 ho To the Fune completaly fi

and

physician

The law requires that the death certificata be executed

Records, P.O. Box 68760,

Division of Vital Attending Physician: Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

Health a

or other

Immediate Cause (Final disease or condition resulting in deeth)

a. NARCOTIC AND ALCHOL INTOXICATION

23e. Pert1. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrast, shock, or heart tailure. List only one cause on each line.

Due to (or as e consequence of):

Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Due to (or as a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy

24b. Were autopsy tindings svailable prior to completion of cause of desth?

1 Yes 2 No Yes 2 No

25. Was casa reterred to medical 1 (X) № s 2 No

27. Manner of Death

2 Accident

3 Suicide

4 Homicide

1 Natural

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury found (Moeth, Day Year) 28b. Time of Injury unknown

28c. Injury at Work? 1 ☐ Yes 2√x No

Other: $_{4\square}$ Nursing Home $_{5\square}$ Residenca $_{6}$ \boxtimes other (Specify) SCENE28d. Describe how Injury occurred

> unknown 28t. Location (Straet and Number or Rural Route Number, City or Town, State)

26. Piece of Death (Check only one)

29a. Certifier

12-07-96
28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)
found i alley 1 Certifying Physicisn: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner as steted. Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29b. Signature and title of cartitier

5 Pending

Investigation

6 A Sould not be determined

O.C.M.E.

29d. Date signed (Month, Day, Year) December 08,1996

rear of 1826 N. Chapel St. Balto, MD.

30, Name and eddress of parson who completed cause of death (Item 23a) (Typa, Print) MARUSMON Worker 111 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Day, Year) DEC 1 2 1996

32. Registrar's Signature

State Registrar

Julia Facilison Ronder

the second

STATE OF THE PROPERTY OF

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37352 ITEM#8 per f.h. FILM#G742 12-17-96 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month oleman December Inton .30pm 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Park Ba Himore
If Under 24 Hrs.
Hours Min.

8. Dete of Birth
Month, Dey, NA Heights If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthpiece (State or Foreign Country) y12/04. 1**Q**M 2□ F Months Deys 238-62-2472 Usual Residence of Decadent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yes 2 □ No Ma NA 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ISA 21215 eights Avenue 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 11. Merital Stetus 14. Rece - American Indian Bleck, White, etc. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑No If Yes, Give 1 Yes 2 No Specify Black Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Church Bishop 12th grade Master's Degree 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Gordon Coleman Gertmile 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21215 Ethel Coleman - Wite Baltimore Harth 6701 Heights Avenue 20b. Place of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete etery, cremetory or other piece) 1 Ø Burial 2 ☐ Cremation 3 ☐ Removel from State Dutus 4 Donetion 5 □Other (Specify) Men Park 12-13-4 21. Signature of Funeral Service Licensee Name end Address of Fecility F. H. WWI ranch 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Bulto My Grenue Approximate Intervel Between Onset and Death Immediate Ceuse (Finel disease or condition resulting in deeth) Chronic Reno) 465 Due to (or es e consequence of): SWZ 30X 755 bue to (or es a consequenca of): Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting In death) Lest Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown 24b. Were eutopsy findings evellable prior to completion of ceuse of death? 24e. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 → No

Examiner P.O. Box 68760. 8 ä gling 980 ă Records, 8

Examine

Physician

/Medicai

Examiner

Director

Funerai

þ

Completed

Be 2

Funeral

Director

ir than "neturel", or items 23s or 28s-f show the Medical Examiner must be notified at

with the Maryland

death v

hours after or

filed within 72 h. I Hygiene. other than "natur

is marked other

permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: if Item 27 is marked other any Injury or other traumatic event,

Physician /Medical

altimore, Maryland 21215-0020

MB or A To the Hospital within 24 hours a To the Funeral C

OF Ital

Divisid

Physician/Medical þ Completed Be 2 Certification:

State

Medicai

1 Naturel

3 Suicide

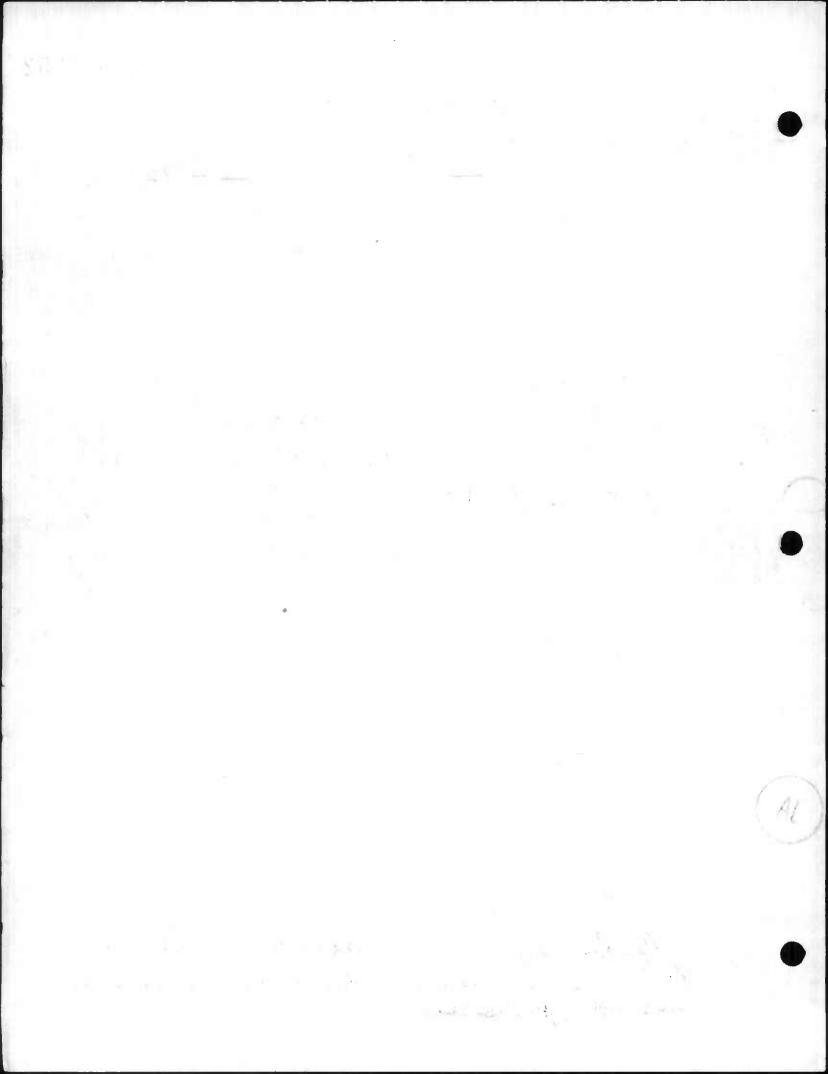
29a. Certifier (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner es stated.
2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner stated.

29b. Signature and title of certifier 29c. License number D27310 29d. Date signed (Month, Dey, Year) 10/219

end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

N. BOSNES, m D, 1838 France Tree Rd, Batimore 21208 32 Registrar's Signature 2 1996



ITEMS: 23 PART I, 27, PER MEO FILM g-743 1/15/97 t.t

State of Maryland / Department of Health and Mental Hygiene

| 9 | 6 | 3 | -7 | 2 | 5 | 8 |
|---|---|---|----|---|---|---|
| 4 | U | J | 1 | J | J | |

| Physician |
|-----------|
| /Medical |
| Examiner |

Funeral

28a-f show

item 27 is marked other than "natural", or itema 23s or 28s-4 sh other traumatic event, the Medical Examiner must be notified

permit. Peges 1 and 2 should be filled within 72 hours effer death a Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or itam—any injury or other traumatic event.

Physician

/Medical

Examiner

attending physician and for use es the bunal-transit

2

Sate !

this

After

I Director: A

within 24 hours e To the Funeral C completely filled

The law requires that the death certificate be executed

Box 68760.

Division of Vital Records, P.O.

the Hospital or Attending Physician:

deeth.

efter

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medicai

Marylend

the

with

ZACHARY VAN 4e. Fecility Neme (If not institution, give street end number)

1. Decedent's Neme (First, Middle, Lest)

Month CATAYAS DECEMBER 10,1996 4b. City, Town, or Location of Death

3 Time of Death

5:12A.M

FRANKLIN SOUARE HOSPITAL 5. Sociel Security Number

1X M 2□ F

7. Age (If yrs. lest birthday) If Under 1 Year Months 2 Deys

ESSEX

BALTIMORE If Under 24 Hrs. 8. Date of Birth (CT -11 9. Birthplece (State or Foreign Country)

Min. Min. Pey, Year, 1996

Baltimore

4c. County of Deeth

220-47-3436 Director Usuel Residence of Decedent

Funeral

p

Completed

Be

2

10e. Stete Maryland Director

11. Meritel Stetus

Baltimore

10c. City. Town or Location White Marsh 10d. Inside City Limits 1 Yes 2 No

10g. Citizen of Whet Country? U.S.A.

10e. Street end Number 5821 Stevens Road

12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 No If Yes, Give

ITEM#8 PER F.H. FLM#G744 2-18-97 J. Gertificate of Death

Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.)

Reca - American Indien, Bieck, White, etc.

White

3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grede completed)

1 Never Married 2 ☐ Married

Collage (1-4or 5+)

Yeer or Detes:

16e. Decedant's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) N/A

1 ☐ Yes 2 No Specify:

10f. Zip Code 21162

16b. Kind of Business/Industry N/A

Elementery/Secondery (0-12)

17. Fether's Neme (First, Middle, Last) Shawn V. Catayas, Sr.

18. Mothar's Neme (First, Middle, Meiden Sumeme) Josephine C. Jones

19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

2. Dete of Deeth

19e. Informent's Neme/Relationship (Type, Print)

5821 Stevens Road

White Marsh , Md. 21162

Shawn V. Catayas, Sr. (FATHER) 20a. Method of Disposition

20b. Plece of Disposition (Name of cametery, cremetory or other plece)

20c. Location - City or Town, Stete

1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

Glen Haven Mem. Park

12/13/1996 Glen Burnie, Maryland 22. Name end Address of Fecility
Bruzdzinski Funeral Home P.A.

21. Signa re of Funerel ervice

tha dis

k, or heert failure.

1407 Old Eastern Avenue Essex, Md. 21221 se, or complications that caused the daath. Do not entar tha mode of dying, such as cardiec or respiretory errest, List only one causa on each line.

Approximete intervel Between Onset end Deeth

Immediate Cause (Final disease or condition resulting In deeth)

SUDDEN INF'ANT DEATH SYNDROME

Due to (or es a consequence of):

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting In daeth) Lest

Due to (or es e consequence of):

Due to (or es e consequenca of):

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

24e. Was an eutopsy performed?

24b. Wara autopsy findings eveilable prior to completion of cause of deeth?

1 X Yes 2 No

26. Plece of Death (Check only one)

1. Yes 2□ No

| 25. | Wes case exeminer? | referrad | to medical | |
|-----|--------------------|----------|------------|--|
| | 1 XYes | 2□ No | | |

6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 5 Pending Invastigation

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28b. Time of

28e. Placa of Injury - At home, ferm, street, fectory, office building, atc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how Injury occurred

29e. Cartifier

27. Menner of Deeth

1XXNeturel

2 Accidant

4 Homicide

3 Suicide

1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, deta end pleca, end dua to the ceusa(s) and menner es stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, daath occurred at the time, date and placa, and due to the cause(s) and menner stated.

29b. Signetura end title of cartifier

29c. License number

29d. Dete signed (Month, Day, Year) DECEMBER 10,1996

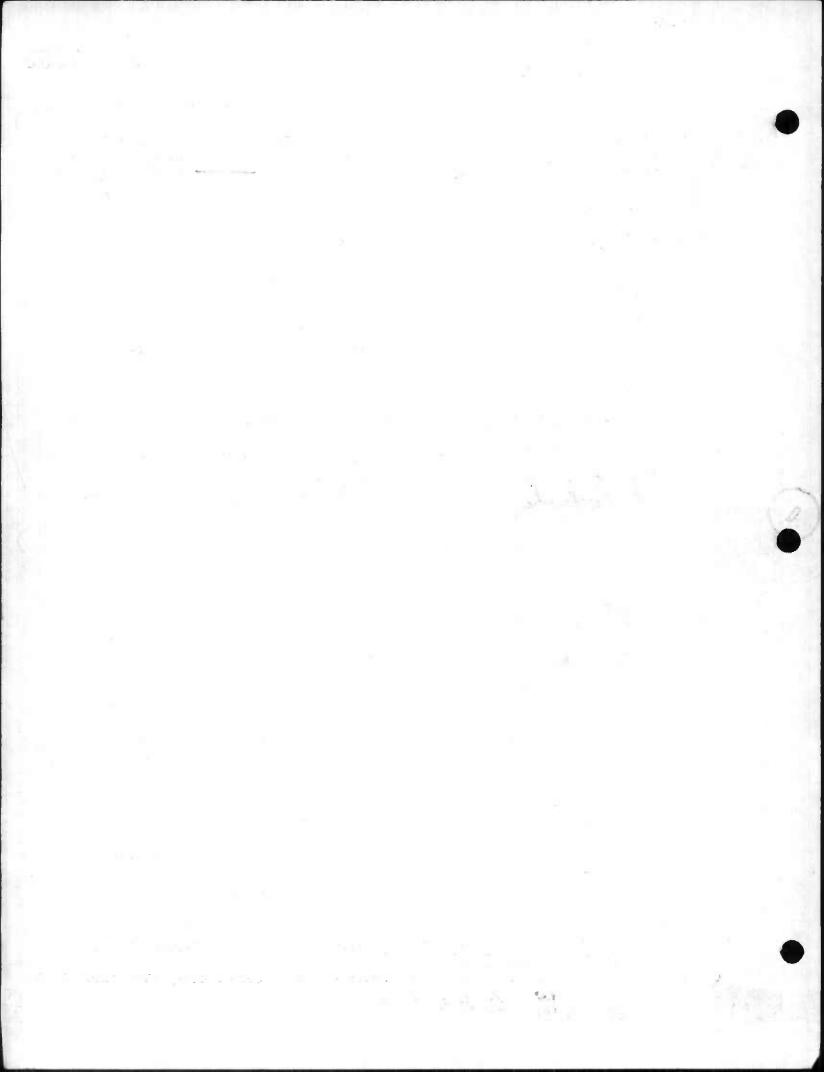
Location (Street and Number or Rurel Route Number, City or Town, State)

30. Neme end address of person who completed causa of death (Itam 234) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Radentz, MP 5. 31. Dete filed (Month, Day, Year) 1 1996 12. Begistrar's Signature Rardall DEC

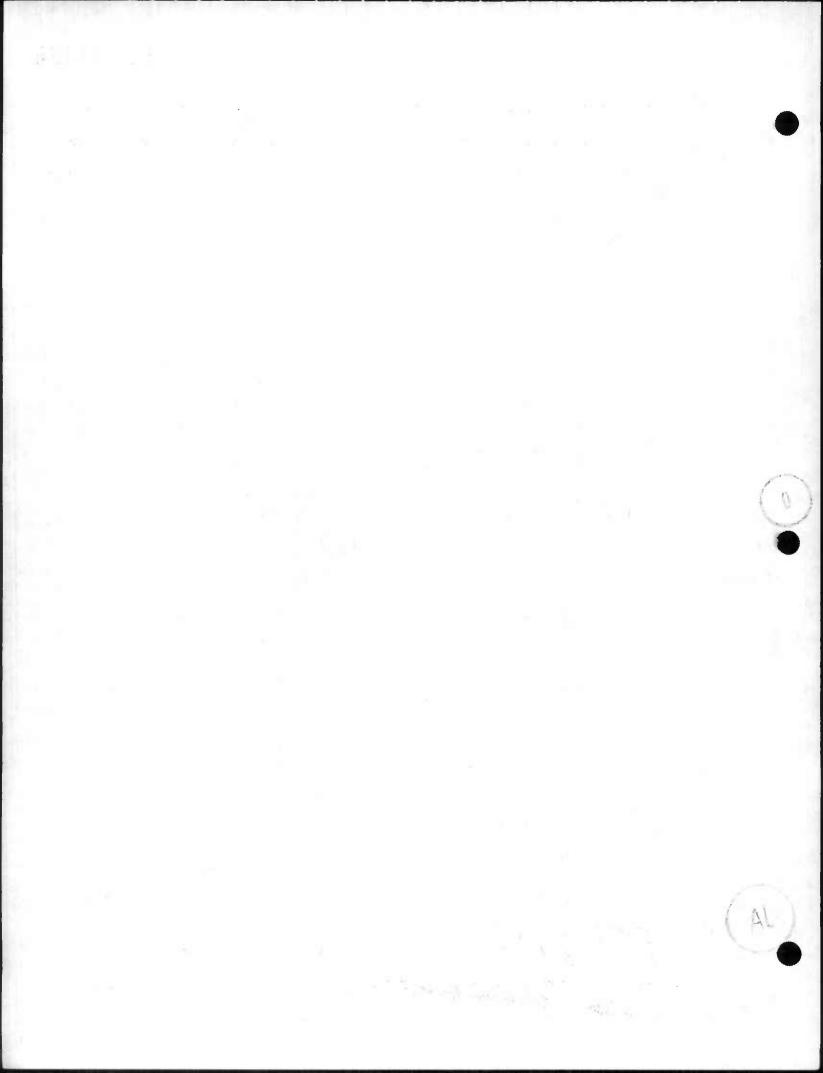


State of Maryland / Department of Health and Mental Hygiene 95 37351

| | | | | | Cen | tificate of | Death | | Reg. No. | | 0100 |
|------------------|------------------------|--|--|---|-----------------------|--------------------------------------|---|---------------------------------|-------------------------------|------------------------|--|
| icia | ın | Decedent's Name (First, Middle, Li | | | | | | 2. Date of De Month | ath Dey | Year | 3. Time of Dee |
| ici | | Brandon Alexande | | | - 1 | | | Decemb | | | 10:40 |
| ne | er | 4a. Fecility Neme (If not institution, gl | | | | | 4b. City, Town, or L | | 4c. County | of Deat | 1 |
| ļ | | Sinai Hospital o | | | | If I lader 1 Veer | Baltimore If Under 24 Hrs. | - | | | e City |
| | | | Sex 7. | Age (In yrs. la | Yrs. | Months Days O 15 | Hours Min. | (Month, Da | er 21, | 9. Birth Co 1996 | nplace (State or Foi untry) Marylai |
| | 1 | 10a. State 10b. County | | 10c. City, | Town or Loc | ation | | | | | 10d. Inside City Lir |
| | to | Md NA | 7 | Bal | timor | e | | | | | 1)© Yes 2□ |
| | Director | 10e. Street and Number | ^ | | | 10f. Zip Code | | | 10g. Citizen of | Whet Co | untry? |
| | | 4102 Crunt | and Ave | nue | | 21 | 215 | | (| 1.5 | A |
| | by Funeral | 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Decede Armed Force 1 Yes 2 If Yes, Give | s? Z No | | as Decedent of I Yes, specify Cub | Hispanic Origin? (Sp an, Mexican, Puerto Specify: | ecity Yes or No Rican, etc.) | - 14. Rad Bla Specif | ck, White | ican Indian, o, etc. |
| | N D | 15. Decedent's E | Year or Date | S: | 10a Danada | entic Housel Occur | n atlan | | 405 Mad =4 D | | 400 |
| | Completed | (Specify only highest gr Elementery/Secondary (0-12) | College (1-4c | or 5+) | (Give k | | pation during most of work od) | ing | 16b. Kind of B | usiness/i | ndustry |
| | Be C | 17. Father's Name (First, Middle, Last |) | | | | 18. Mother's Nam | e (First, Middle | 1 | ne) | |
| 1 | To B | Barrow Coe | | | | | Angela | Edu | ands | | |
| ľ | | 19a. Informant's Name/Relationship | (Type, Print) | | 19b. Mailing | Address (Stree | and Number or Rur | el Route Numb | er, City or Town | , State, Z | ip Code) |
| | | Barron Coe | - Faith | er | 4102 | Craw | ford Aner | lue | Balton | no A | ed 21215 |
| | | 20e. Method of Disposition | 70 | 001 | ce of Disposi | ition (Name of atory or other pla | | Date | 20c. Location | - City or T | Town, State |
| | | 1 Burlal 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Speci | | le W | sten | Star | Cenetera | 12-9-96 | Catonsu | Alle | MI |
| | | 21. Signature of Funeral Service Lice | nie | 1 | 22. | Name end Addre | ess of Facility | | 2011 | | 2121 |
| | | X als | Ma | ch | Mo | arch F. | H. WE | 1) a hack | 1.000 | | Balto, nel |
| l | | 23a. Part . Enter the disease, or comshock, or heart failure. List only Immediate Cause (Final disease or condition | Extreme | line. | | | ng, such as cardiec eks gesta | | rrest, | | Approximate Interval Between Onset end Death |
| | | resulting In death) | a | | as a consequ | | cars gesta | CIOII) | | | 13 days |
| | Examiner | | Necroti | | | • | | | | 1 | 6 days |
| 1 | E | Sequentially list conditions, | D. ———————————————————————————————————— | Due to (or | as a consequ | ence of); | | | | | |
| | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that latited awards) | Fungal | sepsis | 3 | | | | | | 6 days |
| 1 | edicai | that initiated events resulting in death) Lest | C | Due to (or a | is a conseque | ence of): | | | | | |
| 1 | Σ | | Renal f | ailure | 9 | | | | | | 5 days |
| 1 | a D | | U | | | | | | | 1 | |
| Pater and | Physician | Pert II. Other significant conditions of | contributing to death | but not result | ing In the und | lerlying cause gi | ven in Pert I. | | | ontribute 3 Pr | to the cause of de obably 4 Unkr |
| | ted by | Fi Fi | | | | | | 24a. Was | an autopsy | 24b. V | Vere autopsy findin valtable prior to |
| 1 | Completed | | | | | | | | | 0 | ompletion of cause f deeth? |
| 2 | 5 | | | | | | | 10 | Yes No | 1 | ☐Yes 2√ No |
| | Q Q | 25. Was case referred to medical examiner? | | | | | 26. Place of Deet | h (Check only | one) | | |
| 0 | 0 | 1 ☐ Yes 2☐No | Hospital: | | R/Outpatlent | 3L DOX | | me 5 Resi | dence 8 Oth | ner (Spec | ify) |
| Tob | | | 28a. Date of Ir (Month, L | jury Day Year) | 8b. Time of Injury | 28c. Inju Wo M 1 | ry at rk? IYes 2 □ No | 28d. Describe | how Injury occur | red | |
| F | | 27. Menner of Death 13CNatural 5 Pending 2 Accident Investigation | n | | | | | | | har or Du | 10-10-1-1 |
| F | | 1XXNatural 5 ☐ Pending | e 28e. Place of I | njury - At hom etc. (Specify) | ne, farm, stree | et, factory, offica | | 28f. Location (City or To | Street and Numi vn, State) | oer or nu | rai Houte Number, |
| Contillantion To | Certification: | 1 Natural 2 Accident 3 Sulcide 4 Homicide 29a. Certifier 1 Pending investigation determined | 28e. Place of I building, | etc. (Specify) it of my knowl of examinatio | edge, death o | occurred at the ti | me, dete and place, | City or To | vn, State) cause(s) and ma | anner as | steted. |
| Contillantion To | redical Certification: | 1 Natural 2 Accident 3 Sulcide 4 Homloide 29a. Certifier (Check only) 1 Pending Investigatio 6 Could not b determined | 28e. Place of I building, | etc. (Specify) it of my knowl of examinatio | edge, death o | occurred at the ti | me, dete and place, opinion, death occurr | City or To | vn, State) cause(s) and ma | anner as and due | steted. to the ceuse(s) |

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

96

37355

| | | | | | | Certific | ate of | f Death | | Reg. No. | 0 | 0 / 0 | 00 |
|--|------------------|---|---------------------------------|--|-----------|----------------------------|-------------|--|---|---|--|--|-------------|
| Dhualaia | | 1. Decedent's Neme (First, Middle | Last) | | | | | | 2. Dete of De Month | | Voor | 3. Time o | of Deeth |
| Physicia: /Medica | | GRACE | ELLEN | | C | HAPPELL | | | DECEME | | | 2:45 | PM |
| Examine | - | 4a. Fecility Neme (If not Institution, | give street en | nd num <i>ber)</i> | | | | 4b. City, Town, or I | | | | | |
| | | SAINT JOS | SEPH N | ÆDIC | AL | CENTER | | TOWSON, N | ARYLAN | D BAI | TIMO | Death IMORE Birthplace (State Country) MARYLAND 10d. finside C 11XYes at Country? American Indian, White, atc. BLACK BLA | |
| Funeral Director | | | 6. Sax 1 □ M X | 7. Age | | | nder 1 Yea | r If Under 24 Hrs. | 8. Dete of Bird (Month, Da 5/31/2 | h | | | or Foreig |
| natural; or items 23a or 28a-1 show ords Examples must be notified at | - | 10e. State 10b. County | | | 10c. Cit | y, Town or Location | | | | _ | 1: | Od. fnside (| City Limits |
| le pa | 0 | MARYLAND N/A | | | 1 | BALTIMORE | CITY | | | | | | s 2 No |
| 28 | 9 | 10e. Street and Number | | | | 10f | Zip Code | | | 10g. Citizen of | | | |
| 98 2 | 5 | 2609 EAST OLIV | ER STR | тээ | | | | 213 | | | SA | | |
| TIPS 2 | runeral Director | 11. Marital Status | 12. Wes Decadent Evar in U. | | | ,S. 13. Was D | | | pecify Yes or No | | | an Indian. | |
| | 2 | 1 ☐ Never Married 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorced | d 1 [] | ed Forces? Yes 2 ∑ N s, Give r or Datas: | | If Yes, | specify Cu | Hispenic Origin? (S ban, Mexican, Puart Specify: | o Rican, etc.) | ck, White, atc. | | | |
| r than "naturel", the Medical Exp | Completed | 15. Decedent's | | eted) | | 16a. Decedent's | Jsuel Occu | upation e duning most of wor | kina | 16b. Kind of B | of Business/Industry | | |
| than | 2 | Elementary/Secondery (0-12) | 1 | ge (1-4or 5 | +) | lifa. DO NO | T use retin | ed) | | CODE I | TIA MARTO MACT | | |
| other th | | 10th GRADE | | | | NURSIN | J ASS | | | | | KIS H | OSPI(|
| them 27 is marked other other traumatic event, | Ď I | 17. Fether's Neme (First, Middle, L GEORGE BURSE | | | | | | 18. Mothar's Nan | Y AKINS | Maiden Sumer | ne) | | |
| ls m | | 19e. Informent's Neme/Reletionsh | p (Type, Print | • | | 19b. Malling Add | rass (Stree | et end Number or Ru | ral Route Number | er, City or Town | Stata, Zip | Code) | |
| item 27 l | | CALVIN CHAPPELL | , SR. | HUS | BAND | | | LIVER STR | EET BAI | TIMORE | , MD | 2121 | 3 |
| Department of H Important: If iter any injury or ott once. | | 20e. Method of Disposition 1 ☑ Burlel 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (Spi | | | | | | | | | | | |
| Import any in | | 21. Signeture of Funaral Servica L | censee | | | JOHN | SON F | rass of Fecility UNERAL HO | ME 852 | LOCH I | RAVEN | BLVD | |
| nysician | | 23 Punti Enfer tha diseasa, or o shoot or heert feilura. List o | omplications t nly one ceuse | thet causad on aach lin | the deeth | h. Do not enter the | mode of dy | D 21286 ring, such as cardiad | or raspiratory a | rest, | | Intervel Ba | atween |
| Medical | ı | Immediate Cause (Final disease or condition | | PANCREATIC CARCINOMA | | | | | | | 1 VEAR | | |
| aminer | | resulting in death) | θ | | | r es e consequança | | | | r The | 717 | | |
| | 5 | | | | | | | | | | | | |
| sician and burial-transit | | Sequantially list conditions, | b. —— | b. — Dua to (or es e consequenca of): | | | | | | | | | |
| | | Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or Injury | | | | | | | | | | | |
| ding physicials as the bu | | thet initieted avents resulting in daath) Lest | C | C. Due to (or es e consequence of): | | | | | | | | | |
| mg pi | | , , , , , | | | | | | | | | | | |
| attending for use as | | | d | | | | | - | | | 1 | | |
| by the attendatached for us | 3 | Part II. Other significant condition | s contributing | ontributing to deeth but not resulting In the underlying cause given in Pert I. | | | | | 23b. Dld t | obacco use co | ntributa to | the cause | of death |
| 80 | | | | | | | | | 10 | Yes 2 No | 3 Prot | ably 4 | Unknow |
| sate has been signe paga 2 should be c | | | | | | | | | | an eutopsy med? 24b. Were autopsy eveileble prior completion of | | to | |
| page 2 | | | | | | | | | | es 20 No | | deeth? | Tale |
| certificate rector, pag | | 25. Was case rafarred to medical | | | | | | 06 Dk4 D | 1 1 | | 1 | Yes X |] No |
| W = 0 | | examiner? 1 ☐ Yes 2 🛣 No | Hospital: | 26. Placa of Deeth (Check only one) Hospital: 1 Manpatlent 2 ER/Outpetient 3 DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) | | | | | | | | d | |
| 5 m | ١. | 27. Manner of Death | 28a. [| Data of Injun Month, Dey | / | 28b. Tima of | 28c. Inju | 4 LI Nursing H | oma 5 ☐ Hesio 28d. Describe h | | | 7 | |
| he fu | | 1 XNeturel 5 ☐ Pending 2 ☐ Accident Investiga | tion | | · our | Injury Work? M 1 Yes 2 No | | | | | | | |
| filled in by the funeral Certification: | | 3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide detarmin | ed 288. F | 28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Spacify) 28f. Location (Str. City or Town, | | | | | | | Street and Number or Rural Route Number, vm, Stete) | | |
| 10 E | | 29a. Certifier 1 Certifying (Check only 2 Medical Fr | Physician: To | o the best of | my know | viedge, deeth occur | ed et tha t | ima, dete end plece, | and due to the | euse(s) and ma | annar es st | eted. | 7-12 |
| the Fune the Fune npletaly fil | | 5.07 | and | menner stat | ed. | | | opinion, deeth occur | ed at the time, o | aete end piece, | and due to | tne ceusa(| s) |
| 5 . 5 2 | 1 9 | 9h. Signatura and title of certifier | | | | | 20c Licen | ee oumber | | 20d Data clana | d /44 | Dan Manel | |

D16492

7620 YORK ROAD, TOWSON, MARYLAND 21204

State Registrar 30. Name and address of person who completed cause of goath (Itam 23a) (Type, Print)

BEATRIZ P. DIZON, M.D.,

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

6 37356 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Death **Physician** December 8, Day 1996 DORA MARIE DEAVERS 11:10 a /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia. Howard County H Under 1 Year If Under 24 Hrs. 8. Date of Birth
Montha Deys Hours Min. 8. Date of Birth
Montha Deys Hours Min. 1997 Year/1999 5. Social Security Number 7. Aga (In yrs. lest birthday) 9. Birthplace (State or Foraign Maryland **Funeral** 1 M 8 KF 212-22-8993 86 Vrs Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Howard County Columbia 1 ☐ Yes 2 PHO Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? WITH 5544 Waterloo Road 21045 USA Funeral filed within 72 hours after death Hygiene. 12. Was Decadant Ever in U,S. Armed Forces? 11. Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 □ Naver Married 2 □ Married Bartimore, Maryland 21215-0020 Specify: white 1 ☐ Yes 2 ☐ No Specify: by XX Widowed 4 Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Businass/Induatry (Specify only highast grade completed) than Elementary/Secondary (0-12) College (1-4or 5+) Department of Health and Mental Hygiene important: If Nem 27 is marked other than any Injury or other traument. 6th food service worker school sys./luncheomette 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Sumema) Be Frederick Heber Katie Listman 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ms. Carol Ann Fisher/daughter 5544 Waterloo Road, Columbia, Maryland 21045 20b. Place of Disposition (Neme of cemetery, crematory or other place) Date 20c. Location - City or Town, Stata 1XX Burlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) St. John's Lutheran Cemetery 12-11-96 Pfeiffers Cmr., MD 22. Name and Address of Facility
Slack Funeral Home, P.A. 21. Signature of Funeral Service Licansee M00535 Ellicott City, Maryland 21043 11. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, lock, or heart feilure. List only one cause on each line. Approximata Interval Between Onset and Deeth **Physician** /Medical Immediate Ceusa (Final disease or condition resulting in death) SUBDURAL HEMATOMA 5 DAYS Examiner Due to (or as a consequence of): Examiner FALL 5 DAYS The law requires that the death certificate be executed the bunal-transit Sequentially list conditions, if any, leading to Immadiate cause. Entar Undarlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): MULTIPLE CEREBROVASCULAR ACCIDENTS Box 68760, YEARS Physician/Medical Due to (or as a consequence of): signed by the at d be detached for Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. Records, P.O. 23b. Did tobacco uss contributs to the causs of death? 1 Yss 2 No 3 Probably WUNknown py 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an eutopsy performed? page 2: 2 No 1 ☐ Yea 2 No certificate Division of Vital or Attending Physician: Be director 25. Was case referred to medical 26. Place of Deeth (Check only one) 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☑ fnpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) Certification: 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After ~ 424 AM 1 Naturel 5 Pending death. 1 Yea 2 No 2 Accident invastigation DEC 3,1996 after death Director: A FELL IN BATHROOM 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Home SAME AS ABOUT 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(a) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and titla of certifiar 29c. License number 29d. Data signed (Month, Dey, Year) Dec 8,1996 30. Name and address of person who completed ceuse eth (Item 23e) (Type, Print) 6

DHMH 16 Rsv 6/95

State Registrar TOTE, MO

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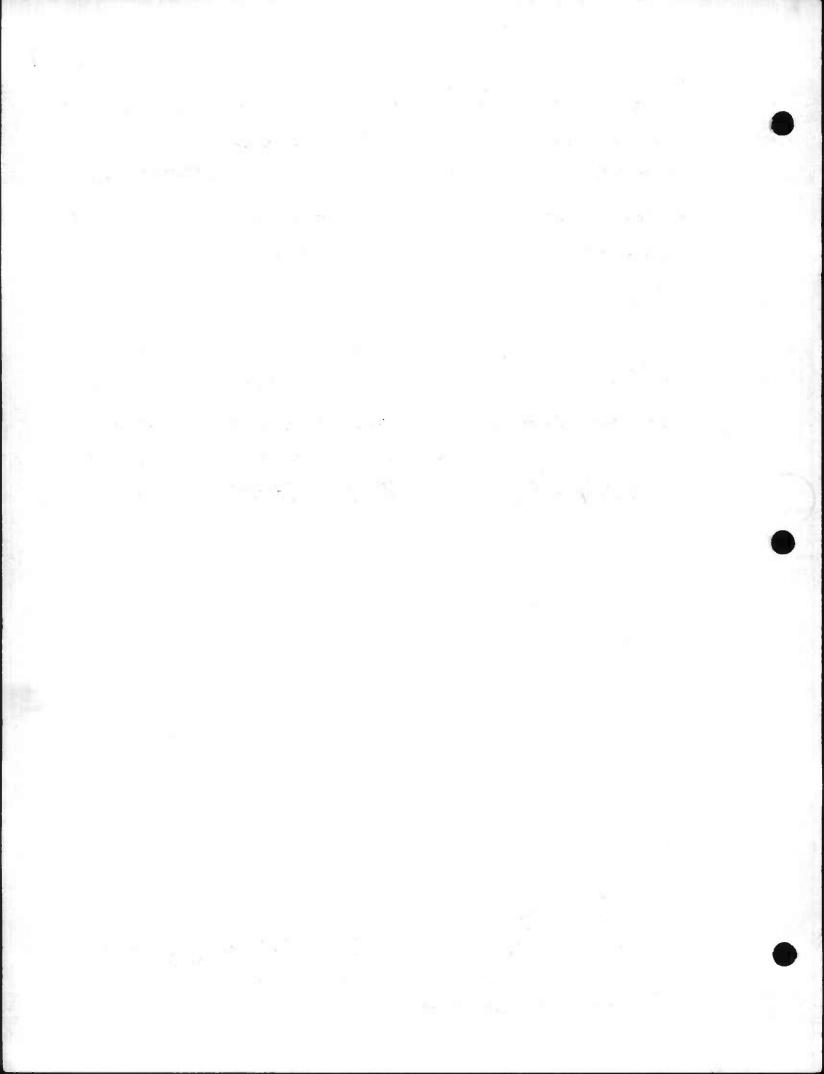
HEMUK CONE WA



State of Maryland / Department of Health and Mental Hygiene Q 6

96 3735

| | | | C | Certificate of | Death | Re | g. No. | 0 (| 31001 |
|--|---------------------|--|---|---|---|---|------------------|--------------------|---|
| Physici /Medi | | 1. Decedent's Neme (First, Middle, Last) . | DEH | ART | | 2. Dete of Deeth Month DeCanh | Dey | Year 6 | 3. Jime of Death 935 Pm |
| Examir | | 00000 | whos p. | tal | 4b. City, Town, or Local Baltimon | e | 4c. County of | of Deeth | |
| Funeral Director | | 5. Sociel Security Number 6. Sex 215 34 4285 | . Age (In yrs. last birtho | Months Days | if Under 24 Hrs. Hours Min. | 8. Dete of Birth (Month, Dey, Aug. 17 | | Count | ace (Stete or Foreign ry) rland |
| the Maryland 28a-f show notified at | Director | 10e. Stete 10b. County Maryland n/a | 10c. City, Town o | | Baltimore | | | | od. Inside City Limits 1 Yes 2 No |
| ours after death with traff, or items 23a or 2 Examiner must be n | | 10e. Street and Number 640 Gorsuch Ave. | 21218 | | 10g. Citizen of Whet Country? United States | | | | |
| | by Funeral | 11. Meritel Stetus 12. Was Deced Armed Forc 1 ☐ Yes Give 3 ☐ Widowed 4 ☐ Divorced 12. Was Deced Armed Forc 1 ☐ Yes Give Yeer or Det | X No | 13. Was Decedent of lit Yes, specify Cub | Hispenic Origin? (Specan, Mexican, Puerto F | olfy Yes or No- tican, etc.) | | , White, e | an Indian, atc. White |
| in 72 h | Completed | 15. Decedent's Education (Specify only highest grede completed) | (C | ecedent's Usuei Occu Give kind of work done fa. DO NOT use retire | pation during most of workingd) | 9 1 | 6b. Kind of Bus | siness/Ind | ustry |
| or than | Com | Elementery/Secondery (0-12) College (1-4 | | | Theate | | | | |
| Mantal Hy Mantal Hy srked oth stic event | To Be | 17. Father's Nama (First, Middle, Last) Clarence | 18. Mother's Name Kathryr | ame (First, Middla, Maiden Sumeme) Ym Evans | | | | | |
| h and h and r is ma | | 19a. Intormant's Neme/Raletionship (Type, Print) | | | t end Numbar or Rura | | | | Code) |
| ages and nt of Healt to if Item 27 | | Bryon Predika / companio 20e. Method of Disposition 1 Buriel 2 **Cremation 3 ** Removel from St | 20b. Plece of D | U Gorsuch isposition (Neme of cremetory or other ple ount Crema | | | Oc. Location - 0 | City or To | |
| Departme Departme Important any injury ance | | 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Syrvine License | .A. | | e, MD D 21286 | | | | |
| eeth certificete be executed the process of the buriel-transit for use established for use established for | In/Medical Examiner | resulting In deeth) | Due to (or es e con Due to (or es e con Due to (or es e con | nsequanca of): ty Perten nsequenca of): | () | | | | Onset end Deeth |
| by the | Physician | Pert II. Other significant conditions contributing to dea | | 23b. Did tobacco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown | | | | | |
| hes been sign pe 2 should be | Completed by | | | | | 24a. Wes an perform | ed? | eva con of d | re eutopsy findings lleble prior to npletion of cause leeth? |
| s certificate director, pag | Be Co | 25. Wes case ratarred to medical | | | 28. Placa ot Deeth | 1 ☐ Yes | | 1L | lYes 2□ No |
| this aldi | 2 | examiner? 1 Yas 2 PNo Hospital: 1 Inn 27. Menner of Daath 28e. Date of | | BLIBITE 3LI DOA | har: 4 Nursing Hom | | | |) |
| or Attending is efter deeth. Director: After I in by the funer | Certification: | 27. Menner of Daath 1 Maturel 5 Pending 2 Accident Invastigation 3 Sulcide 6 Could not be determined 4 Homicida 28e. Date of Injury - At home, term, street, fectory, offica 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred | | | | | | | |
| To the hospital or Attend within 24 hours efter deal To the Funeral Director: completely filled in by the | edical Ce | 29a. Certifier (Check only 2 Medical Examiner: On the bes | est of my knowledge, d | eeth occurred et the ti | ime, dete end piece, e | nd due to the ceu | use(s) and mer | nner es ste | eted. |
| To the P within 2 To the C complet | Med | 29b. Signeture and tube of certifier | r stated. | | se number 2554 | | d. Date signed | | |
| φ | | 30. Neme and address of person who complated causa | ot deeth (Itam 23a) (Ty | pe, Print) | 5 01 martin | hois | 200150 | | <u> </u> |
| Sta Registr | | 31. Date tiled (Month, Day, Year) DEC 1 2 1996 | Istrer Gignature | | | | | | |

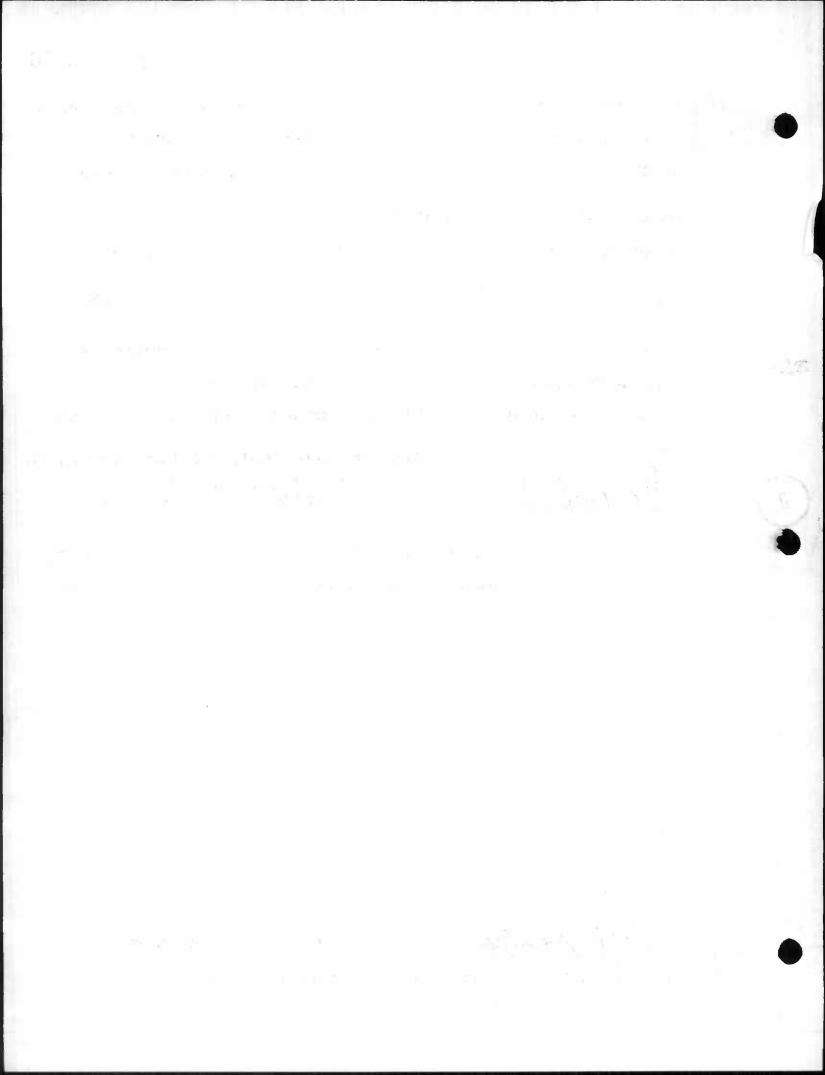


| | an | 1. Decedent's Name | | | | Cei | rtificat | C 01 | Dealii | | 2. Dete of De Month | Day | Year | | e of Death |
|--|--------------------------------------|---|--|---|--|--|--|---|---|---|--|---|---|--|--|
| /Medica Examine | | Anna My 4a. Fecility Name (If | | Emala ive street end num | | | | | | | December cation of Deeth | | | | 52 AM |
| Aamm | E1 | 902 Louis Lane | | | | | | | Kings | | | | | | |
| Funeral Director | | 5. Social Security Nu 219–30–64 | 485 | Sex 7 1 □ M 2 X F | 93. Age (In yrs. | lest birthdey) Yrs. | If Under Months | | | | 8. Date of Bird (Month, De Nov. 28 | v. Yeer) | 9. Birthplace (State of Country) Maryland | | |
| within 72 hours after deeth with the Maryland jene. I than "netural", or items 23a or 28a-f show the Mad cal Examiner must be notified at | | Usuai Residenca of 10a. State | 10b. County | | 10c. City, Town or Lo | | ocation | | | | | | | | side City Limits |
| | tor | Maryland | Baltimo | ore | Mi | ddle R | iver | | | | | | es 2 No | | |
| | i Director | 10e. Street and Num | en Road | 10f. Zip Code 21220 | | | | 10g. Citizen of W | | | | | What Country? | | |
| | by Funeral | 11. Marital Status 1 Never Marrie 3 Widowed | | Armed Ford | 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 M No If Yes, Give Yeer or Dates: | | | 13. Was Decedent of Hispanic Origin? (Specify Y If Yes, specify Cuban, Mexican, Puerto Rican, | | | | | | | can Indian, , etc. |
| adical | Completed | (Specia | 15. Decadent's E ify only highest gr | Education rade completed) | | | | Decedent's Usuat Occupation (Give kind of work done during most of workil life. DO NOT use retired) | | | ing 16b. Kind of Bu | | Business/Ind | usiness/Industry | |
| Tage of | omp | Elementary/Secon | ndary (0-12) | Coltege (1- | | Owner-Operator | | | | | Groce | Grocery Store | | | |
| event, | To Be C | 17. Fether's Name (F | | - | | | | | 18. Mother's Name (First, Middle, Malden Surneme) Anna Mackowiak | | | | | | |
| treu | | 19a. Informent's Nam Walter M. | | | | | | | | Al Route Number, City or Town, State, Zip Code) Middle River, Md. 21220 | | | | | |
| ry or other | | | | □Removai from S | tate | Place of Dispo cemetery, crem | metory or o | other plea | | . 12/ | Date /12/199 | 20c. Location | | | |
| any inju | | Sacred Heart Of Mary Cem. 12/12/1996 Baltimo 21. Southuld of funeral Povice Lights 22. Name and Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. | | | | | | | | | | | | | |
| ysician | | Sept. L | | | | | 407 U |)Ta E | Caster | n Av | renue | Essex. | Ma. Z | 44 | |
| | | 23a. P. M. Enter the | e diséase, or con t failure. List only | iplications that car y one cause on ea | used the deat ch line. | | | | | | | | Ma. Z | Approxir Interval | nete Between nd Death |
| dical | | Immediate Cause (F disease or condition | Final | | | | er the mod | de of dyir | | | | | | Approxir Interval | Between nd Death |
| dical niner | ner | Immediate Cause (F | Final | a. Ca | rdiac | h. Do not ent | thmia | de of dyin | ng, such as | | | | S | Approxir Interval Onset a | Between and Death |
| as the burial-transit | ledicai Examiner | Immediate Cause (F disease or condition | rinal ditions, mediate lying njury | a. Ca | Due to (o | Dysrhy or es a conseq | thmia quence of): rt Fa | de of dyir | ng, such as | | | | S | Approxir Interval Onset a | Between and Death |
| as the burial-transit | edicai | Immediate Cause (F disease or condition resulting in death) Sequentially list conif any, leading to Imrouse. Enter Under Cause (Disease or intent initiated events | rinal ditions, mediate lying njury | a. Ca | Due to (o | Dysrhy or es a conseque Hea | thmia quence of): rt Fa | de of dyir | ng, such as | | | | S | Approxir Interval Onset a | Between and Death |
| detached for use as the burial-transit | Physician/Medical | Immediate Cause (F disease or condition resulting in death) Sequentially list conif any, leading to Imrouse. Enter Under Cause (Disease or intent initiated events | iditions, mediate lying njury | Ca. Co | Due to (o | Dysrhy or es a conseq ve Head or as a conseq or as a conseq | thmia quence of): rt Fa quence of): uence of): | il | re | | 23b. DId | | ontributa to | Approximately ap | Between and Death ds ar |
| 2 should be detached for use as the burial-transit | by Physician/Medical | Immediate Cause (F disease or condition resulting in death) Sequentially list conif any, leeding to Immoduse. Enter Under Cause (Disease or in that initiated events resulting in death) La | iditions, mediate lying njury | Ca. Co | Due to (o | Dysrhy or es a conseq ve Head or as a conseq or as a conseq | thmia quence of): rt Fa quence of): uence of): | il | re | | 23b. Did to 1 🖫 | rest, | ontributa to | Approximately ap | ar Between and Death ds ar Be of death? Unknow sy findings or to |
| age 2 should be detached for use as the burial-transit | Completed by Physician/Medical | Immediate Cause (F disease or condition resulting in death) Sequentially list conif any, leading to Immoduse. Enter Underl Cause (Disease or in that initiated events resulting in death) Li | ditions, mediate typing njury ast | Ca. Co | Due to (o | Dysrhy or es a conseq ve Head or as a conseq or as a conseq | thmia quence of): rt Fa quence of): uence of): | il | re. | cardiec | 23b. Did 1 1 SX 24a. Was perfo | tobecco uae c Yes 2□ No an autopsy rmed? ✓es 2 XNo | ontributa to | Approximately ap | ar as of death? Unknow sy findings of to |
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| In by the times director, page 2 should be detached for use as the builat-transit | To Be Completed by Physician/Medical | Immediate Cause (F disease or condition resulting in death) Sequentially list conif any, leading to Immediate Cause. (Disease or in that initiated events resulting in death) Little Cause. (Disease or in that initiated events resulting in death) Little Cause. (Disease or in that initiated events resulting in death) Little Cause (Disease or in that initiated events resulting in death) Little Cause (Disease or in that initiated events resulting in death) Little Cause (Disease or in the Cause of | iditions, mediate typing ast ast conditions of the conditions of t | Co. Co. Co. Contributing to dea | Due to (on pue to (on | Dysrhy or es a conseq ve Head or as a conseq utting In the | thmia quence of): rt Fa quence of): uence of): uence of): definition of the content of the cont | DA Oth | 26. Plece er: 4 \(\text{Nu} \) | of Death | 23b. Did 1 1 32 24a. Was perfo | iobecco uae c Yes 2 No an autopsy med? Yes 2 XNo no now Injury occu | ontributa to 3 Proi 24b. We avi | Approximately ap | Between and Death ds ar Be of death? Bull Unknow Sy findings of to of cause |
| ind in by the tuneral drector, page 2 should be detached for use as the burial-transit | o Be Completed by Physician/Medical | Immediate Cause (F disease or condition resulting in death) Sequentially list con- if any, leeding to Imr- cause. Enter Under Cause (Disease or in that initiated events resulting in death) Li Part II. Other eignific 25. Was case referre exeminer? 1 Yes 2 N 27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide | ed to medical Solutions, mediate trying njury ast cant conditions Solutions Pending investigation Could not a determined | Co. Co. Co. Contributing to dea | Due to (on pue to (on | Dysrhy or es a conseq ve Hear or as a conseq ulting In the | thmia quence of): The Fa | DA Oth Pace Injury office at the tin | 26. Plece er: 4 \ Nu y at k? Yes 2 \ 1 | of Death | 23b. Did 1 1 32 24a. Was performe 5 32 Resident (3 City or Toward due to the and due to the sa | Robecco use c Yes 2 No an autopsy med? Yes 2 XNo one) dence 8 Ochow Injury occur Street end Num vn, Stete) | ontributa to 3 Proi 24b. We avi cool of ther (Specifi | Approximately Ap | Between and Death ds ar Be of death? B Unknow sy findings or to or to or to or to ause No |

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State Registrar 31. Date filed (Month, Dey, Year)
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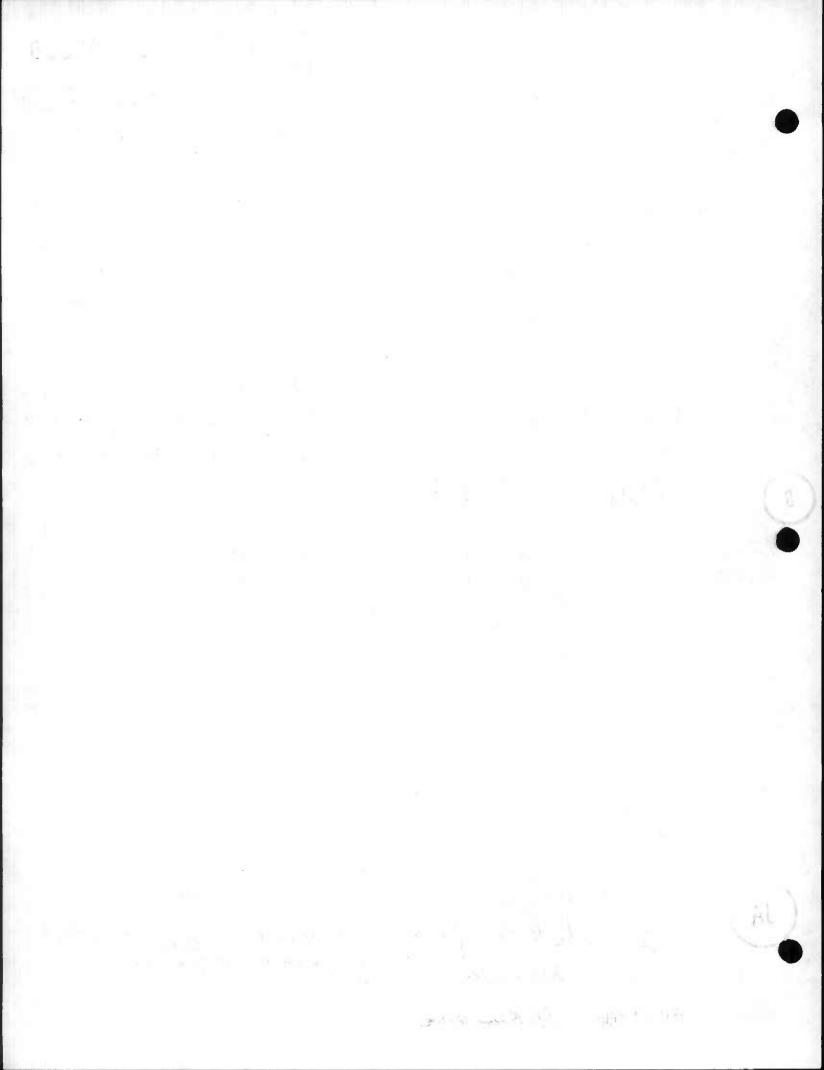
State of Maryland / Department of Health and Mental Hygiene

37359

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Daath **Physician** Month Crowrdine Willie 11.35AM Recember /Medical 4a. Facility Nama (If not Institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1+111 Manor 8. Data of Birth Month, Day, Year, 3, 19 2 If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Funeral 9. Birthplaca (Stata or Foreign Country) Days 100M 20 F 249-14-5902 Yrs. Director 01 Usual Rasidanca of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits must be notified at NA mo Ba Director Vas 2□No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of Whal Country? ò 2520 U.S Mantico 21215 items 23a Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status traumatic event, the Madical Examiner 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 "naturel", or 1□ Yas 2XNo Black þ 3 ☐Widowad 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Pegas 1 and 2 should be filed within nent of Health and Mantal Hygiane. nnt: If Item 27 is marked other than ' ary or other treumstic event, the Ma Collaga (1-4or 5+) Elemantary/Secondary (0-12) arm -armer 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) ourdine Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Daughter Balto, md 21215 2520 Ave -12210 Lynch-Quantico 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata permit. Pega Department o Important: If eny Injury or once. 1/13/96 - Eternal Hope 4 ☐ Donation 5 ☐ Othar (Specify) Garden 0 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility March F. H- West 4300 Wabash 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Physician /Medical Immediata Ceusa (Final disaasa or condition rasulting in death) Examiner Examiner sician end burial-transit The few requires that the death certificeta be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated evants rasulting in daath) Last P.O. Box 68760. physician s the burial Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yss 2 No 3 Probably 4 Unknown Records, by paga 2 should Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? cartificate has 1 Yas 2 No 1 ☐ Yas 2 No of Vital or Attending Physician: director. Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Medical Certification: To this in by the funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? After Division Natural 2 Accident 5 Panding invastigation aftar death. 1 Yas 2 No 3 Sulcida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifian 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. Licansa number 30661 30. Name and address of parson who complated cause of death (Itam 23a) (Type, Print) SIREFSHK. TRIPORANEN) 5670 The Anemedel Baltimore, Kd-21239. 32. Registrar's Signatura 31. Data filed (Month, Day, Yaar) State

DHMH 16 Ray 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

96

29d. Dete signed (Month, Dey, Year)

December 04, 96

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| | Physic /Medi | | Decedent's Neme (First, Middle, L | A GIA | | | | | 2. Dete of Do Month | Dey | Yeer | 3. Time of Death | | |
| | Exami | | 4a. Fecility Neme (If not institution, g Northwest Hospit | al Center | | | | 4b. City, Town, or Randalls | stown | Bal | of Death timore | | | |
| | Funeral Director | | 294-12-5531 | 1□M 2DE | ge (In yrs. le 86 | Yrs. | Months D | eys Hours Mir | | rth ey, Yeer) 19, 1910 | 9. Birthpled Country | e (State or Foreig Ohio | | |
| ď | s 1 and 2 should be filed within 72 hours after death with the Maryland Heelth and Mental Hygiene. Heelth and Mental Hygiene. Rem 27 is marked other than "nature!", or Rems 23a or 28a-f show other traumatic event, the Medical Examinal matter mouther actived at | or | Usual Residence of Decedent 10e. State 10b. County Maryland Ho | | | | | | | | 10d. insl | | | |
| | | rect | 10e. Street end Number | | 10f. Zip Co | | 10g. Citizen of Whet Country? | | | | | | | |
| | | ō | 10201 Tanager La | ne | | | | | | | United States | | | |
| 020 | | by Funeral Director | 11, Maritei Status 1 ☐ Never Merried 2 ☐ Merried 3 ☒ Widowed 4 ☐ Divorced | 12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give Yeer or Detes: | | | /es Decedent Yes, specify (☐ Yes 21⊠ | of Hispanic Origin? (Cuban, Mexican, Pue No Specify: | Specify Yes or Norto Rican, etc.) | o- 14. Red | ce - American ck, White, etc | Indian, | | |
| 21215-0020 | | Be Completed | 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 1 2 | Education rade completed) College (1-4or s | (Give k life. D | ent's Usuel Or ind of work do O NOT use re emaker | ccupation one during most of wo etired) | orking | 16b. Kind of Business/In | | itry | | | |
| Maryland | ould be file Mental Hy arked othe atic event, | To Be C | 17. Father's Neme (First, Middle, Las Albert | " Minger | | | | | eme (First, Middle ry Louis | e, Maiden Sumen | nme) | | | |
| | and 2 should selth and Men n 27 is merke er traumstic | | 19e. Informent's Neme/Reletionship Ms. Anne Trent/c | | | | | er Lane, C | | | | · | | |
| imore, | permit. Pages 1 and Department of Heelth Important: If Rem 27 any injury or other tr pince. | | 20e, Method of Disposition 1 ☐ Buriel XIXCremetion 3 4 ☐ Defaulton 5 ☐ Other (Special Control | Removel from Stete | 20b. Plece of Disposition (Name of | | | | Dete 20c. Location - City or Town, Stete | | | , Stete | | |
| Part I | | | 21. Storature of Funeral Service Licenser 22. Neme end Address of Fecility Slack Funeral Home, P.A. Ellicott City, Maryland 21043 | | | | | | | | | | | |
| | Physician /Medical Examiner | | 23a. Part 1. Enter the disease, or condition in the cause (Finel disease or condition resulting in death) | _ | d the deeth. | Do not ente | r the mode of | dying, such es cardie | ec or respiratory e | errest, | In | pproximate terval Between nset and Death | | |
| ox 68760, | death certificete be executed eattending physician and of for use as the buriel-transit | by Physician/Medical Examiner | Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that intieled events resulting in deeth) Last | b | Due to (or | es e consequ | ence of): | | | | | | | |
| J. | death e atte | | Pert II. Other significant conditions DEMENTIA | | ut not resul | ting In the und | derlying cause | e given In Pert i. | | tobacco use co | ntribute to th | ne cause of death | | |
| Records, | a taw requir has been s ge 2 should | Completed b | | | | | | | perf | s en eutopsy ormed? | aveila comp of dea | 10 | | |
| = | | Be Co | 25. Wes case referred to medical | | | | | 28 Pleas of Da | | Yes 20 No | 1 D Y | es 20 No | | |
| 5 | | 0 | exeminer? 1 ☐ Yes 2 ☑ No | Hospitei: | ent 2 🗆 E | R/Outpatient | 3□ DOA | Other: | eth (Check only Home 5 - Res | | er (Specify) | | | |
| | ng Ph fter thi | sation: T | 27. Menner of Death 1 SNeturel 5 Pending investigation | 28e. Dete of Inju (Month, Da | iry : | 28b. Time of Injury | 28c. | Injury et Work? 1 Yes 2 No | 1 | how injury occur | | | | |
| Division | 크림 | Certification: | 3 Suicide 6 Could not determined | 28e. Plece of inj building, etc | | | et, fectory, off | office 28f. Location (Street end Number or Rural Route Number, City or Town, State) | | | | | | |
| | Hospital of 24 hours a Funeral Distely filled i | dical | 29e. Certifier 1 Certifying P | hysician: To the best of | of my know f examinetic | ledge, deeth on end/or inve | occurred et the | ne time, dete end plec my opinion, deeth occ | e, end due to the urred at the time, | ceuse(s) end me date end piece. | enner as state and due to th | e cause(s) | | |

29c. License number

State Registrar JOGINDER PMEHTH NORTH WEST HUSPITAL CENTER RANDAUSTOWN MO
31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

DEC 1 2 1996

La Jakidson-Randelle

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signeture end title of certifier

/ n

No. of the Control of

| State of Maryland / Department of Health and | Mental Hygiene | 96 | 373 |
|--|-------------------------------|------|------------|
| Certificate of Death | Reg. No. | 20 | 010 |
| | 2. Date of Daath Month Day | Yaar | 3. Time of |

| Physician |
|-----------|
| /Medical |
| Examiner |

SCOTT DANIEL 4a. Facility Name (If not institution, give street end number)

DEC.03,1996 4b. City, Town, or Location of Death

Death

1450 P

1 ☐ Yas 2 No

Funeral

PO BOX 99 WESTERPORT 5. Social Security Number 6. Sax 1 XM 2 ☐ F 513-48-8776

WESTERPORT 7. Aga (In yrs. lest birthday) Months Yrs. 37

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year)

GARRETT Birthpiace (State or Foreign Country)

Director

notified at

7.28a-f

B must be 23a

Berns

朝

hours after

filed within 72

Pages 1 and 2 should be nent of Health and Mental

25 of of Health a

more, Maryland 21215-0020

Director

Funeral

à

Be Completed

2

Usual Residence of Decedant 10a. State 10b. County

1. Decedent's Nama (First, Middle, Lest)

10c. City, Town or Location

GANTZ

18. Mother's Name (First, Middle, Malden Sumeme)

12/9/96

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

KANSAS 10d. inside City Limits

KANSAS

10e. Street and Number

NESS CITY 10f. Zip Coda

10g. Citizen of What Country?

4c. County of Death

308 SOUTH COURT

11 Marital Status 1 Navar Marriad 2 Married

12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2√ No if Yes, Give Year or Datas:

 Was Decedant of Hispanic Orlgin? (Spacify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ Yas 2 ☐ No Specify:

67560

USA Race - American Indian, Black, White, etc.

WHITE

3 ☐ Widowed 4 ☑ Divorced

15. Decedent's Education (Specify only highest greda completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondery (0-12)

College (1-4or 5+) YEAR

FARMER - RANCHER

17. Father's Name (First, Middle, Lest)

JACK DANIEL GANTZ

YVONNE KEENER

FARMING

Specify:

19e. informant's Name/Relationship (Type, Print)

MOTHER YVONNE GANTZ

222 EAST MAIN NESS CITY, KANSAS 67560

20a. Method of Disposition

1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Place of Disposition (Name of cametery, cremetory or other place) NESS CITY KANSAS CEM.

Date 20c. Location - City or Town, State

21. Signature of Funeral Servica Licansee

23a. Part1. Entar the disease, or complications that caused the unit. Do not enter tha mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line.

22. Name and Address of Facility JOHNSON FUNERAL HOME

8521 LOCH RAVEN BLVD.

NESS CITY, KANSAS

TOWSON, MD 21286

Physiclan /Medical **Examiner**

buriel-tran

the

USB as

signed by

certificate

Physician/Medical

þ

Completed

Be

Certification: To

Medical

pue

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

immediate Cause (Finei

disaase or condition resulting in death)

GUNSHOT YOUND OF CHOS! Due to (or as a consequence of).

Due to (or as a consequence of):

Dua to (or as a consaguanca of)

23b. Dfd tobecco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown

Approximata Onset and Daath

24a. Was en autopsy parformed?

24b. Were autopsy findings available prior to completion of cause of death?

Yas 2 No

1 Yes 2 No

25. Was case referred to medical 1X Yes 2□ No

27. Menner of Death

1 Natural

2 Accident

3 Suicide

4 Homicide

5 Pending investigation

6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Dey Year) 12396

Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28b. Time of 30 AM

Other: 4 Nursing Home 5 Residence 6 Mother (Specify) HUNTING 28c. Injury at Work? 1 ☐ Yes 2 No

28d. Describe how Injury occurred

SMISLEY SHOT WITH LE HUNTING

28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)

woon (

26. Piece of Death (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) POBOXYA WESTERPORT GORRATIO

29a. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner es stated 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number OCME

DEC.04,1996

29d. Data signed (Month, Day, Yeer)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) MARYDANOS

. When 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signeture

31. Date flied (Month, Dey, Yeer) DEC 1 2 1996

"Lidson-Randage

DHMH 16 Rev 6/95

Registrar

P.O. Box 68760. Records, The law requires that the death certificate be executed

Division of Vital

tal or Attending Physician: The state death.

Is after death.

In Director: After this certificate ed in by the funeral director, pe To the Hospital within 24 hours a To the Funeral D completely filled in

State

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A TOTAL CONTRACTOR OF THE CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR OF THE CONTRA

State of Maryland / Department of Health and Mental Hygiene 96 37362

| | | | Certificate of Death | | Reg. No. |) 0/002 |
|--|----------------|--|---|---|--------------------------------------|---|
| Physici | an | Decedant's Nama (First, Middla, Last) | | 2. Deta of De | eath | 3. Tima of Deeth |
| /Medic | | RAYMOND HOOPER | | DEC. | 4, 199 | |
| Examin | er | 4a. Facility Nama (If not institution, give streat and number) 433 EAST 22ND STREET | BALT | or Location of Deat IMORE | 4c. County o | f Death |
| Funeral Director | | 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. las 217 - 01 - 733) 81 Usual Rasidanca of Decedent | | Hrs. 8. Data of Bi (Month, Di 3-20 | th ay, Yaar) - 15 | 9. Birthplaca (Stata or Foraign Country) Maryland |
| e Merylend Ba-f show | Director | | Town or Location Itimore | | | 10d. Insida City Limits |
| ath with th | ral Dire | 433 East 22 nd Street | 10f. Zip Coda 21218 | | 10g. Citizen of W | |
| s 1 and 2 should be filed within 72 hours efter death with the Maryland feel and Amerial Hygiene. If health and Mental Hygiene. Other traumatic event, the Medical Expressions mans be notified at | d by Funeral | 11. Marital Status 1 Navar Married 2 Marriad 3 Widowad 4 Divorcad 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Yas 2 No if Yas, Giva Yaar or Datas: | 45 | | 9- 14. Raca Black Specify: | - Amarican Indian, , Whita, atc. Black |
| d within 72 hours eff | Completed | Collaga (1-40) 54) | 16a. Decedent's Usual Occupation (Giva kind of work dona during most of lifa. DO NOT use retired) | working | 16b. Kind of Bus | |
| should be filed within and Mental Hygiene. s marked other than " umatic event, the Men | Be | 8 Th grade. 17. Father's Nema (First, Middle, Last) | - | Nama (First, Middla | | |
| 2 should end Mer is marke | 2 | 19a. Informant's Neme/Ralationship (Type, Print) | 19b. Mailing Addrass (Straat and Number of | Rurai Routa Numb | er, City or Town, S | itata, Zip Coda) |
| Pages 1 and 2 ent of Health e nt: If Item 27 Is ry or other tra | | Mystle Lewis (daughter-in-law) | 1107 BRENTWOOD Avery a of Disposition (Nama of latery, cramatory or other place) | 0 11 | more, M | ryland 21202 ity of Town, Stata |
| permit. Pages Depertment of i Important: if the any injury or or once. | | 4 Donatio 5 Other (Specify) 21. Signature of Funeral Service License | 22. Nama and Address of Facility | 12-9-96 JR. FU | | Mills, Marylon |
| 7 20 2 8 0 | | 23a. Part1. Enter tha disaase, or complications that caused tha daath. shock, or haart feilura. List only one ceuse on each line. | 2140 N. Fulton A | venue B | attimore | Macyland 213 Approximata Intervat Batwaan |
| Physician /Medical Examiner | | Immediate Ceusa (Finat disaasa or condition resulting in daath) By Hypertensiv | e Arterioscleroti | ic Cardi | .ovascul | Onsat end Deeth |
| nsit | Examiner | Due to (or a | s a consequanca of): | | | |
| cate be axecuted physician and s the burial-transit | | Sequentially list conditions, if any, laading to immadiate cause. Entar Underlying Cause (Disaasa or Injury | s a consequance of): | | | |
| Die o | n/Medical | | s a consequance of): | | | |
| at tha d by th | Physician/ | Part It. Other eignificant conditions contributing to death but not rasulting Diabetes Mellitus | ng in tha undarlying causa givan in Part I. | | | ribute to the cause of death? |
| law requires that that es been signed by the 2 should be datached | ted by | | | | an autopsy | 24b. Wara autopsy findings available prior to |
| sician: The law requires the certificate hes been signed irector, paga 2 should be considered. | Completed | | | INSP | ECTION | completion of causa of death? |
| Physician: rthis certificantal director, | e a | 25. Was casa rafarred to medicat axaminar? Hospital: Hospital: | Other | Daath (Check only | | |
| hys I di | tion: To | 27. Mannar of Daath 1 ☑ Naturat 5 ☐ Panding 1 ☑ Naturat 5 ☐ Panding | VOutpatient 3□ DOA Other: 4□ Nursin Bb. Time of Injury M Bb. Time of Injury M Bb. Time of Injury at Work? M I□ Yas 2□ No | g Horna 5 💢 Rasi 28d. Dascribe | danca 6 Othar how injury occurred | |
| or Atten frer deel irector: in by the | Certification: | 2 Accident Invastigation 3 Suicide 6 Could not be datamined 28a. Place of Injury - At home building, atc. (Specify) | | 28f. Location (City or To | | or Rural Routa Number, |
| Hospi 4 hou Funer lely fill | edicai C | 29a. Cartifiar (Check only) Certifying Physician: To the best of my knowle | dga, daath occurred at tha tima, data and pla and/or investigation, in my opinion, deeth o | aca, and dua to tha ccurred at tha tima, | causa(s) and mand | nar as stated. d dua to tha causa(s) |
| 2520 | Me | 29b. Signature and title of certifier | 29c. Licansa number O.C.M.E | | 29d. Data signad DEC . 4 | (Month, Dey, Year) |
| V | | 30. Name and address of person who completed causa of deeth (Item 23 | 3e) (Type, Print) | | | |
| | e | 31. Data filed Month, Day, Year) DEC 1 2 1996 July Variation—Mand | Penn Street, Bal | Ltimore, | maryla | nd 21201 |
| Stat | | | | | | |

A SECTION OF THE SECTION A. I exped to ? Tenny Foundation water principal for the facility of the control of The state of the s

REG. NO.

ADATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
Estelle

Owen

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| VITAL RECORDS, P.O. | |
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| | 219-32-104 | | 1 M 2 X F | 87 | YRS. | | | RS MAE. | Jan. | 14 1909 | Ma | aryland |
|------------------------------------|--|--|--|--|---|---|---|----------------------------------|--|---|-------------|--|
| TOR | 90. FACILITY NAME (# n St. JOSE RESIDENCE OF E | ph Medi | cal Cente | er | | TOWS | | CATION OF DE | ATH | | ltin | OF DEATH |
| DIRECTOR | 10a. STATE Md . | 10b. COUNT | imore | | 10c. CITY COC | y, town or ckyes | LOCATION 7111e | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| FUNERAL | 100. STREET AND NUME 16 Pine B | | | | | | 101. ZIP (| LO30 | 10g. CITIZEN OF WHAT COUNTRY? | | | OF WHAT COUNTRY? USA |
| BY | 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 | _ | | NT EVER IN U.S I YES 2 MAR OR DATES | NO NO | 13. WAS DECENDENT OF HISPANIC ORIG If yea, specify Cuban, Mexican, Puerto 1 VES 2 NO Specify: | | | n, Puerto Ricar | | | |
| COMPLETED | 15. (Specify Elementary/Secondar | DECEDENT'S EDU only highest grade ry (0-12) | CATION completed) College (114 or 5 | | Give kind of ville. Do NOT us Dar | vork done du | UPATION ring most of w | vorking | 16b. KIND OF BUSINESS/INDUSTRY Instructor | | | RY |
| BE COM | 17. FATHER'S NAME (First Joseph | at, Middle, Last) | R. | De | ennis | | 18. I | MOTHER'S NAME | ME (First, Middle | e, Maiden Surnam | e) | Owen |
| TO B | 19e. INFORMANT'S NAM H. Courte | | ifer/Husl | oand | 19b. MAILING 16 I | ADDRESS (| Street and Nu Bark (| mber or Aurel F Ct. Co | Ckeysv | ille, M | d. 2 | 21030 |
| | 20a METHOD OF DISPO | ther (Specify) | | | CE AND DATE O | je ^{pl} Cer | netery | 1 12- | | 20c. LOCATION Pikesv | ille | e,Md. |
| | 21. SIGNATURE OF FUN | ERAL SERVICE LE | CHISEE | | | 22. N/ | AME AMA AMA | Ruck To | ork Rd | Funeral . Towso | Hon n, M | ne, Inc. 4d. 21204 |
| | | | a. DUE TO | O (OR AS A CO | NSEQUENCE OF | 11 | n | kyp | Ence | | | |
| RTIFICATION | Sequentielly liet cor if any, leading to im cause. Entar UNDEF CAUSE (Disease or that initiated eventa resulting in deeth) I | mediate RLYING Injury | b. A DUE TO | 0/10 | SCIONSEOUENCE OF | of hic | | War W | 1 | Ren | al | |
| EDICAL CERTIFICATION | if any, leading to im cause. Entar UNDER CAUSE (Disease or that initiated eventa | mediate RLYING Injury | b. DUE TO | O (OR AS A COL | SCIONSEQUENCE OF | o he | erlying cau | Black Silver in | Les (| | SY | AVAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? |
| MEDICAL | if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated eventa resulting in deeth) I | injury AST O USE CONT | b. DUE TO | O (OR AS A COLOR OF COR AS A COLOR OF C | SCLOOK OF SECURITY OF SEATH YE | in the und | 0 🗆 U | ise given in | Part I. 24a | As an autop Performed? | SY | AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? |
| SICIAN: MEDICAL | if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated eventa resulting in deeth) I | LAST USE CONT | b. DUE TO | O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) | INSECUENCE OF DEATH YE | in the und | O U | NCERTAIN | Part I. 24a | WAS AN AUTOP PERFORMED? YES 2 W NO | SY | AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? |
| PHYSICIAN: MEDICAL | if any, leading to im cause. Entar UNDEF CAUSE (Disease or that initiated eventa resulting in deeth) L PART II. Other signi DID TOBACCO 25. WAS CASE REFERRE EXAMNER? 1 YES 2 NO 27. MANNER OF BEATH 1 Natural S | LAST SITE CONTINUE OF TO MEDICAL | DUE TO | O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) | DEATH YE | in the und | O U | PRESIDENT AT | Part I. 24a | WAS AN AUTOP PERFORMED? YES 2 W NO | SY | AWAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO |
| D BY PHYSICIAN: MEDICAL | if any, leading to im cause. Entar UNDEF CAUSE (Disease or that initiated events resulting in deeth) L PART II. Other signi DID TOBACCO 25. WAS CASE REFERRE EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 2 Accident | Interest condition O USE CONT TO MEDICAL Pending | b. DUE TO c. DUE TO d. DUE TO d. RIBUTE TO CA HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, i | O (OR AS A COMPANY OF THE PROPERTY OF THE PROP | DEATH YE | in the und | O U ly one) og Home 5 (ac. INJURY / WORK? 1 U YES | PRESIDENT AT | Part I. 24a 1 [6 Other (Sp 26d. DESCRIE | WAS AN AUTOP PERFORMED? YES 2 W NO | OCCURE | AVAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO |
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| D BY PHYSICIAN: MEDICAL | if any, leading to im cause. Entar UNDEF CAUSE (Disease or that initiated events resulting in death) I. PART II. Other signi DID TOBACCO 25. WAS CASE REFERRE EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 C | DUSE CONT DUSE C | DUE TO C. DUE TO d. DUE TO d. TO DUE | O (OR AS A CO) | DEATH YE PACE OF DEAT At home, larm, se, death occurred/or investigation | in the undi | U U y one) 1 General Sec. INJURY y WORK? 1 YES 1 Holder and p inlon, death of | Realdence | Part I. 24a 1 1 6 Other (Sp 28d. DESCRIII 28f. LOCATIO City or 70 to the cause(a | WAS AN AUTOP PERFORMED? YES 2 M NO Ocity) SE HOW INJURY WITH, State) and manner as place, and due to | OCCURE | AVAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO |
| BE COMPLETED BY PHYSICIAN: MEDICAL | if any, leading to im cause. Entar UNDEF CAUSE (Disease or that initiated events resulting in death) I. PART II. Other signi DID TOBACCO 25. WAS CASE REFERRE EXAMNER? 1 YES 2 NO 27. MANNER OF BEATH Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 | DUSE CONT O USE C | DUE TO C. DUE TO d | O (OR AS A CO) | DEATH YE CACE OF DEAT At home, larm, so diddor investigation (ITEM 27) (Type, | in the undi | U U y one) 1 General Sec. INJURY y WORK? 1 YES 1 Holder and p inlon, death of | Realdence AT 2 NO place, and due | Part I. 24a 1 1 6 Other (Sp 28d. DESCRIII 28f. LOCATIO City or 70 to the cause(a | WAS AN AUTOP PERFORMED? YES 2 M NO Ocity) SE HOW INJURY WITH, State) and manner as place, and due to | OCCURE | 1 YES 2 NO |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Jenifer

State of Maryland / Department of Health and Mental Hygiene

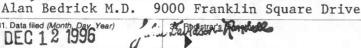
| ysiciai | | 1. Decedent's Name (First, Middle, Last |) | | | | | 2. Date of D | | | 3. Time of Death |
|---|-----------|---|---|---|--|--|--|--|---|--|--|
| Medica | | Henry Emmet Jo | hnsen | | | | | Month | Day | 996 | 320 m |
| amine | _ | ta. Facility Neme (If not institution, give | street and number) | | | | 4b. City, Town, o | or Location of Des | th 4c. County | of Death | |
| | | 10001 Windstream | Drive - | Apt. | 304 | | Columbia | | Howar | d | |
| eral ctor | | 5. Social Security Number 6. Security Number 119–05–6188 | 7. Ag | 7 7 | 7 Yrs. | Months Deys | If Under 24 Hi Hours Mi | | ith Pay, Year) 12, 1919 | 9. Birthpia Countr | ce (State or Forei y) NY |
| 16 | - | 10a. State 10b. County | | 10c. City | y. Town or Loc | ation | | | | 100 | d. Inside City Limi |
| Di di | 20 | MD Howard | | C | olumbia | a | | | | 1 ☐ Yes 2 💢 N | |
| out be no | 5 | 10e. Street and Number 10001 Windstream D | rive - Ap | pt. 3 | 04 | 10f. Zip Code 2104 | 4 | 10g. Citizen of V USA | 10g. Citizen of What Country? USA | | |
| 1 | 2 | 11. Marital Status 1 □ Nøver Married 2 ☑ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates: | | | as Decedent of I Yes, specify Cub | nt of Hispanic Origin? (Specify Yes or No- r Cuban, Mexican, Puerto Rican, etc.) No Specify: | | | e - America ck, White, et v: Whi | ic. |
| a Wadical | Completed | 15. Decedent's Edu (Specify only highest grade Eiementary/Secondary (0-12) | College (1-4or | | (Give k | O NOT use retire | during most of w d) | 16b. Kind of Br Baltimo | re | | |
| T S | 3 | 12 17. Father's Name (First, Middle, Last) | 4 | | Vice P | resident | | ame (First Middl | Station e, Maiden Suman | | 0. |
| 0 | 0 00 | Henry John | sen | | | | | W. Johns | | 10) | |
| THE P | | 19a. Informant's Name/Relationship (Ty | | | 19b. Mailing | Address (Street | - | | ber, City or Town, | State, Zip C | Code) |
| or tra | 1 | Marion E. Johnsen | (Wife) | | 10001 | Windstr | eam Dr. | Columbi | a, MD 2 | 21044 | |
| ury or oth | 2 | 20a. Method of Disposition 1 ☐ Burial 2 ※ Cremation 3 ☐ R 4 ☐ Donatlon 5 ☐ Other (Specify) | emovai from State | C | emetery, cremi | ition (Name of etory or other pla e Cremat | | | 20c. Location - Beltsvi | | |
| any in | 1 | 21. Signature of Funeral Service Licanse | 90 - Y3 | wh | W. | | ineral H | omes, In Rd. Col | c. umbia, M | 1D 21 | 045 |
| | 1 | 23a. Part1. Enter the disease, or compli- shock, or heart failure. List only or | cations that caused to cause on each li | the death | . Do not enter | the mode of dyl | ng, such as cardi | ac or respiratory | arrest, | 11 | Approximate nterval Between |
| ian ical ner | 10 | Immediate Cause (Final disease or condition resulting in death) | Conc | rest | ive H | eart f | Failure | | | | Donset and Death 1 ears |
| | | esuiting in death) | | | as a consequ | | | | | | |
| F vaminer | Lyanim | Sequentially list conditions, fany, leading to immediate cause. Enter Underlying | b Due to (or as a consequenca of): | | | | | | | | |
| for use es the bunel-transit | ופחוכם | Cause (Disease or Injury hat initiated events resulting in deeth) Last | | Due to (or | es e conseque | ence of): | | | | | |
| etached for use | 100 | | | | | | | | | | |
| 0 | P | art II. Other significant conditions con | tributing to death be | ut not resu | ilting in the und | lerlying cause gi | en in Part I. | | | | he cause of deati |
| | | | | | | | | - 1 | Yes 2□ No | 3 Proba | bly 4 Nunkno |
| e detached i | | | | | | | | 24a, Wa | s en autopsy ormed? | evail | e autopsy findings eble prior to pletion of cause eath? |
| 2 | - | | | | | | | | | | |
| page 2 should be d | | | | | | | | 10 | Yes 2 No | | Yes 21 No |
| page 2 should be d | | 15. Was case referred to medical examiner? | | | | | 26. Place of De | 1□ | | | Yes 212 No |
| inneral director, page 2 should be d | 2 | examiner? 1 Yes 2 No 7. Menner of Deeth 1 Natural 5 Pending | ospital: 1 □ Inpatie 28a. Date of Inju (Month, Da) | y | ER/Outpatient 28b. Time of Injury | 28c. Inju | ner: 4 □ Nursing y at k? | eath (Check only Home 5 ARes | | 1 □ ' | Yes 20 No |
| inneral director, page 2 should be d | 2 | examiner? 1 Yes 2 No 7. Menner of Deeth | 28a. Date of Injur | y Year) ury - At ho | 28b. Time of Injury | 28c. Injur Wor M 1 | ner: 4□ Nursing | Home 5 Pescribe 28d. Describe | one) Idence 6 □Oth | 1 □ ' er (Specify) red | |
| inneral director, page 2 should be d | 2 | examiner? 11Styes 2 No 7. Menner of Deeth 1 Sequence 5 Pending Investigation 3 Suicide 6 Could not be | 28a. Date of Injun (Month, Day) 28a. Place of Injun building, etc. | ry Year) ury - At hou.: (Specify) of my know examinati | 28b. Time of Injury | 28c. Injur Wor M 1 Det, factory, office | ner: 4 □ Nursing y at k? Yes 2 □ No | Home 5 Ages 28d. Describe 28f. Location City or To | one) Idence 6 Oth how injury occurr (Street and Numb wm, State) | or (Specify) red | Route Number, |
| inneral director, page 2 should be d | 2 | examiner? 11 Yes 2 No 7. Menner of Deeth 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 19a. Certifier Check only 2 Medical Examin | 28a. Date of Injunition (Month, Day) 28a. Place of Injunition (Month, Day) 28a. Place of Injunition (Month, Day) (clan: To the best of the basis | ry Year) ury - At hou.: (Specify) of my know examinati | 28b. Time of Injury | 28c. Injur Wor M 1 Det, factory, office | er: 4 ☐ Nursing y at k? Yes 2 ☐ No me, dete and place pinion, death occ | Home 5 Ages 28d. Describe 28f. Location City or To | one) Idence 6 Oth how injury occurr (Street and Numb wm, State) | er (Specify) red er or Rural F | Route Number, ed. he cause(s) |
| pretely lined in by the funeral director, page 2 should be deficial Certification: To Be Completed by | 2 | examiner? 1 Syes 2 No 7. Menner of Deeth 1 Shatural 2 Accident 3 Suicide 4 Homicide 19a. Certifier (Check only one) | 28a. Date of Injunition (Month, Day) 28a. Place of Injunition (Month, Day) 28a. Place of Injunition (Month, Day) (clan: To the best of | ry Year) ury - At hou.: (Specify) of my know examinati | 28b. Time of Injury | 28c. Injun Wo M 1 Det, factory, office | A Nursing Y at K? Yes 2 No ne, dete and place pinlon, death occur e number | Home 5 Ages 28d. Describe 28f. Location City or To | one) Idence 6 Oth how injury occurr (Street and Numb iwn, State) cause(s) and ma date and placa, s | er (Specify) red er or Rural f | ed. ne cause(s) |
| inneral director, page 2 should be d | 2 | examiner? 1 Syes 2 No 7. Menner of Deeth 1 Shatural 2 Accident 3 Suicide 4 Homicide 19a. Certifier (Check only one) | 28a. Date of Injunction (Month, Day 28a. Place of Injunction building, etc.) 1 Clan: To the best of and manner sta | or Year) ury - At hor. (Specify) of my know examination | 28b. Time of Injury me, farm, stree riedge, death con and/or inve | 28c. Injun Work, factory, office | er: 4 ☐ Nursing y at k? Yes 2 ☐ No me, dete and place pinion, death occ | Home 5 Ages 28d. Describe 28f. Location City or To | one) Idence 6 Oth how injury occurr (Street and Numb iwn, State) cause(s) and ma date and placa, s | er (Specify) red er or Rural f | ed. ne cause(s) |

AND STATE OF THE SECOND

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last, 2. Data of Death **Physician** Month Vaar 16, 1996 Dominic JACKSON October Cezar /Medical 12: 40 pm 4e. Facility Nama (If not institution, give-straat and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner QUARE HOSpital FRANKLIN ENTER Baltimore 5. Social Sacurily Numbar If Undar 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Days NONE Director Usuel Rasidance of Dacedeni 10a State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Insida City Limits Baltimore Baltimore 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with Laite O 6715 Funeral 12. Wes Dacedant Evar in U,S Armed Forcas? 1 ☐ Yas 20 No If Yas, Giva Yaar or Dalas: Wes Decedant of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Rece - Amaricen Indian, Pages 1 and 2 should be filed within 72 hours after one of Health and Mental Hygiene.
Int: If item 27 is marked other than "natural", or item
INT or other traumatic event, the Medical Exercise. Black, Whita, atc. Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yes 2 No Be Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: Wispanic 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) NONE Nons 17. Fathar's Nama (First, Middla, Last) 18. Molhar's Nama (First, Middle, Maidan Sumeme) ackson 10 iN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Quare 20a. Mathod of Disposition 20b. Place of Disposition (Nama of comatary, cramatory or other plece) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Slate 4 ☐ Donation 5 ☐ Othar (Specify) Depertment of important: if any injury or FRANKLIN SQUARE HOSPITAL 22. Nama and Addrass of Eacility FRA 9000 FRANKIN 21. Signeture of Funaral Service Lipe Baltimore Mach 2123 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter tha moda of dying, such as cerdiac or respiratory arrest, shock, or haart failure. List only one causa on aach lina. Approximata Intarval Batween Onset and Death **Physician** Immediate Cause (Final disaasa or condition rasulting in daath) /Medical Extreme Prematurity 4 Hours Examiner Due to (or as a consequance of): The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarfying Causa (Disaasa or Injury that initiated avants resulting in daath) Lest the burial-tran Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): for use es Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ pege 2 should be Completed 24b. Wara autopsy findings available prior to complation of ceuse of death? 24a. Was an autopsy performed? certificate hes been 1 Yas 2 No 14 Yas 2 No Division of Vital or Attending Physician: Be 25. Was cese refarred to medical examinar? 26. Placa of Death (Chack only one) Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 2 1 Yes 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death Certification: 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? After s effer dea. at Director: After 1 🖾 Natural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Locallon (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida To the Hospital of within 24 hours of To the Funeral D completely filled is 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

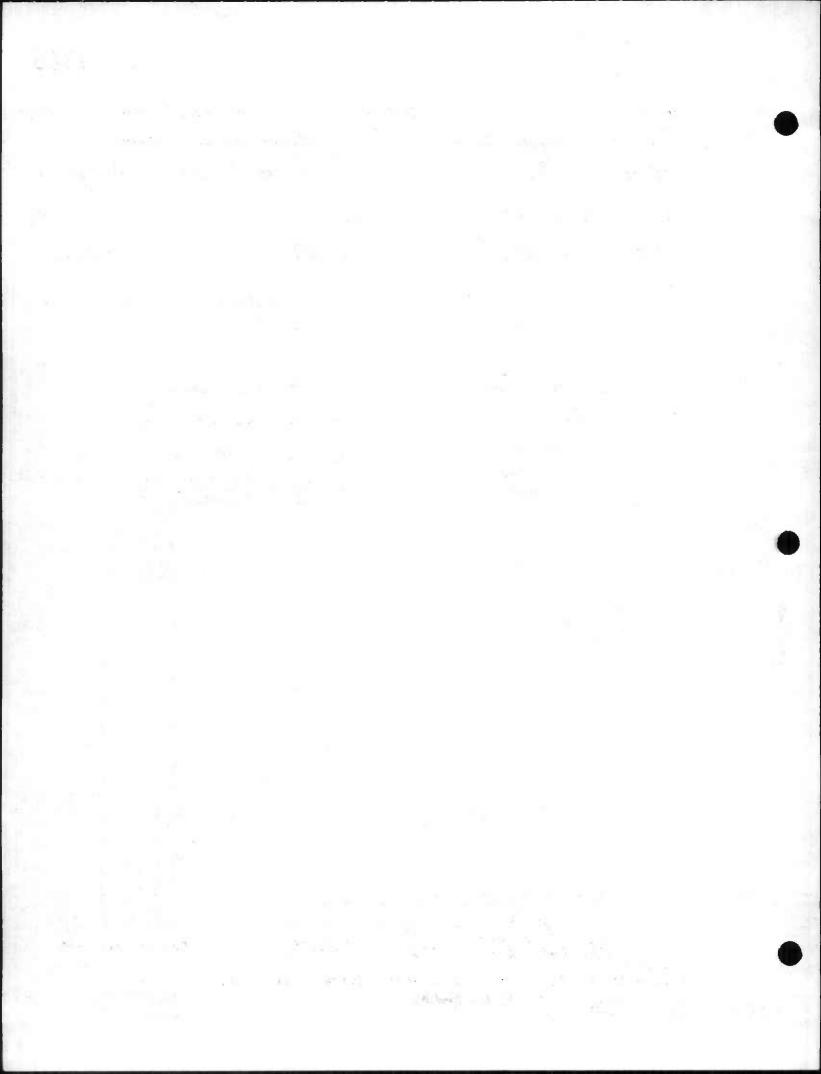
| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a, Cartifier (Check only 29b. Signature end atla of certifier 29c. License number 29d. Dete signed (Month, Day, Yaer) D42595 October 21, 1996

State Registrar 31. Data filed (Month, Day, Year)
DEC 1 2 1996



Baltimore, MD

ress of person who completed cause of death (Itam 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 37366

| | | Certificate | or Death | | Reg. No. | |
|--|-----|--|--|---|--|--|
| Physician /Medical | | 1. Dogodoni's Nama (First, Middle, Last) KOBERT C. JACKSON | | 2. Data of D Month December | Day Yaa | 3. Time of Death 02:30 A |
| Examiner | | 1a. Facility Nama (If not Institution, give streat and number) 3649 Wabash Aue | 1: | or Location of Dea Scal to | h | |
| neral ector | | 5. Social Security Number 2. 5 - 0.5 - 3.3 5.3 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) ff Under 1 Yrs. Usual Rasidance of Decedant | | Irs. 8. Date of Bi | lirth Pay, Year) 9. E | Birthplace (Stata or Foreig Country) |
| ust be neathed at | | 10a. Stata 10b. County 10c. City, Town or Location MA Ba(fo | | | | 10d. Inside City Limits |
| of references to a recorded from the recorded Funeral Director | | 3649 Wabash Ave 101. Zip Co | 1215 | | 10g. Citizen of What | |
| banker in | | 11. Marital Status 12. Was Decedent Ever in U,S. Armad Forces? 1 | of Hispanic Origin? Cuben, Mexican, Pu No Specify: | (Specify Yes or N lerto Rican, etc.) | 14. Race - Ar Black, W Specify: | narican Indian, hite, etc. |
| metic event, the Medical I | | 15. Decedant's Education (Specify only highest grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) Dock | one during most of | working | 16b. Kind of Business Steams | |
| treumetic event, | | Christopher Jackson | Jul | ia A | na, Maidan Sumame) | Nis |
| | | 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (St. 3 49 0) 20b. Mathod of Disposition 20b. Place of Disposition (Name of Committee) 2 Page of Disposition (Name of Commit | Vabash | Ave 1 | Balto, m | d 21215 |
| once. | - | 4 Donation 5 Other (Specify) Wood awn C | - 1 | 12/13/96 | Woodla | wy md |
| 5 a | | Garnelle Com 430 | o wal | oash 1 | ave | Approximate |
| cian lical iner | - | 23a. Part1. Enter tha disaasa, or complications that causad tha daath. Do not antar tha mode of shock, or heart failura. List only one causa on each line. Immediata Causa (Final disaasa or condition | dynig, such as care | and of respiratory | arrest, | Intarval Batween Onset and Deeth |
| 6 | - 1 | a. Due to (or as a conaequance of): Ala heimers | isease | | | 104KS |
| dical Examiner | | Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events. Due to (or es a consequence of): Due to (or as a consequence of): | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| use es | | d | | | Ť | |
| detached for | | Part II. Other significant conditions contributing to death but not resulting in the underlying cause | e givan In Part I. | | | ite to the cause of death Probably 4 Unknow |
| . page 2 should be det | | | | | s an autopsy 24l | b. Were autopsy findings available prior to completion of causa of daath? |
| director, page To Be Com | | 25. Was casa rafarred to medical | 26. Place of I | 1 □ Death (Check only | Yas 2 Alo | 1 Yas 2 No |
| - I | 2 | examinar? 1 | Other: 4 Nursing | | sidence 6 Other (S) | pecify) |
| led in by the funera Certification: | | | 1 ☐ Yaa 2 ☐ No | 28f. Location City or To | (Street and Number or own, State) | Rural Routa Number, |
| completely filled Medical Ce | 1 | 29e. Certifiar (Check only control of the control o | a tima, date end pla | ace, and dua to the | a cause(s) and manner , data and place, and d | as stated. ua fo tha cause(s) |
| Med | 2 | 29c, Lice 29c, L | ense number | | 29d. Date signed (Mo | onth, Day, Year) |
| | 3 | 0. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print) | St. St. 2 | 52 R- | 14 marie | 9,1996 ND 21204 |
| State Registrar | 3 | 11. Date filed (Month, Day, Year) DFC 1 2 1996 Guid Day doon—Notes | 1 012 | - Ju | MITTION I | LIZUT |

DEC 1 2 1996

Was to all early cold to all

| State of Maryland / Department of Health and | | - | 37367 |
|--|-------------------------------|------|------------------|
| Certificate of Death | Reg. No. | | |
| 7/7 1/17 | 2. Date of Death Month Dey | Year | 3. Time of Death |

Physician /Medical Examiner

Funeral

with the Maryland 28a-f ahow 7 is marked other than "naturel", or items 23a or 28a-f ahov traumatic event, the Modical Examiner must be notified at Peges 1 end 2 should be filed within 72 hours effer deeth nent of Heelth and Mental Hygiene.
Int: If item 27 ie marked other then "naturef", or items 23.

Baltimore, Maryland 21215-0020 other permit. Peges
Department of
Important: If it
any injury or o Physician /Medicai

physician and the burial-transit The law requires that the death certificate be executed Records, P.O. Box 68760. 88 for use as signed by the e should i certificata hes t lirector, page 2 s director. this funeral After

Division of Vital or Attending Physician: Funeral Director Filled in the Hospital 24 hours To the Fun completely

1. Decedent's Name (First, Middle, Last) BETTY Elizabeth December 11 1996 5:10 AM 4a. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Stella Maris Hospice Baltimore Towson | Months | Days | Hours | Min. | A pril 1 6, 1932 9. Birthpiace (State or Foreign Country) 2 Maryland 5. Sociel Security Number 7. Age (In yrs. last birthday) 6. Sex 1□ M 2口XF 64 Yrs. Director 199-24-9581 Usuai Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 ☐ No Directo N/A Baltimore, City Maryland 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code Funeral 40 North KressonStreet 21224 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 □ Never Merried 2 □ Merried 1 ☐ Yes 2 X No Specify: Specify: Ď 3 X Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Surname) Be 10 Charles T. Robinson Elizabeth M. Frieberg 19a. informant'a Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Betty J. Cahill / Daughter 4316 Cottington Road - Perry Hall, Maryland 21236 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burlai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Bel Air Memorial Gardens 12/14.96 Bel Air, Maryland 21. Signature of Funeral Service/Licensee 22. Name and Address of Facility
Leonard J. Ruck Funeral Home , Inc. mell C 5305 Harford Road - Baltimore, Maryland 21214 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervei Between Onset and Death Immediate Cause (Final SMALL CELL LUNG CANSER METASTATIC 11 10065. disease or condition resuiting in deeth) Examiner Due to (or es e consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or as a consequence of) Physician/Medical that initiated events reaulting in deeth) Last Due to (or es e consequença of): Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown COPD ğ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed 1 Yes No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) STELLA MARIS AT MERCY 25. Was case referred to medical examiner? Be Other: 4 Nursing Home 5 Residence 8 ZOther (Specify) HOSPICE Certification: To 1□ Yes 28 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide Use Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medicat Examther: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner steted. 29a. Certifier Medical (Check only one) 29b. Signature and title of certitier 29d. Date signed (Month, Day, Year) 29c. License number 2702121111) 11,1996 040480 Dewmber BELAIR 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RO 5810 FERRED, MO FERMINE 132270 21206 MO 31. Dete filed (Month, Day, Year)
DEC 1 2 1996 Flegistrar's Signature State

Registrar

Tagain and a na 508 in kilomot kao ini ny fivondrony a yogy in

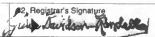
State of Maryland / Department of Health and Mental Hygiene

4 , . 1

37368 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician EDWARD** WITLITAM KOCHER December 10, 1996 11:00 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 33 Tenbury Rd. Lutherville Baltimore If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
Jan. 17, 1925 If Undar 1 Yaar Months Days 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (State or Foreign Country) 1 3 M 2 □ F Director 71 212-20-4129 Usual Rasidance of Dacadant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryla Department of Health end Mental Hyslene. Important: If Itam 27 is marked other than "natural", or Nems 23s or 28s-f show any Injury or other traumatic event, the Medical Examinal must be notified a once. 10d. Insida City Limits Director Baltimore Lutherville 1 ☐ Yas 2 1 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 33 Tenbury Rd. 21093 USA Funeral 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify: 3 Widowed 4 Divorced White Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) School Photagrapher 10 Segall Majestic 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Philip S. Kocher Julia Bazik 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Mrs. Eleanor Kocher/wife 33 Tenbury Rd. Lutherville, Md. 21093 20b. Placa of Disposition (Name of cematery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Dulaney Valley Mem. Gdns.12/14/96 Timonium, Md. 21. Signature of Funeral See 22. Name and Address of Facility
Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Physician Immadiata Causa (Final disaasa or condition rasulting In daath) /Medical LVNG Examiner Dua to (or as a consequence of) Attending Physician: The law requires that the death certificete be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Dua to (or as a consaguanca of): Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? signed by t 3 Probably 4 Unknown 1 Yes 2 No Completed by 24b. Wara autopsy findings available prior to complation of causa of daath? 24a. Was an autopsy performed? certificate hes t irector, page 2 s 1 Yas 2 Alo Division of Vital Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) 2 1 Yas 2 No Othar: 4 Nursing Homa 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 Rasidance 6 Othar (Specify) funeral Certification: 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 5 Panding Invastigation 1 Natural death. 1 Yas 2 No 2 Accidant ector: / 6 Could not be datarminad 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homicida Descritifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Cartifiar cal 29c. Licansa number 0 2 77 3 0 .29b. Signatura and titla of certifiar 29d. Date signab (Month, Day, Year) 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

State Registrar 31. Data filed (Month, Day, Year) DEC 12 1996



78

p a special p 4

State of Maryland / Department of Health and Mental Hygiene 96 37369

| December Steephen A Kent | | | | | | | Ce | rtificat | te of | Death | | | Reg. No. | | | | |
|--|-------|---|----------|--|--------------------|-----------------------------|----------------------------------|-------------------------|-----------|------------------------------|------------------------|---------------------------------|--------------------------|--------------|------------------------|----------------|-----------------|
| Stephen A. Kent Examinor Howard County Ceneral Hospital South Engineer of Deals 10 (Mr CP 7.56 phr vs. accommony) 1 | г | Physic | ion | 1. Decedent's Name (First, Middle, Le | est) | | | | | | | | | Voa | | . Time of | Deeth |
| Howard County General Hospital Columbia | | | | - | | | | | | | | _ | | | | 5:42 | AM |
| Social Security Number Social Security Number Social Security Numb | | | | | | | 1 | | | | | ocation of Deetl | 4c. C | | _ | | |
| 228-44-5071 (MM = F) 59 vs. Merchis Days North Day New 1997 (Specify No. 200 North Day New 1997) (Control No. 200 North Day North Day New 1997) (Control No. 200 North Day North | - | | 100 | | | | | If Unde | r 1 Year | | | 8 Date of Bir | th. | 0.0 | | /Ctoto o | r Formia |
| The Sales 106 County 106 Day Town of Location 100 Interes Chy James 10 | | Director | | 228-44-5071 | | | | | Days | | | NOV . 2 | 7, Year) | 37 | Country) | NC | roreigi |
| State Columbia C | | yland | | | | | | | | | | | | | 10d. | Inside Cit | ly Limits |
| State Columbia C | | e Mar | ctor | MD Howard | l | Cc | olumbia | £ | | | | | | | | 1 ☐ Yes | 2 X) No |
| State Columbia C | | or 28 | Dire | | | | | 10f. Zip | Code | | | | 10g. Citize | en of What (| Country? | | |
| State Columbia C | | s 23s | | | | | | | | | | | - | | | | |
| State Columbia C | 020 | al', or item | þ | 1 ☐ Never Married 2 💢 Married | Armed Ford | ces? 2 <mark>∏</mark> No | | if Yes, spe | cify Cub | oan, Mexicar | gin? (Spo 1, Puerto | ecify Yes or No Ricen, etc.) | 100 | Bleck, Wh | nite, etc. | ndian, | |
| Witzke Funeral Homes, Tinc. 255.5 Twin Knolls Rd. Columbia, MD 21045 256.6 Fairl. Enter the disease, (Locing Palations that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate residence Gause (Final Immediate Cause (Final | 2-0 | 72 ho | eted | 15. Decedent's E | ducation | | 16e. Dece | dent's Usu | al Occu | pation | t of work | Ina | 16b. Kind | d of Busines | ss/Indust | ry | |
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| Witzke Funeral Homes, Tinc. 255.5 Twin Knolls Rd. Columbia, MD 21045 256.6 Fairl. Enter the disease, (Locing Palations that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate residence Gause (Final Immediate Cause (Final | imore | | | 1 ☐ Buriai 2 X Cremetion 3 ☐ | | | cemetery, crei | metory or o | ther ple | tory | | | | | | | |
| 28a Part Letter the desees, Luckoffphalations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shown the minor of Between Onsel and Sport A District Cause (Final desease, Coordinate and Cause (Final desease or condition resulting in death) Due to (or as a consequence of): A Luck A Lu | Pall | permit. Departr Imports any Injk | | 21. Signeture of Funeral Service Lice Robert Steeren | nsee 3 | 1 | M | Vitzke | e Fu | neral | Hom | es, Inc | mbi a | MD | 210. | 45 | |
| Physician Medical Examiner Auto | | | | 23a. Part 1. Enter the diseese, arcon | plications that ce | used the deat | | | | | | | | , געני | Ap | proximate |) |
| Due to (or as a consequence of): Security | į ī | | | | 0.10 00000 017 00 | on | | | | | | | | | | | |
| Due to (or as a consequence of): State Sequentially list conditions, if any, leading to immediate goals. Enter Underlying cause. Enter Underlying that Intelliged event fluy that | | | | disease or condition | · Ac | ute | Add | ISOV | IA | N C | Ri. | 515 | | | 1 | da | 4 |
| Due to (or as a consequence of): State Sequentially list conditions, if any, leading to immediate goals. Enter Underlying cause. Enter Underlying that Intelliged event fluy that | | | ě | resulting in deeth) | Λ | Due to (d | or es e consec | quence of): | | 7 | | . \ | | | | | |
| Cause (Disease or influr) That Initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of each of to (or es e consequence of each of to (or es e consequence of each of to (or es e consequence of | | uted d ansit | 듵 | | b. Ho | | | | (| lan | را | Mec | VOS | 15 | | l da | uj |
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| Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 2 No 1 2 2 No 3 Probably 4 2 No 1 2 2 No 3 Probably 4 2 2 No 3 Probably 4 2 No 3 Probably 4 2 No 3 Probably 4 2 No 3 Probably 4 2 No 3 Probably 4 2 No 4 No No | 0 | ote be nysicie he bu | ca | that initiated events | C | Due to (o | r es e conseq | uence of): | | | | | | | | | |
| Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 2 No 1 2 2 No 3 Probably 4 2 No 1 2 2 No 3 Probably 4 2 2 No 3 Probably 4 2 No 3 Probably 4 2 No 3 Probably 4 2 No 3 Probably 4 2 No 3 Probably 4 2 No 4 No No | N N | ding pl | /Med | resulting in death) Lest | d | | | | | | | | | | 1 | | |
| 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 | | | cian | _ | U . | | | | | | | | | | | | |
| 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 | 9 | 0 0 0 | ysi | Part II. Other significant conditions of | ontributing to dea | th but not res | ulting In the u | nderlying o | euse gi | ven in Pert i. | | | | | | | |
| 25. Was cese referred to medicel examiner? 1 | | s thet ned b | y P | hypertensin | | | | | | | | 10 | Yes 2L | No 3∐ | Probabl | y 4 pst | Inknow |
| 25. Was cese referred to medicel examiner? 1 | | s been sig s should b | pleted b | | | | | | | | | 24a. Wes perfo | an autops rmed? | y 24b | comple | ele prior to |) |
| 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner es steted. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner es steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. State 31. Date filed (Month, Pay Year) 32. Hegistar Signature and the time, dete end plece, and due to the ceuse(s) end manner es steted. 29c. License number 29d. Date signed (Month, Dey, Year) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. | É | The la | EO | | | | | | | | | 100 | Yes 2□ | No | . / | | No |
| 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner es steted. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner es steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. State 31. Date filed (Month, Pay Year) 32. Hegistar Signature and the time, dete end plece, and due to the ceuse(s) end manner es steted. 29c. License number 29d. Date signed (Month, Dey, Year) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. | 2 | dan: ortifice ctor, 1 | 0 | 25. Was cese referred to medicel | | | | | | 26. Piece | of Death | (Check only o | ne) | | | | |
| 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner es steted. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner es steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. State 31. Date filed (Month, Pay Year) 32. Hegistar Signature and the time, dete end plece, and due to the ceuse(s) end manner es steted. 29c. License number 29d. Date signed (Month, Dey, Year) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. | 5 | hysic his ce | P | 1 Yes 2□ No | 1 L In | | | | JA | 4 L Nu | rsing Ho | me 5□Resid | dence 6 | □Other (Sp | ecify) | | |
| 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner es steted. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner es steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. State 31. Date filed (Month, Pay Year) 32. Hegistar Signature and the time, dete end plece, and due to the ceuse(s) end manner es steted. 29c. License number 29d. Date signed (Month, Dey, Year) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. | | Ing P | ii o | 1 Naturei 5 ☐ Pending | (Month, | Injury Dey Year) | | | Wo | | | 28d. Describe I | now Injury | occurred | | | |
| 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner es steted. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner es steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. State 31. Date filed (Month, Pay Year) 32. Hegistar Signature and the time, dete end plece, and due to the ceuse(s) end manner es steted. 29c. License number 29d. Date signed (Month, Dey, Year) PATRICE A. TOTE W. 4565 HEMBILE CONS WAY EMICITY CITY N. | | death death stor: / | cat | 3 ☐ Suicide 6 ☐ Could not b | e on Diseas | f Injune . At he | ama farm etr | | | Yes 2∐I | | 28f Location / | Stroot and | Alumber or | Pum I Pa | uto Ahumh | har |
| 30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE, WWW 4565 HEMISCIC CONE WAY EVICETT CITY N State 31. Date filed (Mopth, Pery Seer) 32. Hegistar Signand & | | effer Direction of the control of th | erti | 4 ☐ Homicide determined | building | etc. (Specif | y) | eer, rectory | y, onice | | | | | Number of I | nurer no | ute Mutte | <i>101</i> , |
| 30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE, WWW 4565 HEMISCIC CONE WAY EVICETT CITY N State 31. Date filed (Mopth, Pery Seer) 32. Hegistar Signand & | | 24 hours 24 hours Funeral letely fille | | (Check only 2 Medical Exam | niner: On the bas | is of exemine | wledge, deeth tion end/or lnv | occurred restigetion | et the ti | me, dete en opinion, deat | d plece, a | and due to the | ceuse(s) e date end p | nd manner o | es steted ue to the | d. ceuse(s) | |
| 30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print) PATRICE A. TOTE, WWW 4565 HEMISCIC CONE WAY EVICETT CITY N State 31. Date filed (Mopth, Pery Seer) 32. Hegistar Signand & | 1 | To the | | 29b, Signature and title of certifier | | | | 290 | c. Licens | se number | | | 29d. Date | signed (Mo | nth, Dey | Year) | |
| 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) PATRICE A. TOTE, WWW 4565 HEMISCIC CONE WAY EVICETT CITY N State 31. Data field (Morth, Pay Year) 32. Hegistar Signature 32. Hegistar Signature 33. Hegistar Signature 34. Hegistar Signature 35. Hegistar Signature 36. Total | . ' | | | 1 forma | 1- | 10 1 | 8 | | DE | 3147 | 13 | - | Dec | 10, | 190 | 76 | |
| PATRICE A. TOTE, NW 4565 HEMIDGE CONE WAY ELICATICITY IN State 31. Date filed (Moppin, Pergy Seer) 32. They start Signandelle | | DI | | | completed ceuse | of death (Item | n 23e) (Type, | Print) | | | | | | | | | |
| State 31. Date filed (Month, flav Keer) 32. Hegistar's Sintendelle | | 10 | | 01-01- | | | | | ML | cle a | ONS | E WA | 4 7 | Elli | 411 | CITY | in |
| | | | | 31. Date filed (Month, Pay Year) | 32. Heg | SALASIAN | mpless | | | | | | | | | | |

Registrar

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State of Maryland / Department of Health and Mental Hygiene 0.5

| - | | | ITEM: 17 per F/H 12 | -12-96 G-742 e | | | | | Death | | Reg. No. | b | 3/3/0 | | |
|---------------------|--|---------------------|--|--|--|--|--------------------------|-----------------------|---|-------------------------------------|------------------------------------|-------------------------|--|--|--|
| | Physic | an | 1. Decedent's Neme (First, Middle Annie McIve) | | | | | | | 2. Dete of Dee Month December | Day | 396 | 3. Time of Death 10:30PM | | |
| | /Medi Examir | | 4e. Fecility Neme (If not institution | n, give street end numbe | 9r) | | | | 4b. City, Town, or I | | | | 10.50111 | | |
| | LAGIIII | | 1509 Rutland | Avenue | | | |] | Baltimore | | N/A | | | | |
| | Funeral Director | | 5. Social Security Number 239-24-3814 | 6. Sex 7. / 1 □ M 2√2 F | Age (in yrs. i | | If Under Months | 1 Year Deys | If Under 24 Hrs. Hours Min. | (Month De | h y, Year) 12, 1912 | | place (Stete or Foreign ntry) n Carolina | | |
| | pue * | | Usuei Residence of Decedent 10e. Stete 10b. County | | 10c. City | , Town or Lo | cation | | | | | | Od. Inside City Limits | | |
| | Menyl | tor | Maryland N/A | A | | Balti | | | | | | | XX Yes 2 □ No | | |
| | th with the 23s or 28s | al Director | 10e. Street end Number 1509 Rutland Avenu | ie | | | 10f. Zip | Code 2121 | 3 | | ntry? | | | | |
| 020 | d 2 should be filed within 72 hours efter death with the Meryland th end Mental Hygiene. 7 ie marked other than "naturel", or items 23s or 28s-f show traumetic event, the Medical Examinat must be notified at | by Funeral | 11. Maritel Stetus 1 Never Merried 2 Merri 30. Widowed 4 Divorced | 12. Wes Deceder Armed Force ied 1 Yes 2 fi If Yes, Give Yeer or Detes | s? ☑ No | | Ves Deced Yes, spec | 37 | lispenic Origin? (S en, Mexican, Puert Specify: | pecify Yes or No- o Rican, etc.) | 14. Rac Bled Specify | k, White, | ean Indian, etc. | | |
| Maryland 21215-0020 | ithin 72 ho | Completed by | 15. Decedent (Specify only highes Elementery/Secondery (0-12) | t's Education of grede completed) College (1-40 | or 5+) | life. L | kind of wor OO NOT us | k done | during most of wor | king | 16b. Kind of Bi | | dustry | | |
| d 2 | Hygie ther ti | | 17. Father's Neme (First, Middle, | i ast) | | Homema | ker | | 18 Mother's Ner | ne (First, Middle, | Own Hom | | | | |
| ian | ental sental ked o | To Be | George Scals | | | | | | Nora Her | | molecii camen | 10) | | | |
| lary | 2 should be filed with end Mental Hygiene. ie marked other than sumetic event, me M | - | 19a. Informant's Neme/Retetions | nip (Type, Print) | | 19b. Meilin | g Address | (Street | and Number or Ru | | er, City or Town, | State, Zip | Code) | | |
| e, N | l and leelth m 27 m | | Thornton D. McIver, | Jr. (Son) | not n | 3105 N | estlin | g Pir | ne Court El | | ty, Maryl | and 21 | 042 | | |
| Baitimore, | permit. Pages 1 and 2 Department of Heelth e Important: If Item 27 is eny injury or other tra 90059. | | 1 ☑ Buriai 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp | pecify) | Mary | land Na | tional | ther plea | December etery 14, | 1996 | Laurel, | | | | |
| Bail | Depart Import eny in | | 21. Signety and Fundral/Service I | 1.)- | 1 | W. | itzke | Funer | ss of Fecility cal Home of on Avenue | Catonsvil | lle, Inc. | 1 01 | 000 | | |
| | Physician /Medical Examiner | | 23e. Pent1. Enter the disease, or shock, or heart feilure. List Immediate Ceuse (Finel disease or condition resulting in deeth) | complications that cause only one cause on and | P | n. Do not ente | er the mod | e of dylr | ng, such as cardied | or respiretory er | rest, | 1 | Approximete Interval Between Onset and Deeth | | |
| Box 68760, | eath certificate be executed attending physician and for use as the burial-transit | an/Medical Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest | c | Due to (or | as a consequence of the conseque | uency of): | lr | fecto | n | | | | | |
| | the death cer y the attendir ached for use | Physician/N | Pert tl. Other significant conditio | ns contributing to death | but not resu | iting in the un | nderlying c | ause giv | ren In Pert I. | 23b. Dld t | lobacco use of | ntribute to | the cause of death? | | |
| , P.O. | s that the de ned by the s e detached | by Ph | Hypertene | ive arter | inscl | vilve | Cura | lion | scule De | nes 101 | Yes 2∐No | 3 Pro | bably 4 Unknown | | |
| Records, | The law requires that ate has been signed b page 2 should be dete | Completed b | Permi | was t | Fren | ia | | | | 24a, Wes | en eutopsy med? | ev | ere autopsy findings allable prior to impletion of cause death? | | |
| E B | | Com | Hypercho | lesterole | ma | | | | | 1 🗆 Y | es 2 No | 10 | ☐ Yes 2☐ No | | |
| Vital | Physician: The risk certificate ral director, pag | Be | 25. Wes case referred to medical exeminer? | Hospitel: | | | | Oth | | ath (Check only o | ne) | | | | |
| o | 0 0 E | tion: To | 1 Yes 2 No 27. Menger of Deeth 1 Netural 5 Pending 2 Accident investig | 28a. Dete of In (Month, E | njury | 28b. Time of Injury | | 8c. Injur Wor | 4 Li Nursing n | ome 5 Resid | | | (V) | | |
| Division | 무를들 | Certification: | 3 Suicide 6 Could n 4 Homicide determi | ined 289. Plece of I | njury - At ho etc. (Specify | me, ferm, stre | et, fectory | , office | | 28f. Location (S City or Tow | | er or Rura | al Route Number, | | |
| | ne Hospital n 24 hours ne Funeral pletely filled | edicai | 29e. Certifier 1 Certifying (Check only one) | g Physician: To the bes Examinar: On the basis and menner | of examinet | viedge, deeth ion end/or tnv | occurred estigation, | et the tin in my o | ne, dete end plece pinion, deeth occu | , end due to the o | cause(s) and ma date end plece, | nner as s and due to | tated. the cause(s) | | |
| | within vithin to the comp | M | 29b. Signature and talk of certifier | n a ye | ufin | 2 | 290 | | 8 3 50 | | 29d. Dete signe | d (Month, | Dely, Year) | | |
| | 1 | | 30. Neme end eddress of person v | who completed pause of | result of the second of the se | 23e) (Type, 1 | erint) | in | te 120 | BHI | und | _/2 | 16 | | |
| | Sta Registr | _ | DEC 12 1996 | Julia Dela Par | Salve-Span | phable | | | | | | | | | |

Registrar

State of Maryland / Department of Health and Mental Hygiene

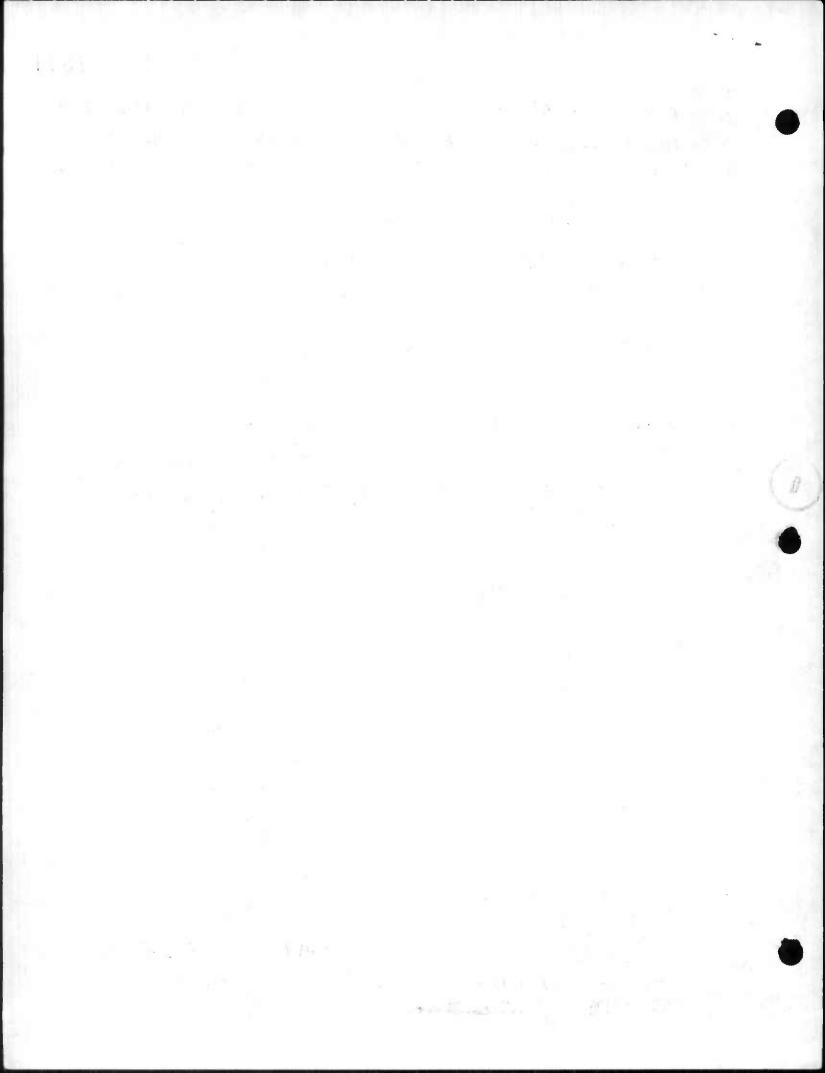
Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Dete of Daeth 3. Time of Deeth **Physician** Month -dward Muldrow Dec 2025 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Columbia Age (In yrs. lest birthday) Howard Howard Count Hours Min. 8. Dete of Birth (Month, Day Year) If Under 1 Year 5. Social Security Number 9. Birthplece (State or Foreign **Funeral** 1 M 2 □ F Months Deys IIIInois 330-26-7636 61 Director Usual Residence of Decedent the Maryland 10b. County Howard 10a. State 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Modical Examiner must be notified at Director 1 ☐ Yes 2 ☑ No (Columbia) Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11150 Woodelves Way

Marital Status

12. Was Decedent Ever in U.S. Armed Forces? U.S.A.

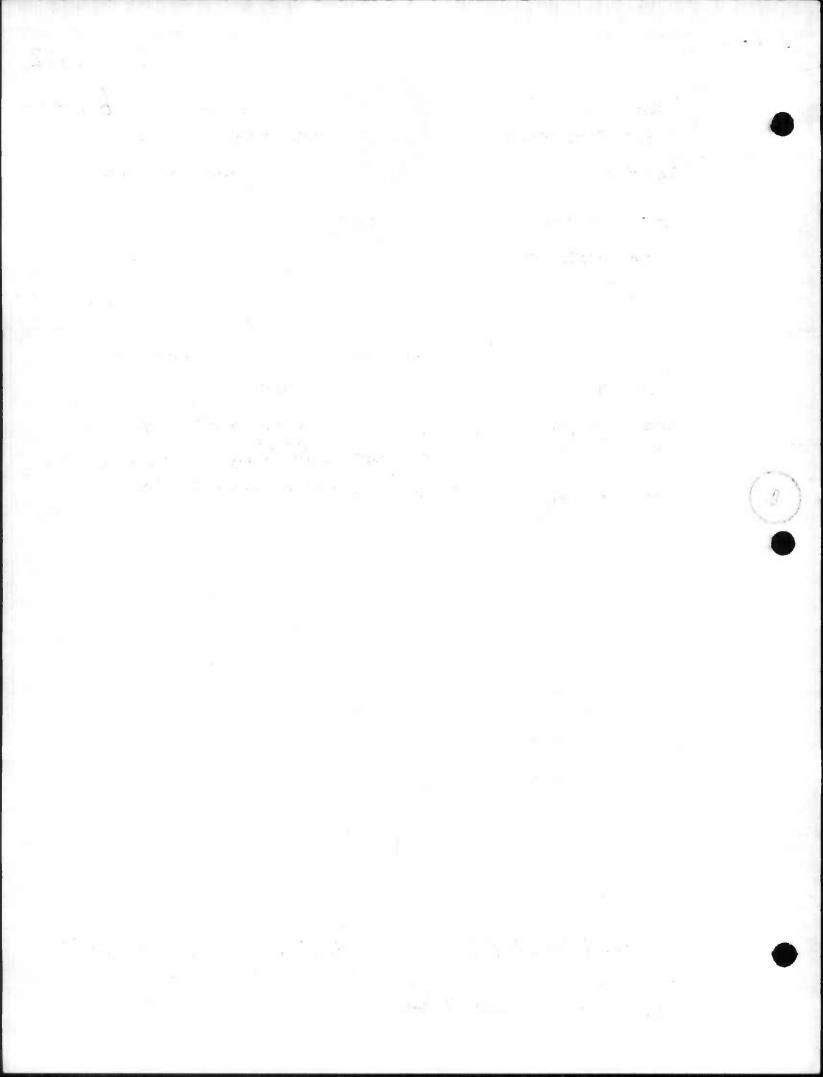
14. Rece - American Indien,
Black, White, etc. death Funeral 21044 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) within 72 hours efter 1 ☐ Yes 2 ☑ No
If Yes, Give 1
Year or Dates: 1 ☐ Never Merried 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry AT&T permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 Is marked other than any injury or other traumatic event the Mental Informatic event Etamantary/Secondary (0-12) Collega (1-4or 5+) Engineering Manager 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Fether's Name (First, Middle, Last) Be Edward Muldrow Odie Hampton Lo 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Numbar, City or Town, Steta, Zip Code) Wife Georgiana Muldrow 11150 Woodelves Way Columbia, MD 21044 20b. Plece of Disposition (Name of cematery, cremetory or other place) December 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) Meadowridge Memorial Park 11, 1996 Dorsey, Maryland 21. Signature of Funeral Service Licenses 22. Neme end Address of Fecility Witzke Funeral Homes 5555 Twin Knolls Road Columbia, Maryland 21045 23e. Pert1. Enter the disease or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only on a cause on each lina. Physician /Medical Immediate Ceusa (Fine) 45 rhyth diseese or condition rasulting in death) Examiner Myocarditis buriel-trensit end Sequantially list conditions, if eny, leeding to Immediate cause. Entar Underlying Ceuse (Disaese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, ettending physicien for use as the burie that the death certificete be Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco usa contribute to the cause of geath? s been signed by to should be detach 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, Completed by 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Wes en autopsy performed? pege 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; Be 25. Was case rafarred to medical 26. Placa of Deeth (Chack only ona) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 28c. Injury et Work? 28e. Data of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Medical Certification: 1 Netural 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homicida 1 Cartifying Physician: To the best of my knowledge, daeth occurred et the tima, data end piece, and dua to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred et the time, deta end piece, and due to the ceusa(s) end menner statad. 29a. Certifier 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) Dec 5, 1996 who complated cause of death (Item 23e) (Type, Print) Parkwa 21044 Columbia 32. Registrer's Signeture State anidson Registrar



| | | | | | State o | of Marylar | | artment of trificate of | | | | giene g Reg. No. | 6 3 | 173 | 72 |
|---------------------|--|------------------|---|------------------------------|---------------------------------------|--|----------------------------------|--|------------------------------|-----------------|-------------------------------|---|----------------------------|---|------------|
| | Physic | ian | Decedent's Neme (F | irst, Middle, L | | | | | | | 2. Deta of De Month | Dey | Yeer / | 3. Tim==1 | |
| V | /Medi | cal | 4a. Facility Nama (if no | / . | Mur | | | | 4h Chi To | | December ecation of Death | 1 | 1990 | 5:00 | M |
| 1 | Exami | ner | University Of | | | | | | Baltin | | | 4c. Count | | | |
| Г | Funeral | Г | 5. Social Security Numb | | Sex NAM 2□ F | 7. Aga (In yrs. | | If Undar 1 Yaar Months Days | | 24 Hrs. Min. | 8. Data of Birt (Month, Da | Birth Day Year) 9. Birthn Count t 8, 1929 China | | aca (Steta c | or Foraign |
| | Director | | 215-80-7407 Usuel Residence of Dec | | XX 201 | . (| 67 Yrs. | | | | August | 3, 1929 | China | | |
| | how | | 10a. Steta 10 | b. County | | 10c. Cit | ty, Town or Lo | cation | | | | | 10 | d. inside C | |
| | Sa-f. | octo | | Baltimor | re | | | Catonsvill | .e | | | | | 1 🗆 Yas | 2 No |
| | death with the Marylend ms 23a or 28a-f show | Funeral Director | 10e. Street end Number | | Destar | | | 10f. Zip Code | , | | | 112 | Itizen of What Country? | | |
| | items 23 | nera | 1401 Pleasant | varrey | 12. Was Dec | edent Ever In U | ,S. 13. V | Ves Decedent of Yas, specify Cut | | lgin? (Spe | cify Yas or No | U.S.A. No- 14. Rece - American Indian, | | | |
| 020 | or ite | by Fur | 1 Never Merried 3 Widowed 4 | | Armed For 1 Tas If Yes, Gir Yeer or D | 2)(No va | i | Yas, specify Cut □ Yes 2 1 No | | | Rican, etc.) | | ck, White, e | | |
| Maryland 21215-0020 | 72 hours "natural", edical Ex | peted | 15. (Specify o | Decedent's E | ducation ade completed) | | 18e. Deced | lent's Usuai Occu kind of work done | pation | t of work | ina | 16b. Kind of B | | | |
| 121 | | Completed | Eiementery/Seconder | | College (| 1-4or 5+) | life. L | OO NOT usa retin | ed) | t Of WORK | | | | | |
| d 2 | Hygle ther ther ther the | | 17. Fether's Neme (Firs | t, Middle, Las | 4 | | Selt-E | mployeed | 18. Mothe | er's Neme | (First, Middle, | Grocery S Meidan Sumer | | | |
| lan | should be filed withle and Mentel Hygiene. I marked other than umatic event, the Mentel and the Mentel and the Mentel and the Mentel and the Mentel and Mentel and Mentel and Mentel and Mentel and Mentel and Mentel and Men | To Be | Jung Mu | n | , | | | | Mu C | | | 200 | | | |
| lan | | | 19e. informent's Neme | /Reletionship | (Type, Print) | | 19b. Meilin | g Address (Stree | and Number | er or Rur | al Route Number | er, City or Town | , State, Zip (| Code) | |
| | 1 and 1 Health em 27 | | McNelson Mu 20e. Method of Disposit | n (Son) |) | 20b E | | leasant Va | lley Dr | rive (| | | | | |
| imore, | Pages nent of h ant: If he | | 1 Buriai 2 □ Cı | remetion 3 [| | Stete | cemetery, cren | emorial Ga | | | Dete | 20c. Location | | | |
| | 교 는 은 등 | | 4 ☐ Donetion 5 ☐ 21. Signature of Funere | | | , ac | 22 | . Name and Addr | ess of Fecili | 9, 1 | | Arriotts | | Maryla | ind |
| Cal | any impo | | Pobert | Su | | Buhm | | itzke Fune 630 Edmond | | | | | | 220 | |
| | | | 23a. Pert1. Enter the di shock, or heert fei | iseasa, or con | fplications that o | caused tha deat | | | | | | | | Approximat Interval Bet | e waan |
| | Physician /Medical | | The second second of | | - | | | | | | | | | Onset and I | Deeth |
| 1 | Examiner | | Immediete Ceuse (Fine diseese or condition resulting in deeth) | #1 | e. Ey | Sangu | unati | on | | | | | 1 | 5 mir | intes |
| | | ner | | | Mo | to sta | es e conseq | uence of): NG CUN | C 0 F | | | | | 5 min | |
| | cata be asscuted shysician end the buriel-transit | Examiner | Sequentielly list condition | ons, | b | | or es e conseq | 11 | | | | | | 1 9 2 | ·r |
| 8760, | be ax | a E | if any, ieeding to immed cause. Enter Underlyin Cause (Disease or injur | y Z | C | | | | | | | | | | |
| 9 | ificata g phys as the | edicai | that initiated events resulting in deeth) Last | | | Due to (o | r as a consequ | uence of): | | | | | 1 | | |
| Box | death certificate be axecuted e attending physician end of for use as the buriel-transit | Physician/Me | | | d | | | | | | | | | | |
| | | sici | Pert II. Other significan | t conditions | contributing to d | eath but not res | ulting in the ur | derlying cause g | iven in Pert I | | 23b. Dld 1 | obacco use co | ontributs to | the cause | of death? |
| P.0 | | | | | | | | | | | 1/2 | Yee 2 No | 3 Prob | ably 4 | Unknown |
| Records, | requir been s should | Completed by | | | | | | | | | | an eutopsy med? | con | re autopsy fi liable prior to pletion of co | to |
| Re | The law ata has b page 2 s | ошо | | | | | | | | | 101 | es 2 No | | eath? | No |
| Vital | ysicisn: The | BeC | 25. Was cese referred t examiner? | o medicel | | - ! | 7 | | 28. Plece | of Deeth | (Check only o | | | 7 | |
| of V | 5 00 | 2 | 1 ☐ Yes 2 No | | | | ER/Outpatien | 3LI DOA | | | ma 5 Rasid | | | 1 | |
| no | After After Juner | tion | | ☐ Panding investigation | | of Injury th, Dey Year) | 28b. Time of Injury | 28c. Inju Wo | uryat ork?]Yes 2 □ | | 28d. Describe I | now Injury occu- | rred | | |
| Division | l or Attending Ph after death. Director: After th d in by the funeral | Certification: | 2 Accident 3 Sulcide 6 4 Homicide | Could not be | 28e. Piece | of Injury - At he | ome, ferm, stre | eet, fectory, office | | - | 28f. Location (S | Street and Num | ber or Rural | Route Nurr | iber, |
| ă | tal or A rs after al Direction by | Cent | 4 Homicide | | buildi | ng, etc. (Specif | у) | | | | City or Tov | m, State) | | | |
| | To the Hospital or within 24 hours after To the Funeral Direction of completely lilled in | edicai | 29e. Certifier 1 (Check only one) | Certifying Pi Medicai Exa | miner: On the b | best of my kno esis of exemine ner steted. | wledge, deeth tion end/or Inv | occurred et the t estigetion, in my | ime, dete en opinion, dee | d piece, i | and due to the e | ceuse(s) end m dete end piece, | enner es ste and due to | ted. the cause(s | 1) |
| | vithin To the | Me | 29b. Signature and title | of certifiar | ano men | ner steted. | | 29c. Licen | se number | | | 29d. Data signe | ed (Month, D | ay, Year) | |
| | - > - 0 | | David | ACC | Zunt 1 | 10 | | Po | 913 | 0 | | De cembi | er 5 | 1996 | |
| | 12 | | 30. Neme end address of | of person who | completed ceus | e of deeth (iten | | Print) | 1 2 | 11 | in ore 1 | MD | 1 | 1118 | |
| | 10 | | David Cler | nents, | (17) | 1 South | Gree | ne Itre | et b | 16/1 | more 1 | 10 | | | |
| | Sta Registr | | DEC 12 19 | 396 " | | HdSon-No | ndell | | | | | | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month RVTH MEANS DECEMBER 07 1916 5:12 PM /Medicai 4a. Fecility Neme (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** SINAI HOSPITAL BALTIMORE N/A 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) 9. Birthplece (State or Foreign **Funerai** Days Hours 1 M 2 X X TEXAS Yrs Director 135-36-8953 49 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shov traumatic avent, the Modical Examinat must be notified at MARYLAND N/A Director 1 Yes 2 No BALTIMORE 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 3320 AVONDALE AVENUE 21215 US Funeral 12. Was Decedent Evar in U.S. Armed Forces? 13. Was Decadant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - Amaricen Indian, permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiana. Important: if Item 27 is marked other than "natural; or ite any injury or other traumatic event, in Medical Carrier Bleck, White, etc. 1 ☐ Yes 2∑⊠o If Yes, Give Yaar or Detes: XXX Never Married 2 Merried 1 Yes 2€No Specify: BLK. þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) FBI 12 CLERK TYPIST 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Lest) Be BENJAMIN HUNT BERTHA UNKNOWN 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Straet and Number or Rural Route Number, City or Town, State, Zip Code) SHAWN E. MEANS (SON) 3320 AVONDALE AVE. BALTIMORE, MD. 21215 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 ☐ Burlel 2 ☐ Cremetion X ☐ Ramoval from Stete 4 □ Donetion 5 □ Other (Specify) EWING CEMETERY 12/11/96 EWING TOWNSHIP.NJ 21. Signeture of Funeral Service Licember 22. Neme end Address of Fecility REDD FUNERAL SERVICE CFSP 1721-27 N. MONROE ST. BALTIO., MD #281 21217 23a. Pert1 Inter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on aech line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel ASPIRATION PINEUMONIA disaesa or condition resulting in deeth) **Examiner** Due to (or as e consequence of): CEREBROURICULAR ACCIDENT burial-transit and Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseesa or injury that initiated events resulting in deeth) Lest Due to (or es a consequenca of): physician Physician/Medical the Due to (or as a consequence of): attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be datach TO Yee 2 No 3 Probably 4 Unknown CARDIOMYOPATHY þ Be Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 □ No 1 Yes 2 No 25. Wes case referred to medical 26. Pieca of Deeth (Check only one) Hospitel: 1 Minpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes ك\ No Certification: To 27. Menner of Deeth 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No invastigetion 2 Accident 6 Could not be determined 3 Sulcida 28e. Plece of Injury - At homa, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide Medicai 29e. Certifier 📆 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and mennar stated.

29c. Licansa number

AS 2402321PS 9945

29d. Date signed (Month, Dey, Year)

DECEMBER 07, 1996

BALTIMORE MARY LAND 21215

The law requires that the death certificate be executed Records, paga 2 certificata Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completally filled in by the funeral director, I

P.O. Box 68760,

the Maryland

death

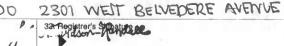
Balltimore, Maryland 21215-0020

State Registrar

PAUL SEVAL, DO 31. Data filed (Month, Dey, Yeer)
DEC 1 2 1996

29b. Signeture and title of certifier

Pau segulos



30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

| NO IO | Decedent's Name (First, Middle, Last) | icate of | Dealii | 2. Dete of Dea | | | Time of Deeth |
|-----------------------------|--|--|--|---|---|--------------------------------------|---|
| ian ical | Kathleen Ofto # | | | Month | Day) | Yeer 996 | 1:35Ax |
| iner | 4e. Fecility Neme (If not institution, give street and number) | | 4b. City, Town, or Lo | cation of Death | 4c. County | of Deeth | _ |
| | Howard County General Hospital | | Columbi | | | Bung | |
| | | Under 1 Year onths Deys | If Under 24 Hrs. Hours Min. | 8. Date of Birth (Month, Day August | 6,1933 | 9. Birthplace Country) Mary | (Stete or Foreig and |
| | 10a. State 10b. County 10c. City, Town or Locatio | on | | | | 10d. Ir | side City Limit |
| to | California San Diego San Di | iego | | | | 12.1 | 1795 AFAY |
| Funeral Director | 10e. Street end Number 8611 Neva Avenue | 0f. Zip Code 92 | 2123 | 1 | 0g. Citizen of V USA | Whet Country? | 1 10010 |
| by Funer | 1 X Never Married 2 Married 1 Yes 2 No | Decedent of H s, specify Cuba Yes 2 1 10 | Hispenic Origin? (Spe an, Mexican, Puerto I Specify: | cify Yes or No- Rican, etc.) | | e - American Inck, White, etc. | dien, |
| Completed | 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's (Give kind life DOA) | s Usuai Occup of work done NOT use retired | pation during most of workind) | ng | 16b. Kind of Bu | usiness/industry | |
| Con | | worke | r | | foster | care | |
| Be | 17. Fether's Neme (First, Middle, Lest) | | 18. Mother's Name | (First, Middle, I | Maiden Sumem | ne) | |
| 10 | Noah Edward Offutt | | | Doyle | | | |
| | | | end Number or Rure | | | | , |
| | Mr. Edward William Offutt/brother 3226 R 20b. Method of Disposition 20b. Piece of Disposition | | ood Road, | | | City or Town, S | |
| | 1 Duriel 2/20 Cremetion 3 Remove from Stete 4 Donetion 5 Other (Specify) Cemetery, cremetor Baltimore Wast | ny or other plea hington (| Crematory 1 | | | el, Mar | |
| | Volenkelen Sel | | uneral Hor | | | | |
| | 23e. Part1. Enter the disease, or complications that ceused the death. Do not enter the hock, or heart failure. List only one cause on each line. Immediate Ceuse (Final disease or condition | | | r respiretory err | est, | Ons | roximete val Between et end Deeth |
| | Due to (or es e consequence | ce of): | • | | | 1 | |
| Examiner | b. Lymphansitic ca | | to long | | | 5~ | enths |
| xar | Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury | | | | | 1 | |
| | | | tastatac | | | 14. | 467 |
| Physician/Medical | Due to (or es e consequence de consequence) d | ca or): | | | | 1 | |
| sicia | Pert II. Other significant conditions contributing to death but not resulting in the underly | lying ceuse giv | ven in Part I. | 23b. Did to | bacco uss cor | ntributs to the | auss of desti |
| by Phy | Anorganal Cachinia, Pleural est | | | 1 🗆 Y | | 3 ☐ Probably | |
| Completed | Chrenic guenia | | | 24e. Wes e perfor | n autopsy med? | aveilebie | topsy findings prior to ion of cause ? |
| 5 | | | | 1 🗆 Ye | s 2000 | 1 ☐ Yes | 22 NO |
| S | 25. Wes case referred to medical | | 26. Piece of Deeth | (Check only on | e) | | |
| Be | exeminer? | DOA Oth | 4 LI Nursing Hon | | | | |
| To Be | exeminer? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 | | 28d. Describe how Injury occurred Work? 1 Yes 2 No | | | | |
| To Be | exeminer? Yes 2 No | 28c. Injur Wor 4 1 🗆 | Yes 2 □ No | Of Location (C) | mat and him t | or or Direct De | to Alumbar |
| Certification: To Be | exeminer? 1 Yes 2 No | 28c. Injur Wor 1 [] fectory, office | Yes 2 No | City or Town | n, Stete) | er or Rurel Rou | te Number, |
| edical Certification: To Be | exeminer? 1 | 28c. Injur Wor 1 □ | Yes 2 □ No 2 | City or Town | n, Stete) euse(s) end ma | anner as steted. | |
| Certification: To Be | exeminer? Yes 2 No | 28c. Injur Wor 1 | Yes 2 No 2 me, dete end piece, e pinlon, deeth occurre | City or Town | n, Stete) euse(s) end ma | anner as steted. end due to the d | eause(s) |
| edical Certification: To Be | exeminer? Yes 2 No | 28c. Injur Wor 1 cleatory, office curred et the tingetion, In my or 29c. Licens. | Yes 2 No 2 me, dete end piece, e pinlon, deeth occurre | City or Town nd due to the cid et the time, di | euse(s) end ma ete end plece, d 9d. Date signed | anner as steted. end due to the d | eause(s) |

AND AND AND AND ADVENTION

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37375

| 12 | | | | | Certificate of | Death | Re | g. No. | 0 07570 | |
|---|-----------------------|--|-------------------------------------|-----------------------|--|--|--|--|---|--|
| Ohania | | 1. Decedent's Name (First, Middle, L | | | 2. Date of Deeth | | 3. Time of Death | | | |
| Physic /Medi | | Ernest | Prince | 10 | | | Month DECEMBER | | Year 6 5:30 AM | |
| Exami | | 4a. Facility Neme (If not institution, gi | ve street and number | 1 - | | 4b. City, Town, or L | | 4c. County of | | |
| | | MILE TOUNG HODET | an management | | | D 4 T M T 1 (O D T | | | | |
| Funant | | THE JOHNS HOPKII 5. Social Security Number 6. | | (In vrs. last bii | thday) If Under 1 Yea | BALTIMORE If Under 24 Hrs. | 8 Date of Birth | Na | O Birthologo (Ctato or Foreig | |
| Funeral Director | | Months Days Hours Min. Mo | | | | | (Month, Day | of Birth 101 Birth 102 (State or Foreign Country) 11 -30 | | |
| ס | | 248-52-2538 AA 66 TIS. 11-11-30 SC | | | | | | SC | | |
| | | 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limit | | | | | | | | |
| Mary 18h | to | | | | | | | | XXYes 2□No | |
| 28a | Director | MD Na 10e. Street and Number | | Balt | 10f. Zip Code | | 10 | - 022 | | |
| With Page | ā | Too. Ottoot and Plantoon | | | | | 10 | g. Citizen of W | nat Country? | |
| agh 23 | era | 939 North Broadw | | | 2120 | | | USA | | |
| item item | Funeral | 11. Maritel Stetus | 12. Wes Decedent E Armed Forces? | 130111 -1- | 13. Was Decedent of if Yes, specify Cul | Hispenic Origin? (Sp ban, Mexican, Puerto | ecity Yes or No- Rican, etc.) | | - American indian, , White, etc. | |
| d within 72 hours aft giene. or than "natural", or | by F | Never Married 2☐ Married 3☐ Widowed 4☐ Divorced | 1 ☐ Yes 2 ☐ No | 0 | 1□ Yes 2□No | Specify: | | Specify: | Dla ele | |
| hour land | D | | Yeer or Dates: | 1 | 1 | | | | Black | |
| nat | Completed | 15. Decedent's E (Specify only highest gr | ducation ade completed) | 16a. | Give kind of work done ife. DO NOT use retin | ipetion a during most of work | ing 16 | 6b. Kind of Bus | siness/Industry | |
| within ene. then | du | Elementary/Secondary (0-12) Coilege (1-4or 5+) | | | | | | 2.2.0 | | |
| filed Hygie other there | | 8th Grade 17. Father's Name (First, Middle, Las | NA | | Machinist | | | | Coal Company | |
| should be filed nd Mentel Hygi marked other umatic event, to | Be | | | | | e (First, Middle, Maiden Surname) | | | | |
| d 2 should be file th end Mentel Hy 7 is marked othe traumatic event | 10 | Richard Pringle | | | | | Unknown | | | |
| O 0 0 m | | 19e. Informant's Name/Reletionship | (Type, Print) | | . Mailing Address (Stree | | | | | |
| 1 and Health em 27 inther tr | | Rose Bell | | | 39 North Br | | ltimore, | Md. 212 | 205 | |
| mit. Pages 1 ar partment of Hea cortant: If item 2 injury or other | | 20a. Method of Disposition | 70 | 20b. Placa of cameter | Disposition (Name of ry, cremetory or other pla | ace) | | Oc. Location - C | City or Town, State | |
| Pages nent of int: If ite iry or o | | 1 XBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci | | Vosh | ell Mem. Ga | rdens 12 | 2-13-96 | Dunda. | lk, Md. | |
| permit. Pages Department of Important: If it any injury or o | | 21. Significature of Funerel Service License 22 Name and Address of Equility | | | | | | | | |
| Depar Impo | | Baltimore, Maryland | | | | | | | | |
| | | WM.C. March FH 1101 E. North Avenue 21202 | | | | | | | | |
| | | 23a. Part1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth | | | | | | | | |
| Physician /Medical | | Immediate Cause (Final | - | | | | | | Onset and Deeth | |
| Examiner | | disease or condition resulting in death) | a | seb | sis | | | | 4 days | |
| | _ | Touring IT doubly | C | ue to (or as a | consequence of): | | | | | |
| Sit 9d | Examiner | | h | | | | | | | |
| and -tran | хап | Sequentially list conditions, | Due to (or as e consequence of): | | | | | | | |
| | | | | | | | | | | |
| hysik the b | Medical | Cause (Disease of Injury C. thet initiated events resulting in death) Last Due to (or es e consequence of): | | | | | | | | |
| ing p | Me | | | | | | | | | |
| es that the death certigned by the attending be detached for use (| an | d. | | | | | | | | |
| at the dea d by the at etached fo | Physician/ | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. | | | | | 23b. Did tobacco use contribute to the cause of death? | | | |
| lby t | Phy | | | | | | | 1 Yes 2 No 3 Probably 4 Unknown | | |
| ne law requires the shes been signed ige 2 should be de | by 6 | | | | | | | | | |
| v require been sig should t | | | | | | | 24e. Was an | | 24b. Were autopsy findings | |
| w re | Siet | | | | | | performe | 907 | available prior to completion of cause | |
| The law requires that the ate hes been signed by the page 2 should be detache | Completed | | | | | | | 4 | of death? | |
| | | | | | | | 1 ☐ Yes | 2000 | 1 □ Yes 20 No | |
| nysicien: The law nis certificate hes b i director, page 2 s | Be | 25. Was case referred to medical examiner? \ | | | | | | | | |
| Physic this o | 2 | 1 ☐ Yes 2 No Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) | | | | | | | | |
| Ing F | on | 27. Manyfer of Death 28a. Date of Injury 1 28b. Time of 28c. Injury at 28d. Describe how injury occurred Work? | | | | | | | d | |
| or Attending Physafter death. Director: After this in by the funeral di | cat | 2 Accident investigation M 1 ☐ Yes 2 ☐ No | | | | | | | | |
| r Att | Ē | 3 ☐ Suicide 4 ☐ Homicide 8 ☐ Could not be determined 28e. Plece of Injury - At home, fan building, etc. (Specify) | | | rm, street, factory, offica 28f. Location | | | n (Street and Number or Rural Route Number, Town, State) | | |
| rs af | edical Certification: | Only Of Town, State) | | | | | | | | |
| To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifica completely filled in by the funeral director, | | 29a. Certifler (Check only (Check only 20 Medical Examiner: On the basis of examination end/or investigation in my onlying death occurred at the time, date and placa, end due to the cause(s) and manner as steted. | | | | | | | | |
| the H the F plets | 8 | (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. | | | | | | | | |
| To t To t | Σ | 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) | | | | | | | | |
| | | MD RSS-000 12/8/96 | | | | | | | | |
| Ct | | 30. Name and address of person who | completed cause of dee | th (Item 23a) (| Type, Print) | | | 101 | 0 1 10 | |
| | | 600 No | 1 1 | 0160 | St r | 3 . 11:0 | nore. | md | 21205 | |
| Sta | te | 31. Date filed (Month, Day, Year) | 32. Registrar | Signature | - 01 . 1. | 2,1111 | 1016 | 1110. | alaus | |
| Registr | | DEC 1 2 1996 | | - Broke | 2 | | | | | |
| | | 500 | 1 | | | | | | | |

DHMH 16 Rev 6/95

State of the state

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 37376 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Jeffery Robert Piper Month Day **Physician** December 9, 1996 8:00 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 1605 Hicks Road White Hall Baltimore 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number If Undar 24 Hrs. 7. Age (In vrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Days Months Hours 1 X M 2 F Director 218-86-1205 35 1, 1961 Maryland Usual Residence of Decedent 10a Stata 10b. County 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits Director 1 ☐ Yes 2 ☑ No Maryland White Hall Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1605 Hicks Road 21161 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ XNo If Yes, Give Yaar or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Race - American Indian Black, White, etc. MY Navar Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: 2 Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) 12 Years Merchandiser Retail Sale marked other Tis mert 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Ralph Richard Piper Mary Edna Garman 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pegas 1 and 2.
Department of Health or
Important: If Item 27 is
any Injury or other trau 6813 Roberts Ave. Mr. Ralph R. Piper/Father Dundalk. Maryland 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 12/12/1996 Baltimore, Maryland 21. Signature of Funeral Service Licens 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland The Park Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, book, or heart fellure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or as a donsequenca of): physicien and the buriel-transit the death certificate be axecuted Exam Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last pto Coccal
Due to (or as a consequence of menn Physician/Medicai esn. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ The lew requires 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yas 2 10 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 ☐ Nursing Home 5 → Aesidence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this uneral 27. Menner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred Attending 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident stor: 6 Could not be determined 3 Suicida Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide

Box 68760. P.O. Records, of Vital ision

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and placa, and due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) and manner stated. (Check only 29b. Signatura and titla of cartifian 29c. Licensa numbar 29d. Data signed (Month, Day, Year) de

30. Name and address of person who completed cause of deeth (Item 3a) (Type, Frint) CATHEDRALST, BALTIMORE, MD, 2120,

State Registrar

31. Date filed (Month, Day, Year)

29a, Certifier

DEC 1 2 1996

Registrer's Signature Davids.

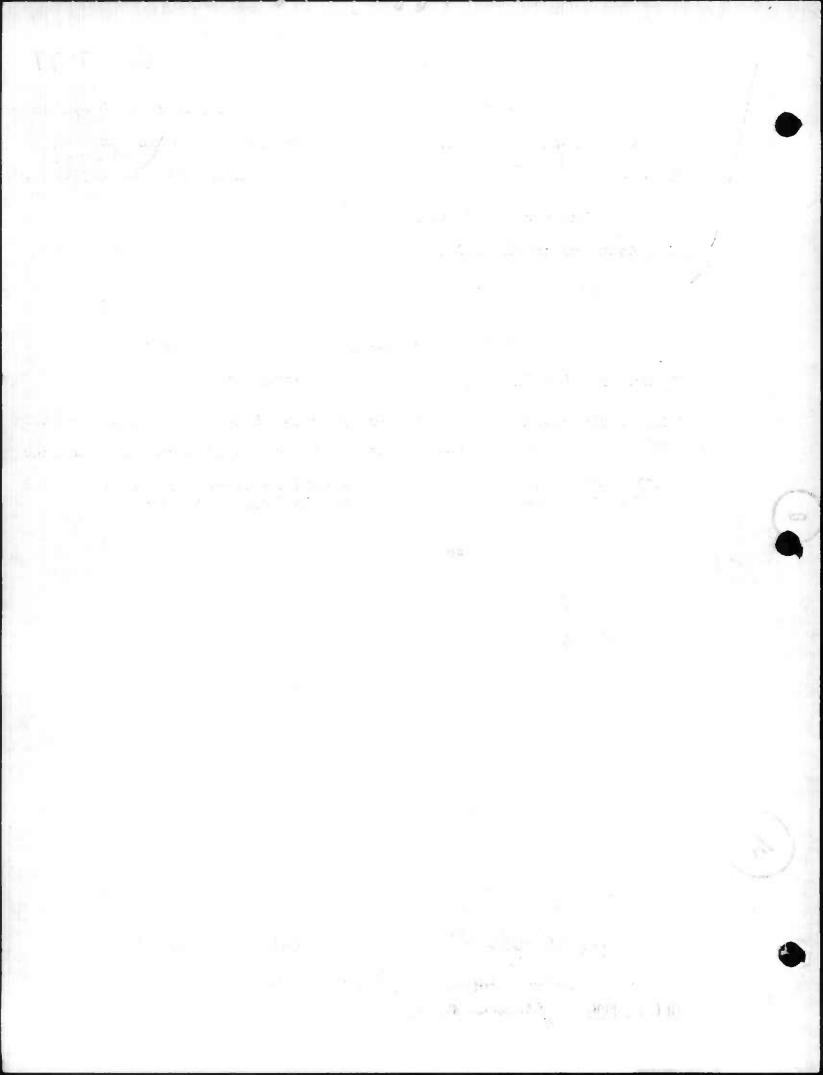
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death December 9, 1996 6:15pm **Physician** P. Pishalski Edith /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner 1211 South Forty Eight St. Dundalk Baltimore 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Devs Hours Min. (Month, Day, Year) 5. Social Security Number 6 Sex Birthpiace (State or Foreign Country) Funeral 1 ■ M SEDE Yrs. Director 218-07-7827 1/1/1913 Washington D.Q 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f ahor tra Medical Examiner must be notified at Director MD Baltimore Dundalk 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 1211 South Forty Eight St. U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ 2XNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: p Specify: 3 ☐ Widowed 4 ☐ Divorcad White Completed 15. Decadent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Peges 1 end 2 should be inent of Health and Mental ant: If Item 27 is marked o Charles D. Pindell Olive George lith and Ment: 27 is marked r traumatic e 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2 s Depertment of Health ar Important: if Item 27 is any Injury or other trau John F. Pishalski 1211 South Forty Eighth St., Balt., MD 21222 20b. Place of Disposition (Name of cargetery, crematory of other place)
Gardens of Faith Cem. 12/13 Rosedale, Maryland 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Sen 22. Name and Address of Facility
W. Dabrowski-Chojnacki Funeral Home P.A. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 1005 Dundalk Ave. Balt., MD 21224 **Physician** Onset and Death Immediate Cause (Final chronic destructive pulmonary disease 4 years disease or condition resulting in death) Examiner Due to (or as a consequence of) Examine The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events bunal-tran Due to (or as e consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of): resulting in death) Last Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? à 14 Yes 2 No 3 Probably 4 Unknown osteoporosis with multiple thoracic Records, þ Completed 24b. Were autopsy findings eveileble prior to completion of cause of death? 24a. Was an autopsy performed? compression fractures cate has 1 ☐ Yes 2 Nio 1 ☐ Yes 2 ☐ No Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home Standarde 6 Other (Specify) 1 ☐ Yes XXNo 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending Investigation Watural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 100 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of cartilles 29c. License number 29d. Date signed (Month, Day, Year) DU4804 12/11/96 ause of death (Item 23e) (Type, Print) M.D. 4920 Campbell Blvd. White Marsh MD 21236 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

37378 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month DY /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City. Town, or Location of Death Examiner BonSecour Hospital NA Baltimore If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 03-13-52 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Days Hours 1□ M 2√ F Md. 212-58-6545 Yrs. Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits me 23a or 28a-f show 1√Xes 2□No Director Na Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1006 N. Ellamont Street 21215 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Deles: r than "natural", or items the Medical Examiner ma 11. Marital Status Was Dacedenl of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 1 Yes 2 No Specify: þ Specify: 3 Widowed 4XXDivorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedenl's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiane. Balto. City Dept. of Eiementary/Secondary (0-12) College (1-4or 5+) Hwy. Maintence 12th Grade Crew Leader traumatic event. timore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Peges 1 and 2 should be fill ment of Health end Mantal Hiant: If itsm 27 is marked out Be Clark Ethel Harvey 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2: Depertment of Health er Important: If Item 27 is any Injury or other trau Shannon Scott 1006 N. Ellamont Street Baltimore, MD. 21215 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from Stata 4 □ Denation 5 □ Other (Specify) King Memorial PK. Cem. 12-14-96 Randallstown, Md. 21. Signature of Funeral Service Licens 22. Name and Address of Facility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue 21202 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. fnterval Between Onsal and Deeth **Physician** /Medical immediete Cause (Final disease or condition resulting in death) **Examiner** Examiner The law requires that the death cartificeta be executed Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last EIZURUS Box 68760. Physician/Medical the Due to (or as e consequence of) P.O. Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown ertersion of Vital Records, þ 24b. Were autopsy findings eveilable prior to Completed 24a. Was an autopsy performed? peen completion of cause of deeth? cartificata has YO No 1 Yes 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was casa referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No cours after death.

*el Director: After th.

* by the funerel dir 2 1 inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28c. Injury al Work? 28d. Describe how injury occurred 28b. Time of Division 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours at To the Funeral DI 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) end manner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier onel 29b. Signature and title of certifie 29c. Licensa number 29d. Dele signed (Month, Day, Year) 1600 W. MOUNT Royal Am 30. Neme and address of person who completed cause of death (item 23e) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrer's Signature State DEC 1 2 1996 Registrar

DHMH 16 Rev 6/95

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| Please 1 | | ack Indelible Ink. Assur / Department of Health ar Certificate of Death | * | | 37379 |
|-----------------------------|--------------------|---|--------------------------------|----------------|-----------------|
| ame (First, Middle, Lest, | | | 2. Deta of Deeth Month Day | Year | 3. Time of Deet |
| | Agnes | SCHMIDT | DECEMBER 11 | ., 1991 | 12:11 |
| e (If not institution, give | street end number) | 4b. City, Town | n, or Location of Deeth 4c. Co | ounty of Deeth | |

Physician /Medical **Examiner**

, Funeral Director

25a-f show the Medical Examiner must be notified at the Maryta Herrs 23a or filed within 72 hours after b "natural"

Hygiana. ther than 2 should be financial to the marked of Pages 1 and 2 should permit. Pages 1 and 2. Department of Health as Important: if Item 27 is any injury or other trea.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

physician The law requires that the death certificate be 最 ö signed by 2 egeq 2 certificate Attending Physician: 報 Pa d à

Division of Vital Records, P.O. Box 68760,

1. Decedent's N PM PEARI 4a. Fecility Nam HOPKINS-BAYVIEW HOSPITAL BALTIMORE NA If Under 1 Year | If Under 24 Hrs. 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Days Hours 1□M 2√F 74 Yrs. 217-14-2103 Sept. 21,1922 Maryland Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 1☐Yes 2☐ No Directo Baltimore Maryland 10e. Street end Numbar NA. 10f. Zip Code 10g. Citizan of What Country? Funeral U.S.A.

14. Race - American Indian,
Bleck, White, etc. Dundalk Avenue 1601 21222 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 전 No If Yes, Give Yaar or Detas: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2X No Specify: Specify: White by 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9 Candy Maker NA Candy Factory 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Michael Α. Schmidt Annie B. Saunders 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code 21220 Cold Spring Rd. 1017 Bowleys Quarters, MD. Catherine Rose (Sister) 20b. Place of Disposition (Neme of cemetery, crametory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Burial 2 Cremation 3 Ramovel from State 4 ☐ Donetion 5 ☐ Other (Specify) Moreland Mem. December 14 Baltimore, Maryland 21. Signeture of Fuseral Service Licens W. Dabrowski/Chojnacki F.H. P.A. 1005 Dundalk Ave. Baltimore, Maryland ath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of): Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably > Minknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes NO 1 ☐ Yes 2 ☐ No 89 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 X Yes 2 No 1 ☐ Inpatient 2 \$\overline{\text{ER/Outpatient}} 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 25d. Describe how injury occurred. 5 Pending investigation 1 X Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier /Chwck only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

O.C.M.E.

DECEMBER 11, 1996

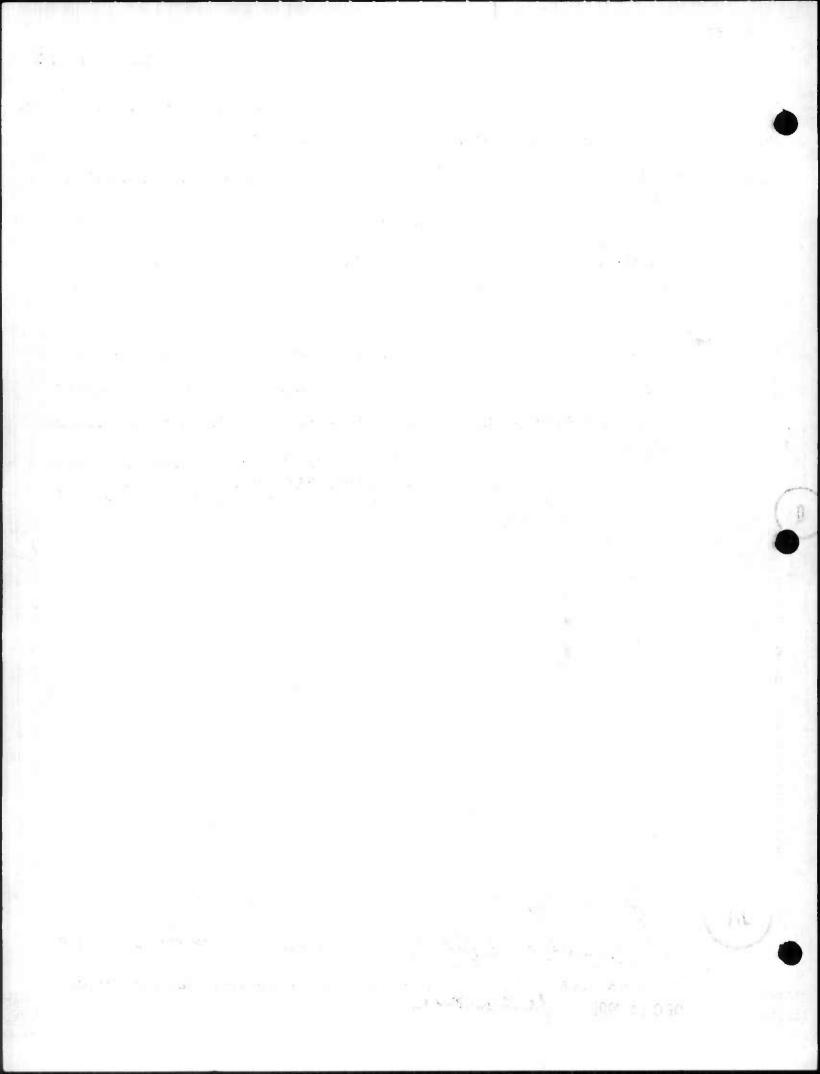
Registrar

31. Dete filed (Month, Dey, Year) DEC 12 1996

30. Name and address of person who completed cause of de

J. LARON LOCKE M.D. 111 Penn Street, Baltimore, Maryland 21201

eath (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

37380 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth 3 Time of Death **Physician** Month Doncer urmar December 9, 1996

action of Deeth | 4c. County of Deeth 00 /Medical 4e, Fecility Neme ((f not institution, give street and number) Examiner 4b. City, Town, or Location of Deeth Nursina Stome Columbia Orien oward 8. Dete of Birth (Month, Day, Year) Month, 25, 1908 If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 6. Sex 1 M 2□ F 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Funeral Deys 096-18-3504 88 Yrs Director Usual Residence of Decedent 10b. Coupt 10a Stete 10c. City, Town or Location 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, it a Macical Examiner must be notified at 10d. Inside City Limits toward md aure 1 Yes 2000 Director the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Riding antebury 9604 20723 U.SA Funeral 12. Was Decedent Ever In U,S.
Armed Forces?
1 ☑ Yes 2 ☐ No.
If Yes, Give
Yeer or Detes: 14. Race - American Indian, Black, White, etc. 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No by Specify: 3 ☑ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation
(Give kind of work done during most of working
ii/a, DQ NOT use retired) 16b. Kind of Business/Industry should be filed within 7 and Mental Hyglene. Parter Elementary/Secondary (0-12) College (1-4or 5+) Governent Federal n permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any lollury or other traumatic event 2008. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Unknown Wilhelmina Spencer 19e. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Johnson- Daughter 9604 Cantebun Riding Deburah F. Laurel, md 20b. Piece of Disposition (Name of cometery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removal from Stete torest Vet 4 ☐ Donetion 5 ☐ Other (Specify) (Jarrism 21. Signeture of Funerel Service Licensee 4300 Wabash 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdlec or respiratory errest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Ceuse (Finel Carcinema - Colon diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical 2 Due to (or es e consequence of): P.O. 1 Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, - probable SDAT 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? we Blad disorder my elo 1 ☐ Yes 2 ☐ No of Vital 25. Wes cese referred to medical exeminer? Be 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: Nursing Home 5 Residence 6 Other (Specify) 28e. Date of injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division Attending 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Phyelcien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Phyelcien: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner stated.

| Medical Examiner: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29e. Certifier (Check only 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type 31. Dete filed (Month, Day, Year) State

Registrar

DEC 1 2 1996



This is a special program of the and the

State of Maryland / Department of Health and Mental Hygiene

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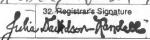
| | | | | Ce | ertificate of | Death | | Reg. No. | 0 | 3/301 |
|--|----------------|---|---|-------------------------------------|--|--|------------------------|-------------------|--------------|---|
| Dharin | | 1. Decedent's Neme (First, Middla, I | .ast) | | | | 2. Dete of De Month | | Year | 3. Time of Death |
| Physicia /Medic | | ELLIS S | ARKIN | | | | A | . ~ | 60 | 12:43 A |
| Examine | | 4a. Facility Name (If not institution, g | ive street end number) | | | 4b. City, Town, or | Location of Deetl | 4c. County | of Deeth | |
| | Ų, | SINAI H | OSPITAL | | | BALT | IMORI | | N/A | |
| Funeral | | Social Security Number 6. | Sex 7. Age (h | yrs. lest birthday | Months Days | | | th y, Year) | 9. Birthpl | lace (Stete or Foreign |
| Director | | 220-18-6106 | 9 | O Yrs. | 100000 | | 7/9/0 |)6 | | LAND |
| 72 hours after death with the Maryland natural", or hema 23a or 28a-f ahow deal Examiner must be notified at | | Usual Residence of Decedent 10a. Stete 10b. County | 10 | c. City, Town or L | ocation | | | | 10 | 0d. inside City Limits |
| de la participa dela participa de la participa de la participa de la participa | 5 | MADVI AND DAI MT | MODE | CT TINI A | DM | | | | | 1 ☐ Yas 2 No |
| 28e | Director | MARYLAND BALTI 10e. Street end Number | MORE | GLEN A | 10f. Zip Coda | | | 10g. Citizen of | What Coun | itry? |
| al', or itema 23a or 28e-f ahow Examiner must be notified at | | 25 GUNPOWDER RO | ΔD | | 2105 | 57 | | - | USA | .,, |
| The S | Funerai | 11. Meritei Stetus | 12. Wes Decedent Eve | r In U,S. 13. | | Hispenic Origin? (S sen, Mexican, Puert | pecify Yas or No | | e - Amarica | an indlan, |
| of Paris | J. | 1 ☐ Naver Married 2 ☐ Married | Armed Forces? 1 ☐ Yas 2 🕱 No | | | | o Rican, etc.) | Ble | ck, White, e | etc. |
| P.F. | by | 3 X Widowed 4 ☐ Divorced | If Yes, Give Yaer or Dates: | | 1 ☐ Yes 2 No | Specify: | | Specifi | V: WE | HITE |
| "natural", súlcal Est | Completed | 15. Decedent's (Specify only highest g | Education | 16a. Dec | edent's Usuei Occu | pation | delta | 18b. Kind of B | | |
| than "r | 현 | Elementery/Secondery (0-12) | College (1-4or 5+) | | | during most of wor ed) | Maig | | | |
| 54 | Son | 12th GRADE | | MA | STER PLUN | MBER | | SELF E | MPLOY | 'ED |
| marked other than | Be | 17. Fether's Neme (First, Middla, La: | st) | | | 18. Mother's Ner | me (First, Middla, | Maiden Suman | ne) | |
| atic of | 2 | JACOB SARKIN | | | | ANNIE | UNA | AILABLE | ; | |
| E E | | 19e. informant's Name/Raletionship | (Type, Print) | 19b. Mei | ling Address (Stree | t and Number or Ru | ural Route Numb | er, City or Town, | Stete, Zip | Code) |
| n 27 | | WILLIAM J. SARKI | | | GUNPOWDER | R ROAD G | LEN ARM | MD 21 | .057 | |
| if item 27 is marked other than "nature or other traumatic event, the Mountain | | 20e. Mathod of Disposition 1 ☐ Buriai 2 ☑ Cramation 3 | | 20b. Plece of Disp cemetery, cre | osition (Nema of emetory or othar pla | ace) | Dete | 20c. Location | City or To | wn, Stata |
| Department Important: It any injury o | | 4 Donation 5 Other (Spec | | METRO C | REMATORY | , INC. | 12/9/96 | CATONS | VILLE | E, MD |
| Department of Health Important: If Itam 27 any injury or other ti | | 21. Signature of Funeral Sewitte Lio | enspe | | 22. Name and Addr | | | | | |
| 5 5 6 8 | | 1//2/ | - | | | FUNERAL H | | 21 LOCH | RAVEN | 1 BLVD. |
| | | 23 Part. Enter the disease, or co | mplications thet caused the | death. Do not er | TOWSON, | MD 2128 lng, such es cardie | or respiretory a | rrest, | | Approximete intervel Batween |
| ysician | | | , | | | | | | | Onset and Deeth |
| Medical | | immediete Ceuse (Finei disaesa or condition | .7. | BACTE | RIAL | SEF | 2515 | | | 48 hours |
| aminer | | resulting in death) | | to (or as e conse | | | | | | 10 -10-43 |
| == . | in a | | h | | | | | | 1 | |
| physician and s the burial-transit | Examiner | Sequentially list conditions, | Due | to (or es e conse | equence of): | | | | | |
| | | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Olseesa or injury thet initieted evants | c | | | | | | | |
| phys the | Medical | thet initieted evants resulting in deeth) Last | Dua | to (or as a conse | quance of): | | | | į | |
| | | | d | | | | | | į | |
| ettending ph | clar | | | | | | | | | |
| gned by the | Physician/ | Pert li. Other significant conditions | | - | , | ven in Pert i. | | | | the cause of death? |
| | by Pr | OPEN HE | ART S | URGE | RY | | 10 | Yee 2□ No | 3 Prob | Dably Unknown |
| | 2 | 120 | | | , | | 24a. Wes | en autopsy | 24b. We | ere autopsy findings |
| should | Completed | CORONAR | Y ARTE | RY I | SEAS | SE | | med? | COF | allable prior to mpletion of cause death? |
| has 1ge 2 | Ĕ | | | | | | | 1 | | |
| ficate or, pa | | 25. Wes case referred to medical | T | | | | 10 | 1 | 1 | Yes No |
| certi | o Be | exeminer? | Hospitei: | 0∏ 5D/0 + -// | Ot Doc Ot | hor | eth (Check only o | | | |
| aral d | 1. 10 | 27. Manner of Deeth | 28a. Dete of injury (Month, Day Ye | 2 ER/Outpatie | IN 3L DOA | 4 Li Nursing H | loma 5 Resident | how injury occur | | 0 |
| fun f | 100 | 1 △Naturel 5 ☐ Pending 2 ☐ Accident Investigati | | ar) injury | | ork?]Yes 2□No | | | | |
| octor by th | Certification: | 3 ☐ Suicida 6 ☐ Could not | be 28e. Piece of injury | At home, ferm, s | treet, fectory, office | | 28f. Location (| Straet and Numl | ber or Rura | I Routa Number, |
| d in | er | 4 Homicide | building, etc. (S | ipecify) | | | City or To | vn, Stete) | | |
| To the Funeral Director: After this certificate he completely filled in by the funeral director, page | | 29e. Certifier Sectifying P | hyeician: To the best of m | y knowledge, dee | th occurred et the ti | ime, deta end plece | , end due to the | cause(s) and ma | anner es st | ated. |
| To the Funeral Director: After completely filled in by the fune | edical | (Check only 2 Medical Exe | miner: On the besis of axe end manner steted | mination and/or in | nvestigetion, in my | opinion, death occu | rred et the time, | dete end place, | and due to | the cause(s) |
| Com | Σ | 29b. Signature and title of certifier | | | 29c. Licen | se number | | 29d. Dete signe | d (Month, I | Dey, Year) |
| | | Vatill. | | | 167 | 4n2 301A | C 9622 | 12/8/ | 76 | |
| | | 30. Name and eddress of person who | completed cause of death | (item 23a) (Type | Print) | 4023214 | -1027 | 17/1 | ~ | |
| () | | Anthony | Cacl. 11- | 1010 | | AI HO | STITA | . 3 | ALT | · MY |
| State | е | 31. Dete filed (Month, Dey, Year) | 32. Registrer's | | 21.1 | | - //// | , | , -, | 1 / 45 |
| Registra | | DEC 1 2 1996 | - Lavidson | Rando Do | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene Q S 37382

| _ | | | Certificate of Death Reg. N | |
|----------------------------|--|-------------------|--|---|
| | Physic /Medi | | a Sophia Vankirk | Vear 3. Time of Death 530 PM |
| 7 | Exami | ner | North Arundel Hospital Glen Burnie A | c. County of Doeth Inne Arundel |
| | Funeral Director | | 5. Social Security Number 6. Sex 1 Months Days Hours Min. 8. Date of Birth (Month, Dey, Yeer As 5 1 Months Days Hours Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days Min. 1 Months Days | 9. Birthplace (State or Foraign |
| | Maryland of show fied at | tor | Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Linthicum, Maryland, | 10d. Inside City Limits |
| | ter death with the Marylar ferms 23e or 28e-f show finer must be notified at | Funeral Director | 10e. Street and Number 2944 Bero Road 10f. Zip Code 21227 | Citizen of What Country? |
| 5-0020 | ours after des alt, or thams Examiner m | by | 3 Widowed 4 □ Divorced If Yas, Give Yaar or Datas: 1 □ Yes 2 ■ No Specify: | 14. Race - American Indian, Black, White, etc. Specify: Whyte |
| 21215-0 | within 72 ho lane. Than "natur The Medical | Completed | 15. Decedent's Education (Specify only highast grade completed) Elementary/Secondery (0-12) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+) | Kind of Business/Industry |
| yland ; | ould be filed Mental Hyg arked other atic event, I | To Be C | 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidel MGE DAZIO | el |
| re, Mar | Tand 2 sho Health and Nem 27 is m other traum | | 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City Mae J. Lindengus / Danghter 20b. Place of Disposition (Name of | |
| Milito | nit. Pages artment of ortant: If it injury or | | 1 Burial 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) | Baldo, MD |
| و | Page 4 and | | 21. Signature of Euromobicution Equipme 22. Name and Address of Facility 23a. Part1. Enter the disease, or complications that eaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. | Ho. MID 21230 Approximate |
| k | Physician /Medical | | Immediata Cause (Final disease or condition | Interval Between Onset and Death |
| L | Examiner 5 | Examiner | resulting In deeth) Due to (or es a consequence of): | 20145 |
| 68760, | death certificate be executed e attending physician and of for use as the burial-transit | | | 20145 |
| Box 68 | eath certificat attending phy for use as th | Physician/Medical | resulting In death) Last CONONAM ATRNY DISCAS C d. CONONAM ATRNY DISCAS C | 14ers. |
| P.0. | es thet the dea igned by the at be detached for | | | o use contributs to the cause of death? 2 No 3 Probably 4 Unknown |
| Division of Vital Records, | been should | Completed by | | |
| ital Re | | Be Com | | 2 DNo 1 D Yes 2 DNo |
| > | Physic this ce al dire | 2 | | 6 □Other (Specify) |
| ono | De je | tion: | 27. Menne-of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury at Work? 2 Accident Investigation 28d. Describe how injuty 1 Type 2 No | ury occurred |
| Divisi | sal or Attendin s after death. If Director: Af ed in by the fu | Certification: | 2 Accident investigation 3 Sulcide 6 Could not be determined 4 Homicida determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street a City or Town, State) | and Number or Rural Route Number, te) |
| | To the Hospital or A within 24 hours after To the Funeral Directon place of the completely filled in b | edicai | 29a. Certifier (Check only one) 1. Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the ceuse(s 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and manner stated. | s) and manner as steted. ad place, and due to the ceuse(s) |
| * | To t com | × | 29b. Signature and title of pertifier 29d. Dig | ale signed (Month, Day, Year) CEMBEL 10, 1996 |
| | V | | Name and addrass of person who completed cause of death (Item 23a) (Type, Print) NAV H SCHREIBFEREL M 301 HOSPITAL DRIVE CLEV BUT 31 Date filed (Month Day Year) | WiE MAYCAND |
| | Sta | te | 31. Date filed (Month, Day, Year) 32. Registrar's Signature | 1001 |

State Registrar



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 37383 AMENDS: #11 PER G762 8-7-98 WR. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** DECEMBER TO, 1996 THOMAS J. WILUS 1110 AM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 410 SEVERN AVE. SLIP 38 ANNAPOLIS ANNE ARUNDEL 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number 7. Age (In yrs. last birthday) if Under 1 Year If Undar 24 Hrs. Birthplaca (State or Foreign Country) **Funeral** Days 1**X** M 2□ F Months Hours 171 44 1476 43 Yrs. Director June 2, 1953 Pennsylvania Usuei Residence of Decedent with the Maryland 10e. Stata 10b. County "netural", or items 23a or 28a-f show spical Exposiner must be notified at 10c. City, Town or Location 10d. Inside City Limits Director PA Philadelphia Philadelphia 1 XYas 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2081 Anchor St. (Unknown) United States Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. Maritai Status 14. Race - Amarican Indian. Biack, White, etc. filed within 72 hours eftar → Hever Married 2 Married NY Yes 2□No NAVY 8 Baltimore, Maryland 21215-0020 1 Yes 2 X No Specify: White þ 3 Widowed 4 Divorced al Hygiene.
d other than "natural" Yeer or Dates: Be Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 4 Engineer Federal Government 17. Fether's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Pages 1 end 2 should be nent of Health end Mental Stephen Wilus Margaret E. Rooney 2 19a. tnforment's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 a Department of Health er Important: If Item 27 Is any Injury or other trau Michael Wilus / brother 36 North Dr., Tabernacle, NJ 08088 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 【Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 12/12/96 Green Mount Crematory Baltimore, MD 22. Nama and Address of Fecility
CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD amann implications that causad the death. Do not antar the mode of dying, such as cardiac or respiretory errest, liy one cause on each line. 23e. Pert1. Enlaythe diseal shock, or heart failure. Approximeta Intervei Between Onset end Death **Physician** Immediate Cause (Finei disease or condition resulting in death) /Medical **Examiner** Due to (or es a consequenca of): Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in daeth) Lest buriel-trans Due to (or es e consequence of) that the death certificeta be execu Box 68760, Physician/Medical use es the Due to (or es e consequence of): P.O. | detached Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 90 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy The lew page 2 1 Yes 2 □ No 2 No Division of Vital Physician: 25. Wes case referred to medical exeminer?

1 Yes 2 No Be 26. Plece of Death (Check only one) Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) Wa 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Deeth 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After or Attanding 1 Neturel 5 Pending investigation Injury Martine To the Hospital or Attendil within 24 hours aftar death. To the Funeral Director: A 1 Yes 2 No UNK Burd in ve 2 Accident INK 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide | Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner es steted.

2 | Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. Medical completaly (Chack ar

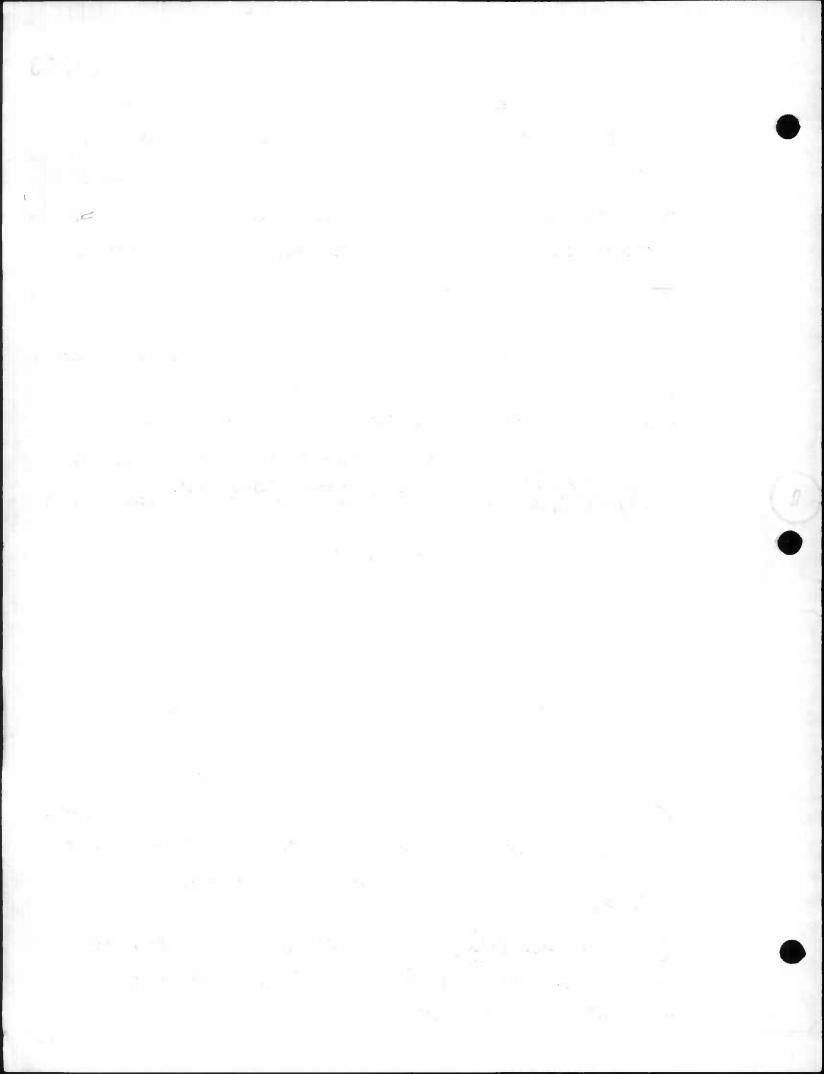
29c. License number

29d. Date signed (Month, Day, Year)

JUHON 31. Dete filed (Month, Dey, Year) DEC 1 2 1996 Registrar

Pern ST. Balto, MD 2120 Locke, MD 111 32 Registrer's Signeture

end address of person who completed cause of deeth (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 37384 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Ruth Eudora Walston DECEMBRE 10, 1996 position of Death 4c. County of Death 08:50 AM 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death Union Memorial Hospital Baltimore City If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpleca (State or Foreign Country) 8. Data of Birth (Month, Day, Year) 1 M 2XX June 29, 1915 Yrs. 140-10-4037 81 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A 1 Yes 2 No Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 611 St. Anns Avenue 21218 U.S.A. 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Yeer or Dates: Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: Black 3℃Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Teacher Educational 17. Fether's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Alexander Glenn Esther 19a. Informant's Neme/Reletionship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Wilhera Vaughn 611 St. Anns Avenue Baltimore, Md. 21218 20e. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Buriai 2 Cremation 3 Remove from State 4 ☐ Donation 5 ☐ Other (Specify) National Memorial 12/17/96 Laurel, Md. 21. Signature Funeral S 22. Name and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Part1. Enter the diseasa, or complications that cau aid the death. Do not enter the mode of dying, such as cardiac or raspiretory arrest, shock, or heart failure. List only one ceuse on each line. OF The Colon with A DENOCAR CINOHA Immediate Cause (Finel disease or condition resulting in death) Due to (or es a consequence of): WOESPREAD HETASTASES Dua to (or es a consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? FROOT PEAICO JONIC ABSCESS 1 Yes 2 No 3 Probably 4 Unknown CARCINOMA

Physician Examiner

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attending physician for use as the burie

Sign Be

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To the Hospital o within 24 hours of To the Funeral Di completely filled is

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Physician/Medical

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Completed

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Certification:

Medical

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital or Attending Physician: **Physician**

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more, Maryland 21215-0020

the Medical Examiner must be notified at

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or Injury that initiated avents rasulting in death) Last

25. Was case referred to medical

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

Yes 2 No

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| examiner? . / | | | | 20. | . I lece of Deeth (c | Alech Olly Olle) | |
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| 1 Yes 20 No | Hospital: 1 Inpatient 2 | ☐ ER/Outpatient | 3□ DOA | Other: | Nursing Home | 5 Residence | 6 ☐Other (Specify) |
| | 28a. Dete of Injury (Month, Day Year) | | | : Injury et Work? | 280 | I. Describe how inj | |

2 Accident Investigation 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stata)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Certifying Physician: To the best of my knowledge, death occurred et the time, date end pleca, end due to the cause(s) end manner es steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end plece, and due to the cause(s) end manner stated. 29a, Certifier

29b. Signature end titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

Charle C. Horoury 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

Charles C. Chowe, M.D. 201 ENT UNIVERSITY PARKWAY HARLES C. GROWN, M.D.

State Registrar

31. Date filed (Month, Day, Year) 32. Registrar's Signature DEC 1 2 1996 sha Davidson-Randese

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

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| al or | | 5. Social Security Number 214- 18-6193 | | ge (In yrs. last b | | nder 1 Year ths Deys | If Under 24 Hrs Hours Min. | (Month, L | Pirth Pey, Year) | 9. Birthpled Country | ca (State or Fore |
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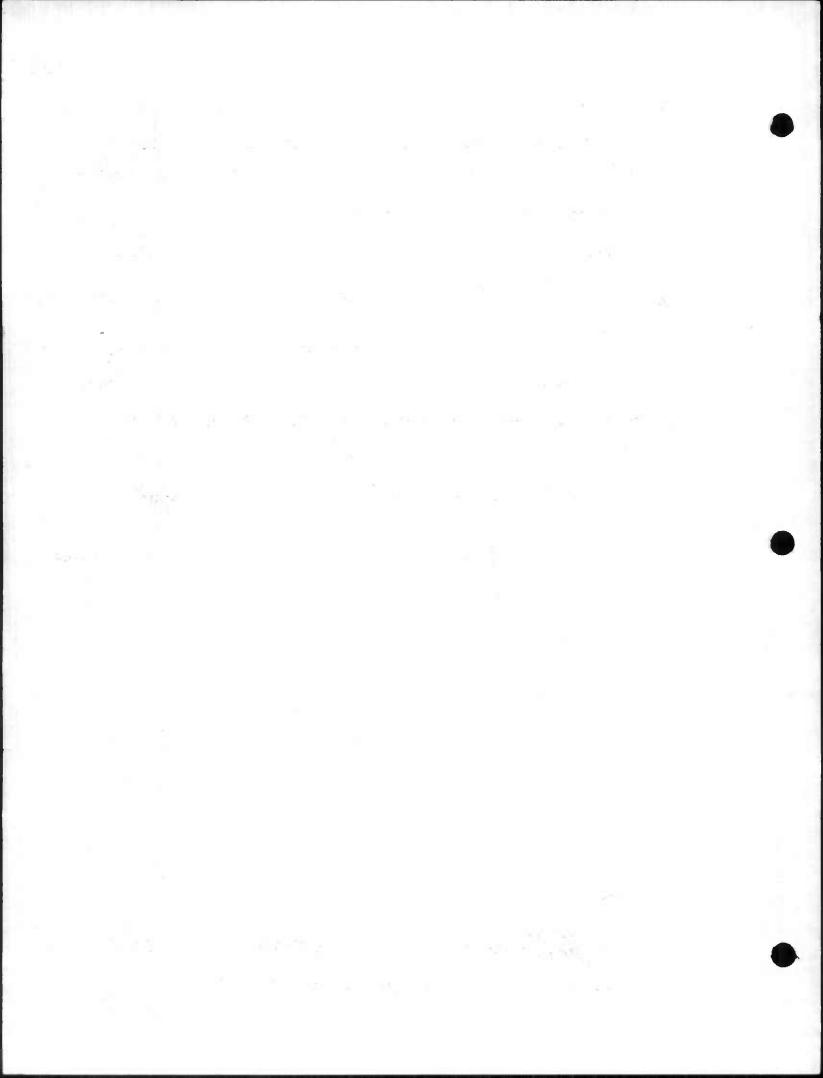
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State of Maryland / Department of Health and Mental Hygiene

37386 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death **Physician** Month William Adams Nov 29 1996 5:10 PM /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (If not institution, give street end number) 4c. County of Death Examiner Genesis Eldercare -The Pines Easton Talbot Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 6. Sex 12 M 2 ☐ F 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Deys Hours 214-07-7863 80 Vire Director Maryland Usuai Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. tnside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar mant be notified at MD Dorchester Cambridge TELYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 313 Muir St. 21613 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes. 275 No if Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mentel Hygiene. Important: if item 27 Is marked other than "natural", or iter any injury or other traumatic event, the Medical Examine Social. 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: white þ 3. Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) auto mechanic automobile dealership 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be F. Major Adams Mollie Aaron 19e. Informent'a Name/Retationship (Type, Print) 19b. Melting Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Peggy A. Swartz-daughter 1110 Oak Ridge Court, Bel Air MD 21014 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State T⊠Buriai 2 ☐ Cremetion 3 ☐ Removal from State Unity-Washington Cemetery 12-2 Hurlock, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Thomas Funeral Home PA 21. Signature of Funeral Service Licensee 700 Locust St. Cambridge MD 21613 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Immediate Cause (Final Uremia disease or condition resulting in death) Examiner rouic Vepal in sufficiency
Due to (or as a consequence of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last P.O. Box 68760 Physician/Medical Due to (or as a consequence of): Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? Aordic Henosis 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Winknown Records. þ 24b. Were autopsy findings avaitable prior to completion of cause of death? Completed Atherosclerosis, generalized 24a. Wes an autopsy parformed? 1 Yes 2 No 1 Yes 2 No certificate Division of Vital or Attending Physician: Be 25. Was case referred to medical 28. Place of Death (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2No Certification: To After this filled in by the funeral 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation Naturat death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Ptace of Injury - At home, ferm, atreet, factory, office building, etc. (Specify) 4 Homlcide Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) To the 29b. Signature and titte of certifier 29c. License number 29d. Date signed (Month, Day, Year) 12.1.96 30. Name and address of parson who completed ceuss of teath (ttem 23a) (Type, Print) 508 Idlewild Ave, Easton MD 21601 Michael D. Crowley, MD 32. Registrar's Signeture 31. Date filed (Month, Day, Year) 3 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

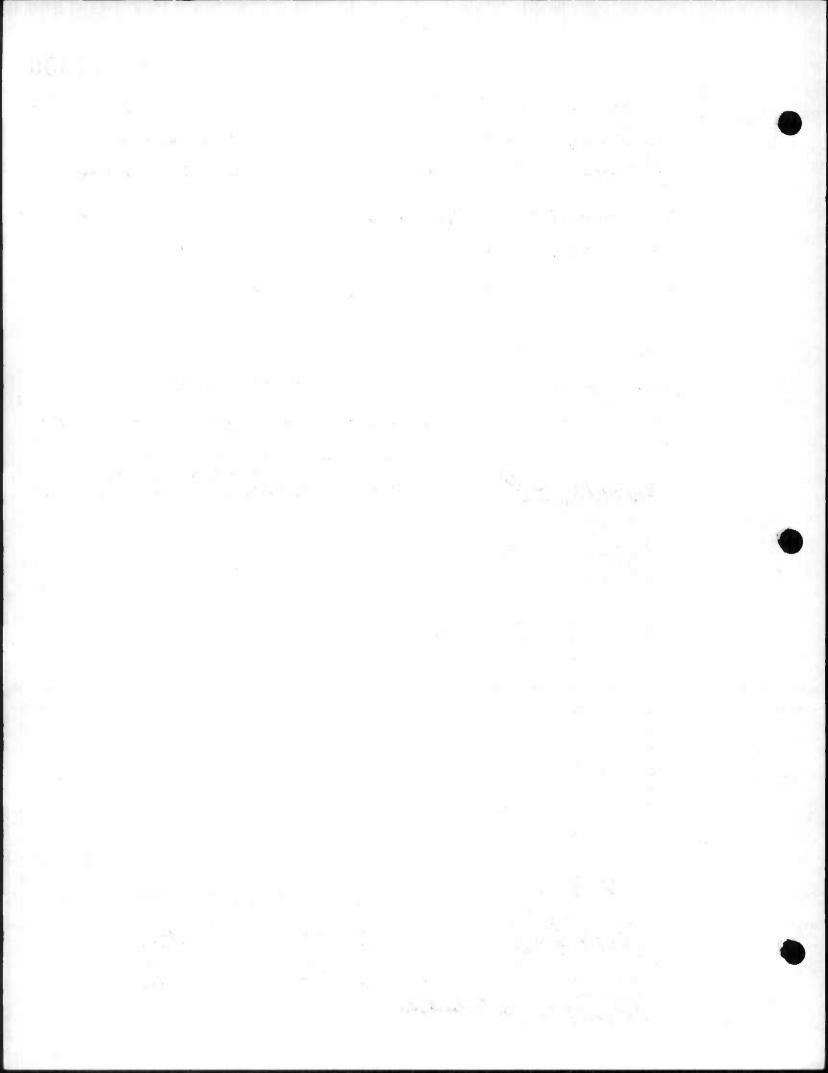
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| | | | | | | | Cer | uncate | OI L | Jealn | | | Reg. No. | | | |
|------------|--|---------------------|--|---|--|-------------------------------|----------------------------|-------------------------------------|-------------------------|---------------------------|----------------------------|-----------------------------------|---------------------------------|--|------------|-------------------------------------|
| | Physic /Medi | | SANTOS | ne (First, Middle, Las LUIS ALI | CEA | | | | | | | 2. Dete of D Month NOVEL | MBER 24, | 1996 | | 50pm |
| | Exami | ner | 4a. Facility Name (DOCTORS 5. Sociel Security I | OMMUNIT | Y HOSPIT | | e birebela u | If Under 1 Y | | LANHA | 4M | ation of Dea | PRIN | | | 's co |
| | Funeral Director | | 578-48-7 Usual Residence | 243 | M 2□ F 7. A9 | 68 | Yrs. | | eys | Hours | Min. | B. Dete of B (Month, D Oct. | 25, 1928 | Puer | to R | ico |
| | nylan show | _ | 10a. State | 10b. County | | 10c. City, 7 | Town or Loc | ation | | | | | | 1 | | e City Limits |
| | r 28a-f show | cto | MD | Prince G | eorge's | Hyatt | svill | .e | | | | | | | 1 🔯 ' | Yes 2 No |
| | 1 th th | Dire | 10e. Street and Nu | | | | | 10f. Zlp Co | | | | | 10g. Citizen of | What Cour | ntry? | |
| | death with the Maryland ms 23s or 28s-f show r must be notified at | 'a | | h Avenue | | | | 20782 | | | | | U.S.A. | | | |
|)20 | after or its | by Funeral Director | 11. Marital Status 1 Never Meri 3 Widowed | ried 2 🕅 Merried | 12. Wes Deceden! Armed Forces? 1 ☒ Yes 2 ☐ If Yes, Give Yeer or Detes: | | | /es Decedent Yes, specify | | Specify: | | | | ce - Americ ack, White, ^{fy:} Hispa | etc. | |
| 9 | n 72 hours naturel', | 8 | | 15. Decedent's Edu | cation | | 8e. Decede | ent's Usuel O | ccupa | tlon | | o Ric | 16b. Kind of E | | | |
| 21215-0020 | within 7. iene. than "m | Completed | (Special Elementery/Second | ondery (0-12) | College (1-4or 5 | 5+) | (Give k life. D | ind of work d O NOT use n | lone di etired) | u <i>ring</i> mosi | t of working | 7 | Electr | | | |
| | e filed al Hygie other vent, II | Be C | 17. Father's Neme | (First, Middle, Last) | | | Ropus | 2 1110112 | | 18. Mothe | or's Neme (| First, Middle | e, Melden Sume | | | |
| Maryland | s 1 end 2 should be filed if Heelth and Mental Hyg Item 27 is marked other other traumatic event, | To B | Valentin | e Alicea | | | | | | Euge | nia S | Santia | igo | | | |
| any | 2 shot and N is mar | - | 19e. Informent's N | eme/Reletionship (7) | vpe, Print) | | 19b. Melling | Address (St | treet e | | | | ber, City or Town | , Stete, Zip | Code) | 17.5 |
| | 1 end 2 Heelth a em 27 is | | Jeanette | Alicea - | Wife | | 5709 | 38th A | lvei | nue, | Hyatt | svill | e, Mary | land : | 2078 | 2 |
| Baltimore, | of He | | 20a. Method of Dis | position Cremetlon 3 🗆 | Dames of from Chata | 20b. Plec | e of Dispos etery, crem | ition (Neme o | of r pleca | 1) | | Dete | 20c. Location | - City or To | wn, Stat | 0 |
| Ĕ | Peg ment mry o | | | 5 Other (Specify, | | MD V | etera | n's Ce | emet | tery | 11/2 | 27/96 | Chelte | nham, | Mar | yland |
| a | permit. Peges 1 end 2 Department of Heelth a important: If item 27 is any Injury or other tre ance. | | 21. Signeture of Fu | unerai Servica Licens | 00 | | 22. | Neme end A | ddress | of Fecilit | y C | - E | 1 11 | D | A . | |
| 7. | 20.5 2 3 | | Clo | rudet | te J. 2 | Sasi | 2/ | | | | | | ieral Ho Iyattsvi | | | 0781 |
| | | | 23a. Pert1. Enter t shock, or hee | he disease, or comp ert fellure. List only o | licetions thet caused ne ceuse on eech lin | the death. | Do not ente | r the mode of | dylng | , such as | cerdiac or | respiretory | arrest, | ate the Sec. 3 | Approxi | mete Between |
| | Physician /Medical | | Immediete Cause | (Finel | Tone | | | Carc | | | | C | word | / | | and Deeth |
| | Examiner | н | diseese or condition resulting in deeth) | on | e. 19 VVV | ma | | | ~~ | van | NI | | | | | 1 |
| | Aroun | ē | | | | Due to (or e | s e consequ | ienca ot): | | | | | | i | | |
| o, | an and rifel-transit | Examiner | Sequentially list co if any, leading to ir cause. Enter Und Cause (Disease or that initiated event | anditions, nmediate arlying | b | Due to (or as | a consequ | ienca of): | | | | | | 1 | | |
| x 68760, | certificate be executed nding physician and use es the buriel-transit | n/Medicai | Ceuse (Disease or that initiated event resulting in death) | Injury s Last | c | Due to (or as | a consequ | ence of): | | | | | | | | |
| Вох | ath catherd | ian | | | | | | | | | | | | | | |
| o. | thet the death ed by the ette detached for | Physicia | Pert II. Other signif | ficant conditions co | _ | ut not resultir | ng in the und | derlying cause | e give | n in Pert I. | | 23b. Did | i tobacco uss co | ontributs to | the cau | se of death |
| 0 | ed by detac | | C | anon | Dies 0 | 4 4 | ni | 7 | we | 7/ | , | 1 | Yes 2□ No | 3 Prol | bably | 4 Onknow |
| Records, | lew requires that the death les been signed by the ette s 2 should be detached for | Completed by | | | | | | | | | | 24a. We | s an autopsy formed? | av | ellable pr | osy findings flor to of cause |
| Re | 0 - 5 | mp | | | | | | | | | | | Y | | deeth? | |
| | ician: The certificate h rector, page | | 25 Was and rate | and to medical | | | | | | | | | Yes 2 ZWo | 1 | Yes | 2□ No |
| or Vital | Physician: this certific ral director, | o Be | 25. Wes case reference examiner? | | lospital: | 0 0 0 | Outpotions | 2 DO4 | Othe | | | Check only | | | | |
| on of | o the Hospital or Attending Physician: whin 24 hours after death. • the Funeral Director: After this certific completely filled in by the funeral director. | ation: To | 27. Menner of Deet 1 Dividurel 2 Accident | | 28e. Date of Injur (Month, De) | ry 28 | Outpetient Time of Injury | | Injury Work 1 Y | et | 28 | | sidence 8 Ot how injury occu | | y) | |
| Division | To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer | Certification: | 3 ☐ Suicide 4 ☐ Homicide | 8 Could not be determined | 28e. Pleca of Injubulding, etc | ury - At home c. (Specify) | e, ferm, stre | et, fectory, of | fica | | 28 | If. Location City or To | (Street end Num own, Stete) | ber or Rura | / Poute / | Vum <i>ber</i> , |
| | To the Hospital or whin 24 hours after To the Funeral Direction | edicai | 29e. Certifier (Check only one) | 10 Certifying Phy 2 Medical Exami | sician: To the best of nar: On the basis of end manner ste | examination | dge, deeth and/or inve | occurred et the estigation, in r | ne time my opl | e, dete en Inlon, deal | d plece, en th occurred | d due to the | e ceuse(s) end m | enner es si , and due to | teted. | se(s) |
| | 2 2 0 | Σ | 29b. Signeture end | title of certifier | | | | 29c. Lie | cense | number | | | 29d. Date sign | ed (Month, | Dey, Yea | ar) |
| | (0) | | my | n 1. Va | we. | mo | | 0 | 16 | 197 | 7 | | 11-2 | 54, | | |
| (| 12) | | 30. Nerve end eddr | ess of person who co | ompleted cause of de | eeth (Item 23 | | | 300 | ~ ' | 0-0 | املاما | vina Y | MM | 20 | 10. |
| | Sta | te | 31. Dete filed (Mon | 141-1 | 32. Registre | er's Signeture | | Men - S | DVI | MY | -U. | .061 | Man, | 11 | 50 | 006 |
| | Registr | | | | | Swed | | fall | | | | | | | | |
| DHI | MH 16 Rev 6/9 | 5 | | H. H. | 9 | | | | | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

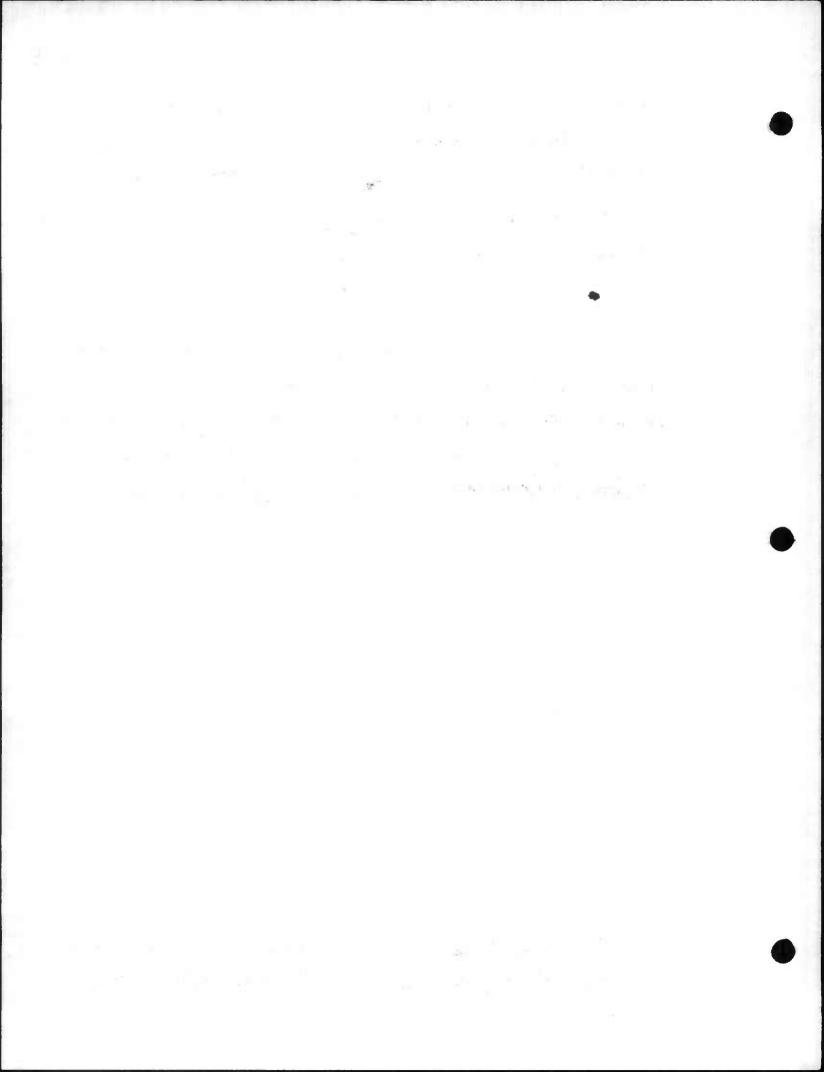
| | | Decedent's Neme (First, Middle, Les | State of Mary | | Certificat | | | | Reg. No. | 96 | 37388 |
|--|------------------|---|--|---|-----------------------------------|-------------------|--|---|----------------------------------|---|---|
| Physic /Med | | SIERRA | B. AU | EN | | | | 2. Deta of De Month | Day 3 | 96 | 3. Time of Death 755pm |
| Exam | iner | 4a. Facility Name (If not institution, give | | h- 414 | | | 4b. City, Town, or | | | nty of Death | |
| | | UNIVERSITY | | | VPITAL | | BATIMON | | Dul | timore | |
| Funera Directo | _ | 0.5 13 6723 | M 2 F | yrs. last birtho | Months | Deys | If Under 24 Hrs Hours Min | | ly, Year) | 9. Birthe Cour HAV | plece (Stata or Foraign http) |
| and *- | | Usuel Residence of Decedent 10e. Steta 10b. County | 100 | c. City, Town o | or Location | -0- | | | | 1 | 0d. Insida City Limits |
| the Marylar 28a-f show | ō | HD WHINGT | | HAGEN | 1 | | | | | | 1 XYes 2 □ No |
| deeth with the Maryland ms 23a or 28a-f show | Funeral Director | 10e. Street end Number 9859 CROSSFIE | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10f. Zip | Code 2/74 | 0 | | 10g. Citizen o | of Whet Cour | ntry? |
| io 2 2 | by Funera | 11. Maritel Status 1- Never Married 2 Merried 3 Widowed 4 Divorced | 12. Was Decedent Ever Armed Forcas? 1 ☐ Yes 2 ₹ No If Yes, Give Yeer or Datas: | in U,S. | | dent of H | dispenic Origin? (: an, Mexican, Puar Specify: | Specify Yes or No rto Rican, atc.) | | ece - Amaric lack, White, city: WK1 | etc. |
| 72 hours netural, | P | 15. Decedant's Ed | ucation | 16e. D | ecadent's Usu | al Occup | petion | | 16b. Kind of | | |
| d within 72 hours at giene. Ir than "natural", or | Completed | (Specify only highest grad | College (1-4or 5+) | (C | Give kind of wo fe. DO NOT u | se retired | etion during most of wo d) | orking | | /a | , |
| ges 1 and 2 should be filled within 72 hr ges 1 and 2 should be filled within 72 hr t of Health and Mental Hygiene. If Item 27 is marked other than "natur or other traumatic event, its Heardal | Be | 17. Fethar's Name (First, Middle, Last) TAMIE ALLEA |) | | 21/0 | | 18. Mother's Ne | me (First, Middle | | ama) | |
| shoul M M | 2 | 19a. Informant's Neme/Reletionship (7 | ype, Print) | 19b. N | Mailing Address | s (Street | and Number or R | | | | Code) |
| nd 2 salth ar 27 is r trau | | Jenny Stotler/ mot | | | | | ld Road, | | | | |
| permit. Peges 1 and Department of Health Important: If Itam 27 any Injury or other trone. | | 20e. Method of Disposition 1 △ Burial 2 □ Cremetion 3 □ | Removel from Stata | b. Plece of D cemetery, | isposition (Ner crematory or o | me of other place | ce) | Dete | 20c. Location | n - City or To | wn, Stete |
| permit. Peges 1 ar Department of Hea Important: If Item any Injury or othe any Injury or othe once. | | 4 ☐ Donetion 5 ☐ Other (Specify, 21. Signature of Funerel Sarvice Licens | | | | nd Addre | ss of Fecility | 12-2-96 Minnich | Funera | 1 Home | |
| 4 40 2 6 0 | | Freth/him | | | 415 Eas | st W | ilson Bl | vd., Hag | erstow | n, Mar | yland 2174 |
| Physician /Medical | | 23e. Pert1. Enter the disaese, or comp shock, or heart feilure. List only o | one ceuse on each line. | | enter the mod | de of dyin | ng, such as cardia | c or respiretory e | rrest, | | Approximate Interval Between Onsat and Death |
| Examiner | | immediate Cause (Final disease or condition resulting in deeth) | e. PNEUMO | | nsequenca of): | | | | | | 72 HNS. |
| pe iis | Examiner | | ACQUINEL |) IMM | UNB D | EFIL | IBWEN J | MONDAN, | 3 | | 148×1 |
| and I-tran | хап | Sequentially list conditions, if any, leading to immediate | Due | to (or es a cor | nsequenca of): | | 1 | 1 | | | 1 |
| flicate be ax physician as the burial | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events | c | | | | | | | i | |
| | Medical | resulting in deeth) Lest | d. | to (or es a con | sequenca of): | | | | | | |
| for effe | clar | | | | | | | | | 1 | |
| d by the detached | Physician/N | Pert II. Other significant conditions co | ntributing to death but not PONIDIOSIS | resulting in th | ne underlyling c | ause giv | en in Pert I. | 23b. Did | - | | the cause of death? bably 4 Unknown |
| ne law requires that s hes been signed b ige 2 should be dete | Completed by | | | | | | | | an autopsy med? | av | era eutopsy findings alleble prior to mpletion of cause |
| 0 - 2 | dwo | | | | | | | | | | death? |
| F # 8 | CO | OF Man once referred to medical | | | **** | | | 1)80 | | 1L | Yes 2 No |
| | o B | 25. Wes case refarred to medical examiner? | Hospitel: | . Trois | | Oth | or | ath (Check only o | | | |
| | - | 27. Menner of Deeth | 28e. Dete of Injury | 2 ER/Outpe | | 28c. Injur Wor | | dome 5 Resi | | | Y) |
| Attending For death. | atio | Natural 5 Pending 2 Accident Investigation | (Month, Day Yea | r) inju | ny M | | k? Yes 2 □ No | | | | |
| al or Attending s after deeth. if Director: After ed in by the fune | Certification: | 3 Sulcide 6 Could not be 4 Homicide determined | 28e. Plece of Injury - Abuilding, etc. (Sp. | At home, ferm pecify) | , street, factory | y, office | | 28f. Location (City or To | | n <i>ber or Rura</i> | I Route Number, |
| To the Hospital or Attend within 24 hours after dealt To the Funeral Director: completaly filled in by the | edicai (| 29e. Certifying Phy (Check only one) | sicien: To the best of my iner: On the basis of exam- end manner steted. | knowledge, do ninetion end/o | eeth occurred r Investigetion, | et the tin | ne, dete end piaco pinion, deeth occi | e, and due to the urred at the time, | ceuse(s) end r dete end plece | manner as si | ated. the ceuse(s) |
| To the within 2 To the comple | Me | 29b. Signetura and title of contifler | | | 290 | License | e number | | 29d. Data sign | ned (Month, | Day, Year) |
| | | 30. Name and address of person who co | ompleted cause of death | (item 23a) (Tv | pe, Print) | 050 | 2006 | | 11/63 | 176 | |
| | | TONN FARIES | yno 1 | 20 PB | NN OT. | . 4 | BALTIME | B, 40 | 212 | 01 | |
| St | ate | 31. Data filed (Month, Day, Year) | 32 Registrar's 3 | gneture | L M | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 96

| | | | | Otato of Mary. | | Sertificate of | | | g. No. | 0 3 | 1389 |
|------------|--|---------------------|---|---|-------------------------------|--|--|--|----------------------------------|----------------------------|---|
| | Physic | | Decedent'a Name (First, Middle, Las GUY VICT | | ERSON | Ŋ | | 2. Data of Death Month | Day | Year 9/- | 3. Time of Death |
| | /Medi Examii | | 4a. Facility Nama (If not institution, give | street and number) | | | 4b. City, Town, or L | | 4c. County | of Death | 0 |
| | | | Washington Cou | nty Hospit | al | | Hagers | town | Wash | ingto | on |
| | Funerai Director | | 1/3-03-3214 | ex | rs. last birtho | Months Dave | | 8. Date of Birth (Month, Day, May 5, | | 9. Birthpla | nce (State or Foreign y) LMOTE, MD |
| | P | | Usual Residence of Decedent 10a. State 10b. County | 10c. | City, Town o | r Location | | | | 100 | d. fnside City Limita |
| | Mary | 5 | MD Washing | ton H | lagers | stown | | | | | 1 ☐ Yes 2√€ No |
| | 1 the | Je. | 10e. Street and Number | , | | 10f. Zip Code | | 10 | g. Citizen of V | /hat Countr | v? |
| | 3a o | 0 | 14027 Pennsylv | ania Avenu | le | 1724 | 40 | | USA | | |
| 21215-0020 | within 72 hours after deeth with the Marylend ene. than "natural", or hems 23a or 28a-f show he Modical Exercine reset to notified at | by Funeral Director | 11. Marital Status 1 Never Married Married 3 Widowed 4 Divorced | 12. Was Decedent Ever in Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas: | | 13. Was Decedent of If Yes, specify Cui | | pecify Yas or No- p Rican, etc.) | 14. Race | - American k, White, et | |
| 5-0 | 72 ho | Completed | 15. Decadent's Edi (Specify only highest grad | ucation | 16a. De | ecedent's Uaual Occu fiva kind of work done fe. DO NOT use retin | upation | ring 1 | 6b. Kind of Bu | siness/Indu | stry |
| 7 | I within 72 ho fene. Then "netul fine Medical | nple | Elamentary/Secondary (0-12) | College (1-4or 5+) | | | ed) | | | | |
| 2 | | Co | 12 | | Mac | chinist | | | ircra | | FG |
| P | | Be | 17. Father'a Name (First, Middle, Last) | | | | | a (First, Middle, M | | | |
| 7 | should be nd Mental marked o | 2 | Charles Elmer | | | | | Rae Fri | | | |
| Maryland | C 0 0 0 | | 19a. fnformant's Name/Relationship (T | | | lailing Address (Stree | | | | | |
| | Heelt Heelt Heelt Heelt Heer | | Vivian A. Ande | | | 27 Penns | | | CS COWN, | | |
| Baltimore, | m _ 40 U | | 1 X Burial 2 ☐ Cramation 3 ☐ | Hemovai ironi Stata _ | | isposition (Name of crematory or other plants | | | | | |
| Ħ | nit. Pa artmen ortant: Injury & | | 4 ☐ Donation 5 ☐ Other (Specify, 21. Signatura of Funeral Service Ligan) | () | een H | ill Cemete | | | aynesbo | | |
| Ba | permit. Pages Department of Important: If I eny injury or | | James A. Bower | Dowersal | C | 50 S Broad | rass of FacilityGro | | al Home PA 172 | | • |
| | | | 23a. Part1. Enter the diseasa, or comp shock, or heart failure. List only of | | eath. Do not | enter tha moda of dy | ing, such as cardiac | or raspiratory arre | st, | 1 | Approximate ntarval Between |
| | Physician | | | | | 1 . | / | | | (| Onset and Death |
| | /Medical Examiner | | Immediate Cause (Final disease or condition resulting in deeth) | aM | JULA | ratial in | Andren | | | | 1 JAY |
| | | <u></u> | resulting in deetily | Due to | o (or as a cor | rsequence of): and archarof | | | | i | |
| | ped list | Examiner | | b | Thor | osclarot | ie Hens | Tdises | 9- | | |
| • | al-trai | Xar | Sequentially list conditions, if any, leading to immediate | Due to | o (or as a con | sequenca of): | | | | | |
| 68760, | tificate be executed ig physician and es the burial-transit | | Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated evants | c | | | | | | | |
| 687 | ificate g phy es the | edicai | resulting In deeth) Last | Due to | oras a con | sequence of): | | | | i i | |
| Box | | | | d | | | | | - | | |
| | deeth ce e ettendii ed for use | Physician/N | Part II. Other eignificant conditions co | ntributing to death but not | regulting to th | a underhing cours a | iven in Part I | 22h Did tot | 20000 1100 000 | delbuda én é | the cause of death? |
| 0 | a to | hys | atti. Ottor olgrinicani conditione co | TITIEDUTING TO GENERAL DUT NOT | esolung in tr | e oriderlying cause g | IVOIT III PARTI. | 1 □ Ye | | | ably 4 ☐ Unknown |
| S, D | es that igned b | by P | | | | | | | 7 | 0_11024 | biy 4 dinalowii |
| Record | been s | Completed t | | | | | | 24a. Waa an perform | | avail | e autopsy findings lable prior to pletion of cause eath? |
| æ | The lew ate has t page 2 s | duc | | | | | | 1 □ Yes | s 200 No | | Yes 2□ No |
| Vital | certificate rector, pag | BeC | 25. Was case referred to medical | | | | 26 Place of Dec | th (Check only one | | | Tes 2 140 |
| > | | ToB | examiner? | Hospitai: 1 ☐ Inpatient 2 | ER/Outpa | atient 3 DOA | ther | ome 5 Resider | | er (Specify) | |
| 1 0 | g Phys er this heral d | | 27. Manner of Death | 28a. Dete of Injury | 28b. Tim | e of 28c. Inju | | 28d. Describe how | | | |
| Ö | Attending I r death. ector: After by the funer | atio | 1 Detural 5 ☐ Pending investigation | (Month, Day Year |) Inju | | Yes 2□No | | | | |
| Division | 5 4 7 5 | Certification: | 3 Suicide 6 Could not be determined | 28e. Place of Injury - A building, etc. (Spe | | , street, factory, office | | 28f. Location (Str. City or Town, | | er or Rural I | Route Number, |
| | Mospital 74 hours a Funeral I | edicai (| 29e. Certifier (Check only one) 1 ☐ Certifying Phy 2 Medical Exami | afcian: To the best of my kiner: On the basis of exam and manner stated. | nowledge, de ination and/o | eath occurred at the tr Investigation, in my | ime, data and place, opinion, death occur | and due to the car red at the time, de | use(s) and ma te end place, a | nner as stai | led. he cause(s) |
| | To the within 2 To the comple | Me | 29b. Signature and title of certifier | 1 10 | | 29c. Licar | nsa nu <i>m</i> bar | 29 | d. Date signed | Month, D | ay, Year) |
| | | | A.1110 | bok to | 2 | 2 | 110/6 | | Da- | 1 K | 296 |
| | | } | 30. Name and eddress of person who co | ompleted cause of death (I | tem 23e) (Ty | pe, Print) | 11200 | / | Je | 17 | 1~ |
| _ | | | H-N- W | Deks 58 | 0/1/0 | Merr | Hue HA | tycks lo | WH | 2/0 | |
| | Sta | te | 31. Date filed (Month, Day, Year) | 32. Flegistrar's Sig | neture | . 1 11 | , | / | | | |

DHMH 16 Rev 6/95



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| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhibuts after death. Page 6 may be retained by the hospital or attending physic | Contraction of the contraction o |
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

| E | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
|-------|---|---------|
| STRAR | CERTIFICATE OF DEATH | BEG NO |

| | 1 - FOR STATE REGISTRAR | STATE OF MARYLA | | IENT OF HEAL | | MENTAL HYGIEN | | | | | | |
|---------------------------------------|--|--|--|--|---------------|--|--|---|--|--|--|--|
| | 1. OECEDENT'S NAME (First, Middle, Last) | А | | | | 2. DATE OF DEATH | | 3. TIME OF DEATH | | | | |
| | R. Howard | Hyres | | | | November 2 | 7 1996 | 8:15 A M | | | | |
| | | | | | IDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | RTHPLACE (State or Foreign untry) | | | | | |
| | | M20F 79 | YRS. MOI | NTHS DAYS HOUR | RS MIN. | February 4, | 1917 | Maryland | | | | |
| | 9a. FACILITY NAME (If not institution, give street | and number) | 1.75 | CITY, TOWN OR LOC | CATION OF DE | | 9c. COUNTY OF | | | | | |
| 0 | Union Hospital | | E | 7Kton | | | Cec. | (| | | | |
| S C | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 10c. CITY, TO | OWN OR LOCATION | | | | 10d, INSIDE CITY | | | | |
| DIRECTOR | Maryland Cecil | | Nos | th Eas | + | | | LIMITS? 1 YES 2 NO | | | | |
| | 10e. STREET AND NUMBER | | | 10f. ZIP C | ODE | | 10g. CITIZEN O | F WHAT COUNTRY? | | | | |
| FUNERAL | 382 Razor Stra | p Road | | 21 | 901 | | USA | 4 | | | | |
| 5 | | . WAS DECEDENT EVER IN U | J.S. ARMED | 13. WAS DECENDEN | T OF HISPAN | IC ORIGIN? (Specify Ya | or No- 14. R/ | ACE — American Indian, | | | | |
| BY | 1 Never Married 2 Married 3 Wildowed 4 Divorced | IF YES, GIVE WAR OR DATE | ES | 1 TYES 2 D | | n, Puerto Rican, etc.) | | leck, White, etc. | | | | |
| ED | 15. DECEDENT'S EDUCATI | | IBA. DECEDENT'S USL | | | | | white | | | | |
| | (Specify only highest grade com | pleted) | (Give kind of work life. Do NOT use re | done during most of w | orking | Aberde | SINESS/INDUSTRY | og Ground | | | | |
| 2 | Elementary/Secondary (0-12) C | ollege (1-4 or 5+) | Civilian | GUNNER | , | M. lite | 25-1 | ~ | | | | |
| COMPL | 17. FATHER'S NAME (First, Middle, Last) | | | | OTHER'S NAI | ME (First, Middle, Malden | | | | | | |
| BE C | Jessie Ayr | e. S | | E | Tiza | beth Pi | per | | | | | |
| 0 | 19a. INFORMANT'S NAME (Type/Print) | | | | | loute Number, City or Tox | | | | | | |
| ۱ | David H. Ayres | - SON | 382 Ra | zor Stray | 1 Rd. 1 | North East | mo. 2 | -1901 | | | | |
| | 20a. METHOD OF DISPOSITION 1 (M. Burial 2 Cremation 3 Removal | from State 20b. P | LACE AND DATE OF D | ISPOSITION (Name of | | 1.3 | CATION — City or | | | | | |
| | 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUMERAL SERVICE LICENS | Ja | rrettsv.lle | Cernetery | | | rrettsv.11 | / | | | | |
| | 21. SIGNATURE OF EMERAL SERVICE LICENS | SEE | | 22. NAME AND ADD | DRESS OF FAC | BLITY Gee F | raporel | Home | | | | |
| | A MAY XXX | | | 259 E.n | lain s | H. Elkhon | 3 mD. = | 21921 | | | | |
| | 23. PART I. Enter the diseases, or com shock, or heart failure. List | plicetions that ceused to | the death. Do not o | enter the mode of | dying, auch | aa cerdiac or resp | iratory arrest, | Approximate Interval Batween | | | | |
| | IMMEDIATE CAUSE (Finel | 0 < 1 | | Λ - | 1// | Ental | | Onset and Death | | | | |
| - 1 | IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Acute Cardiac Appent Fotal Anythmin Munitor | | | | | | | | | | | |
| | | | | HALL | ~/ | Amyen | ma | Menules | | | | |
| | | OUE TO (OR AS A C | CONSEQUENCE OF | - A | - | Angen | mh_ | Minules | | | | |
| NO | s Sequentially list conditions, b | | CONSEQUENCE OF: | Infan | ctio | n | MA | Minules | | | | |
| CATION | sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING | My D Ca | CONSEQUENCE OF: | Infan | ctio | n | ma | Manuales | | | | |
| IFICATION | Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | My D Ca | CONSEQUENCE OF): | Infan | ctio | n | ma | Mariales | | | | |
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DHMH-16 Rev 1/89

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

If Under 1 Year

10f. Zip Code

Days

Months

37391

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| | | |

Physician /Medical **Examiner** 1. Decedent's Name (First, Middle, Last) FLOSSIE

BARNETT ELLEN

2. Date of Death

3. Time of Death November 19, 1996 1502hrs

4a. Facility Name (If not institution, give street and number) PRINCE GEORGES HOSPITAL 4b. City, Town, or Location of Death CHEVERLY

4c. County of Death PRINCE GEORGES

Funeral Director

"natural", or Items 23a or 28a-f show

The Medical

Hygiene.

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permit. Page Department of Important: If any injury or

Physician

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signed by to be detect

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certificate

this funeral

After s after de... al Director: After hy the fi

director.

Attanding Physician:

10a State 10b. County 10c. City. Town or Location

Hours Min. 8. Date of Birth (Month, Day, Year) 04-27-27

Birthplace (State or Foreign Country)

578-38-6987 Usual Residence of Decedent

BALTIMORE, MD

with the Maryland

Director

Funeral

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Completed

Be

Examiner

Physician/Medicai

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Completed

Be

2

Certification:

Medical

MD.

PRINCE GEORGES

SUITLAND

7. Age (In yrs. last birthday)

69

10g. Citizen of What Country?

USA

Specify:

10d. Inside City Limits Yes 2 No

10e. Street and Number

3 Widowed

4132 SUITLAND ROAD, APT. C

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give 2 Married Year or Dates:

1□ M 2X F

20746 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1□ Yes 2 No

Specify

14. Race - American Indian Black, White, etc.

BLACK

15. Decedent's Education (Specify only highest grade completed)

4 Divorcad

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

12 17. Father's Name (First, Middle, Last)

Elementary/Secondery (0-12)

WAITRESS

FOOD SERVICE 18. Mother's Name (First, Middle, Maiden Surname)

GEORGE WILLIAMS

19a. Informant's Name/Relationship (Type, Print)

EMMA NICHOLS

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

11312 SHERRINGTON CT., UPPER MARLBORO, MD.

VANESSA LEE (DAUGHTER)

20e. Method of Disposition 1 Buriai 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cametery, cremetory or other placa)

20c. Location - City or Town, State 11-23-96 LANDOVER, MD.

4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licen

#=

HARMONY

22. Name and Address of Facility

POPE FUNERAL HOMES, 5538 MARLBORO PIKE FORESTVILLE, MD. 20747

954 Z 0 plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line.

Immediate Cause (Finel disease or condition resulting in death)

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last

Due to (or as a consequence of):

Due to (or es a consequenca of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? No 1 Yes

3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

Approximate Intervsi Between Onset and Death

26. Place of Death (Check only one)

Yes 2 No

25. Was case referred to medical 1 Yes 2□ No

6 Could not be determined

27. Manner of Death

1 Netural

2 Accident

4 Homicide

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 5 Pending Investigation

28b. Time of

Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury st Work? 26 1 Yes

29c. License number

O.C.M.E.

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 29d. Describe how injury occurred

7 vecides Location (Street and Number or Rural Route Number, City or Town, State)

OBUK Ritche RD, 28f.

> 29d. Date signed (Month, Day, Year) November 20,1996

(Check only)

STREET

200 BIK 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

29b. Signature and title of cartifier

of person who completed cause of deeth (Item 23e) (Type, Print) ON LOCKE,

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year) NOV 2 6 1996 NOV 26

DHMH 16 Ray 6/95

21215-0020 Baltimore, Maryland Pages 1 and 2 should be nent of Health end Mental

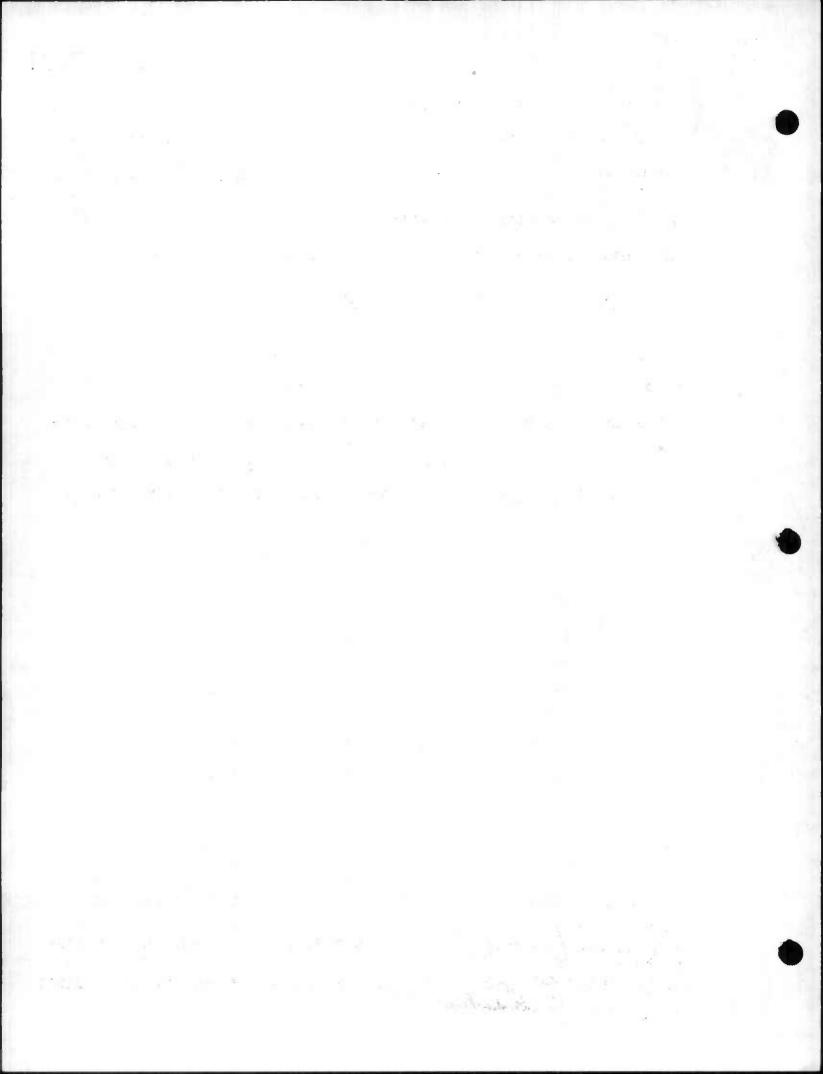
filed within 72 hours after

/Medical **Examiner** The lew requires that the death certificate be executed Box 68760,

P.O. I Records,

Division of Vital

To the Hospital or Attar within 24 hours effer der To the Funeral Director completely filled in by th



State of Maryland / Department of Health and Mental Hygiene 96 37392

| Important: If item 27 is marked other than "natural, or items 23e or 28e-1 show any injury or other traumatic event, the Madrial Eventiner must be notified at other traumatic event, the Madrial Eventiner must be notified at other properties of the properties of th | 4a. Fecility Neme (If not institution, 708 W. Tantall. 5. Social Security Number 161–40–4482 Usuel Residence of Decedent 10e. Steta 10b. County Maryland Prince 10e. Street end Number 708 W. Tantallo 11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced (Specify only highest 5 Elementery/Secondary (0-12) | Kevin give street end number on Drive Sex TAXM 2 F George's Drive 12. Wes Deceden Armed Forces 12. Wes, Give Year or Dales Education | 48 10c. City, For: | Yrs. Town or Lo | hington 104. Zip Code 207 | 20744 ir If Under 24 F s Hours M | rs. 8. Dete of B | ber 21,1 th 4c. County Prin irth, Year) 3, 1948 | y of Deeth Ce Ge 9. Birthy Cour Penn | 3:30 P. corge's plece (State or Foreignty) 1Sylvania 10d. Inside City Limit |
|--|---|---|---------------------|--|---|--|--|---|--|---|
| Funeral lirector | 708 W. Tantall. 5. Social Security Number 161-40-4482 Usuel Residence of Decedent 10e. Steta 10b. County Maryland Prince 10e. Street and Number 708 W. Tantallo 11. Marital Status 1 Never Married 3 Widowed 4 Divorced (Specify only highest states) Elementery/Secondary (0-12) | George's Drive 12. Wes Deceden Armed Forces 1X, Yes, Give Yes, Give Yes, Give Education | 48 10c. City, For: | Yrs. Town or Lo | cation hington 10f. Zip Code 207 | 20744 ir If Under 24 F s Hours M | Irs. 8. Dete of B | Prin Prin Pay, Year) 1948 | 9. Birthe Coul Penn | plece (State or Foreigntry) 15y1vania 10d. Inside City Limit |
| irector | Usuel Residence of Decedent 10e. Steta 10b. County Maryland Prince 10e. Street end Number 708 W. Tantallo 11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. Decedent's (Specify only highest state) Elementery/Secondary (0-12) | George's Drive 12. Wes Deceden Armed Forces 1/C/Yes 2 Univer, Give Year or Dales Education | 48 10c. City, For: | Yrs. Town or Lo | cation hington 10f. Zip Code 207 | s Hours M | in. (Month, L | 10g. Citlzen of | Penn | nsylvania 10d. Inside City Limit |
| marked other than "natural", or itams 23s or 28s-1 show unretic event, the Medical Evaniner must be notified at To Be Completed by Funeral Director | 10e. Steta 10b. County Maryland Prince 10e. Street end Number 708 W. Tantallo. 11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. Decedent's (Specify only highest state) Elementery/Secondary (0-12) | n Drive 12. Wes Deceden Armed Forces 12. Yes 2 17. Yes, Give Year or Dales | For: | t Was | hington 104. Zip Code 207 | 744 | | | | 113311-114 |
| marked other than "natural", or items 23e or 2 umatic event, the Madical Eventment must be n To Be Completed by Funeral Dire | 3 Widowed 4 Divorced 15. Decedent's (Specify only highest of the content of the | 12. Wes Deceden Armed Forces 1 YZYes, Give Year or Dales | ?] No | 13. V | 207 | 744 | | | | |
| marked other than 'natural', or items urretic event, the Modical Evantiner in To Be Completed by Fune | 3 Widowed 4 Divorced 15. Decedent's (Specify only highest of the content of the | Armed Forces 1 NOWes 2 If Yes, Give Year or Dales | ?] No | 13. V | Vas Decedent of | | | USA | 10g. CitIzen of Whet Country? USA | |
| marked other than matura umatic event, the Medical To Be Completed | | | | S. 13. Was Decedent of Hispenic Origin? (S If Yes, specify Cuban, Mexican, Puert | | | (Specify Yes or Nerto Rican, etc.) | o- Bleck, White, etc. Specify: White | | etc. |
| marked other thumatic evant, the | | Collage (1-4or | | 16e. Deced (Give life. L | dant's Usual Occi kind of work don OO NOT use retir | upetion e during most of a ed) | vorking | 16b. Kind of B | usinass/in | dustry |
| marks umatic To | _ | 2 st) | | Offi | ce Manag | 18. Mother's Neme (First, Midd | | | ıstry | |
| / 97 mg | 19a. Informent's Neme/Reletionship | | | | | et end Numbar or | rriett E Rural Route Num | ber, City or Town | Stete, Zip | |
| other tr | Elise L. Baylis | / Wife | 20b. Pled | 708 W. Tantallon Dr. | | | Ft. W | 7 | ion - City or Town, Stete | |
| rtant: If it njury or o | 1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Spec | cify) | ropol | itan Cre | ematory | 11-22-96 | | | Virginia | |
| any Ir | 22. Name and Address of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 23a. Pent Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. | | | | | | | | . 207 | |
| rsician redical aminer | shock, or heart tailure. List on Immedieta Ceuse (Final diseese or condition rasulting in deeth) | e. Lympho | line. | Lungs | | ring, such es card | nec or respiretory | enest, | 1 | Approximete Interval Between Onset end Death 6 month |
| nding physician and use es the burial-transit | | b. Acquir | ed Imm | une D | eficienc | cy Syndro | ome | | | 5 years |
| | | | | | | | | | | |
| d by the etter eteched for a | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did toba | | | | | | | tobacco use contribute to the cause of death Yes 2 No 3 Probably 4 Unknow | | |
| ate has been signed by the page 2 should be deteched Completed by Physic | | | | | | | 24e. We | s en eutopsy omed? | ev | era autopsy finding: elleble prior to mpletion of ceuse deeth? |
| | | | | | | | 1 🗆 | Yes ŽXNo | 10 | Yes 2□ No |
| I director | 25. Was cesa reterred to medicel exeminer? 1 ☐ Yes 2 ☒ XIo | Hospital: | iont 2 🗆 ED | I/Outpotlant | 2000 | | eeth (Check only | | /C' | |
| the funeral cation: T | 27. Mannar of Death 1 Natural 5 □ Panding | 27. Mannar of Death 1 | | | | | | Home 5 A Residence 8 □ Other (Specify) 28d. Describe how Injury occurred | | |
| n by | 3 Suicide 4 Homlcida 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Num City or Town, State) | | | | | | | per of Rure | l Route Number, | |
| To the Funeral D completely filled I | 29a. Certifier (Check only one) | Physician: To the best aminer: On the basis of end menner st | of examinetion | dge, deeth end/or inve | occurred et the t estigetion, in my | lme, dete end ple opinion, deeth oc | ce, end due to the curred et the time | ceusa(s) and me , dete end place, | enner as si end due to | leted. the ceuse(s) |
| To th | 29b. Signature and title of certifier | S | | | 29c, Licen D1 58 | se number 322 | | 29d. Dete signe November | | |
| 9/ | 30. Nema and address of parson who | | | | | W. Wash | ington, | D.C. 200 | 09 | |
| State Registrar | 31. Dete filed (Month, Day, Year) | 96 32 Registr | rar's Signeture | Redal | l. | m. masil. | LIE COIL, | 2,0, 200 | | |

DHMH 16 Rev 6/95

NA SE NA

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Data of Death 3. Tima of Death Day 3:05.pm John Adrian November 26 1996 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Charles La Plata Genisis Elder Care If Under 1 Year If Under 24 Hrs. 8. Deta of Birth March Months Days Hours Min. 8. (Month, Day, Year) 7. Aga (In yrs. last birthday) 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) 6. Sax 1 M 2 □ F 3/5/1918 Maryland 216-12-4424 Usual Rasidance of Dacedani 10a. Stete 10b. County 10c, City, Town or Location 10d. Insida City Limits Charles La Plata 1X Yas 2 No Maryland 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 20646 U.S.A. One Magnolia Drive 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ XIO If Yes, Give Yeer or Detes: 14 Race - American indian Was Decedant of Hispanic Origin? (Specify Yas or No-II Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status 1 Navar Married 20 Married 1 ☐ Yas XXNo Specify Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) <u>Maintance Worker</u> State Roads 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Mellie Booth Booth George 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 13705 Booth Place, Waldorf, Md. 20601 Mary M. Booth 20b. Placa of Disposition (Name of camatary, cramatory or other place) Data 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 25 Cramation 3 Ramoval from Stata 4 Donetion 5 Other (Spacify) Metropolitan Crematory 11/27/96 Alexandria, Va. 21. Signature of Funeral Service Lig AREHART-ECHOLS FUNERAL HOME, INC. . LA PLATA, MD. 20646 P.O. BOX 567 Approximata interval Batween Onsat and Death complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Part1. Enter the disease shock, or heart failure. Immediate Ceuse (Final disease or condition rasulting in death) Sequentially list conditions, if eny, laeding to immadiata cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Dua to (or as e consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 3 Probably 24b. Wara autopsy findings 24a. Was an autopsy

Physician /Medical **Examiner**

the attending physician

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

10

Funeral

Director

Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours effer. Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or ther any injury or other traumatic event. In element 1

3altimore, Maryland 21215-0020

Physician/Medical 88 USB 0 þ Completed To the Hospital or Attending Physicien: within 24 hours after deeth.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be 2 Certification:

Division of Vital Records, P.O. Box 68760,

| | | completion of causa of death? | | | | | |
|--|--|---|--|--|--|--|--|
| | | 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No | | | | | |
| 25. Was casa rafarred to medical | 26. Piece of Death (C | Check only ona) | | | | | |
| axaminar? 1 ☐ Yes 2 ☐ Yo | Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home | 5 ☐ Residenca 6 ☐ Othar (Specify) | | | | | |
| 27. Mannar of Deeth Natural 5 Panding 2 Accidant Investigation | (Month, Day Year) Injury Work? n M 1 ☐ Yas 2 ☐ No | d. Dascribe how injury occurred | | | | | |
| 3 Suicida 6 Could not be determined | | 281. Location (Street and Number or Rural Route Number, City or Town, State) | | | | | |
| 29a. Cartifier (Check only one) Certifying Ph 2 Medical Exan | hysician: To the best of my knowledga, daath occurred at the time, date and piece, end ninsr: On the basis of axamination and/or investigation, in my opinion, daath occurred and manner stated. | d due to the cause(s) and menner as stated. at tha tima, data and piaca, and dua to tha cause(s) | | | | | |

29b. Signature and titla of certifiar

29c. License number 29d. Date signed (Month, Day, Year)

ame and addrass of palson who complated cause of death (Itam 23a)

ENNER 31. Dete filed (Month, Day, Year)

DEG 0 3

PAT B. Fan 32. Registrar's Signatura

345 KromBROOKE SO, WARDOREN

Medical

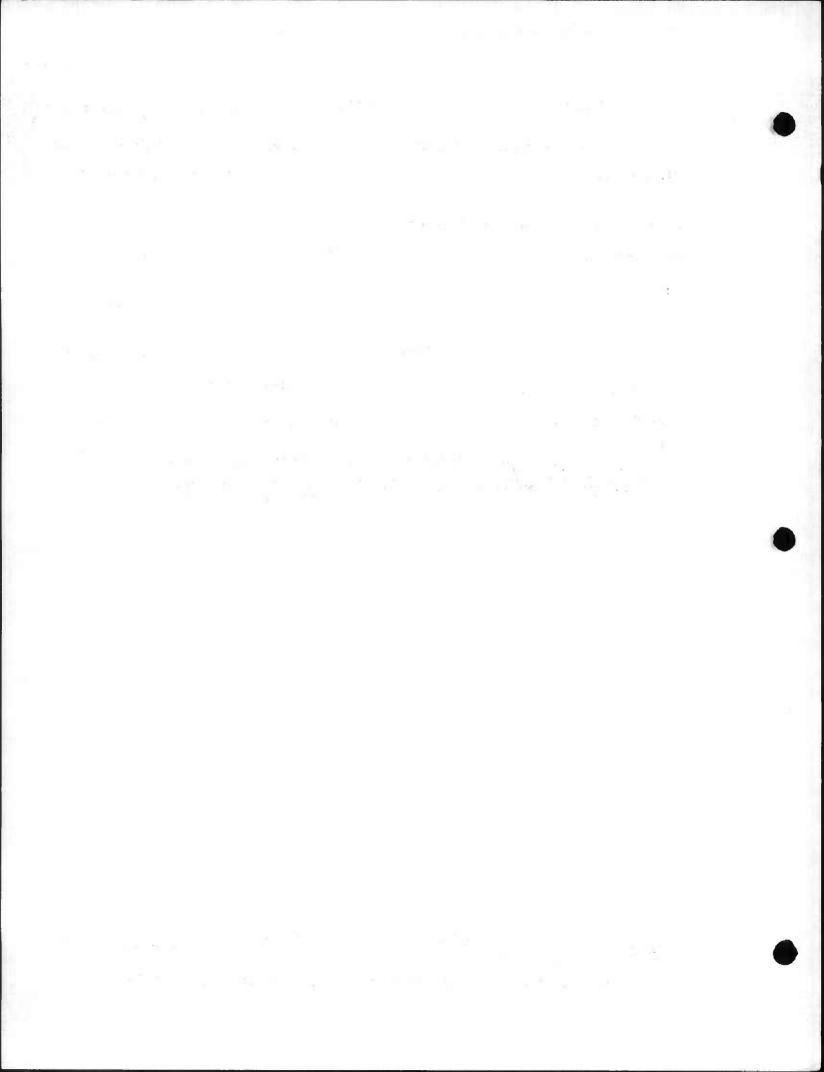
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

37394

| | | | | | Cer | lilicate of | Death | | Reg. No. | | |
|------------|---|----------------|---|---|---------------------------------|---|---------------------------------------|---|--------------------------------------|---------------------------|---|
| | Physic | | Decedent's Neme (First, Middle, Last) William | Samuel | В | oswell | | 2. Date of De Month | Day | Year | 3. Time of Death |
| | /Medi Examir | | 4e. Facility Neme (If not institution, give street and n | | | | 4b. City, Town, o | November Location of Deet | | 1996 | 9:32 PM |
| | Exami | ier | | | 4 - 0 | | | | | | 204001 |
| | Funeral | | 5. Social Security Number 6. Sex | 7. Age (In yrs. I | est birthdey) | If Under 1 Year | | s. 8. Dete of Bir | th . | | ece (Stete or Foreign |
| | Director | | 217-68-7535 ^{1⅓M 2□ F} | 40 | Yrs. | Months Deys | Hours Mi | n. Februa | ry 10,56 | Mary | /land |
| | P. | | Usuel Residence of Decedent | | | | | | | | |
| | show | L | 10e. Stete 10b. County | 10c. City | , Town or Lo | cation | | | | 10 | Od. Inside City Limits |
| | Me M | Director | Maryland Prince George | | | | 1 ☐ Yes 2 No | | | | |
| | Nith II | | | | | | | | 10g. Citizen of V | | |
| | s 23 | era | 6402 46th. Ave | cedent Ever in U.S | 6 42 1 | 20737 | | (Cassife Van as Na | United | State e - America | |
| | Her d | Funeral | Armed F | Forces? | 3. 13. I | Yes, specity Cub | an, Mexican, Pue | (Specify Yes or No erto Ricen, etc.) | Bied | ck, White, e | |
| 0200-91212 | urs al | by | 3 Widowed 4 Divorced Yeer or | 3 2 No Sive X Detes: | 1 | ☐ Yes 200 No | Specify: | | Specify | | • |
| , C | 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or Herna 23a or 28a-f show aurnatic event, the Medical Examiner must be notified at | ted | 15. Decedent's Education | 0 | 16a. Deced | ent's Usuel Occup kind of work done OO NOT use retire | pation | nort in a | 18b. Kind of Bu | Whit usiness/Indi | |
| 7 | thin ? | Completed | (Specify only highest grade completed Elementery/Secondery (0-12) College | (1-4or 5+) | | | | onting | | | |
| | ygien ygien er th | Co | 12 | | Stylis | st/Beaut | | | | | autician |
| Maryland | d oth | Be | 17. Fether's Neme (First, Middle, Last) | | | | | eme (First, Middle | | ie) | |
| 3 | should Ind Meni | 2 | John R. Boswell, Sr. | | | | | L. Gold | | | |
| <u>a</u> | d 2 should h and Mer 7 Is marke traumatic | | 19e. Informent's Neme/Reletionship (Type, Print) | | | | | Rural Route Numb | | | |
| | CENL | | John R. Boswell, SrF | The second second | P.O. | SOX 15/ sition (Neme of | white P | lains, M | 20c. Location - | | |
| ō | 8 4 5 0 | | 1 Burial 2 ☐ Cremetion 3 ☐ Removel from | n Stete C6 | emetery, cren | netory or other ple | , | | | | |
| Baltimore, | pemit. Pages 1 a Department of Hea Important: If Item: any Injury or othe once. | | 4 Donation 5 Other (Specify) 21. Signature of Fugural Service Unions | Trir | - | emorial (| | Dec.2,96 | Waldort | , Mar | ryland |
| n n | permit. Page Department of Important: If any Injury or once. | | May A Busto | Arun | Ť | ne Huntt | Funeral | Home, I | nc. | | |
| | _ | | Mark Brohawn M-00 23a. Pert1. Enter the disease, or complications that | 0053 | | | | orf, Mar | | | Approximate |
| | Dhuaician | | shock, or heert failure. List only one ceuse on | eech line. | . Do not one | or the mode or dyn | ing, addit es cerdi | oc or respiretory e | 11031, | | Interval Between Onset and Death |
|). | Physician /Medicai | | Immediate Cause (Final | to Conta | ~ into | +: DO | andius. | | | į | 1 week |
| | Examiner | | disease or condition resulting in deeth) e. ACU | te Gastr | es e conseq | | eeding | | | | 1 week |
| | | ner | Sou | ere Live | · · | • | | | | | |
| | nd trans | Examiner | D | | as e conseq | | | | | | |
| Š | sian a | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | | | | | | | 1 | |
| 09/89 | ohysi the t | edical | thet initieted events resulting in deeth) Last | | | | | | | | |
| D X C | certificate be executed nding physician and use es the burial-transit | n/Me | d | | | | | | | | |
| | | clan | | | | | | | | | |
| | v requires that the death been signed by the atte should be deteched for | Physicia | Pert II. Other significant conditions contributing to | death but not resu | iting in the ur | ideriying ceuse gi | ven in Pert I. | | | | the cause of death? |
| 7 | that hed b | by Pi | HIV + | | | | | _ 1⊔ | Yes 2□ No | 3 Prob | ably 4 Dunknow |
| Hecords, | n sign | q pe | | | | | | 24e. Wes | an autopsy | 24b. We | re eutopsy findings |
| 0 | | Completed | | | | | | perio | ormed? | com | elleble prior to npletion of cause leeth? |
| E E | m _ S | шо | | | | | | 10 | Yes 2 ₽No | | Yes 2□ No |
| | icien: The certificate rector, pag | 0 | 25. Wes cese referred to medical | | | | 28. Place of D | eeth (Check only | | | |
| _ | 5 00 | To B | examiner? 1 Yes 2 No Hospitel: 1 | Inpatient 2 E | ER/Outpetien | 3□ DOA Oti | hor: | Home 5 ☐ Resi | | er (Specify |) |
| 0 | Attending Physicien: r death. ector: After this certific by the funeral director, | | 27. Menner of Deeth 1 ☑Neture 5 ☐ Pending (Mo | e of Injury onth, Dey Year) | 28b. Time of Injury | 28c. Inju Wo | ry et rk? | 28d. Describe | how Injury occurr | red | |
| 0 | endir eath. or: Al | catle | 2 Accident investigation | | | | Yes 2□No | | | | |
| DIVISION | r Att | Certification: | 3 ☐ Sulcide 6 ☐ Could not be determined 28e. Plec built | ca of Injury - At hording, etc. (Specify, | me, ferm, stre | et, factory, office | | 28f. Location (City or To | Street end Numb wn, Stete) | er or Rural | Route Number, |
| 2 | ytal o | | | | | | | | | | |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral | edical | 29e. Certifier (Check only one) 1 Certifying Physician: To the Description one) | basis of examineti | viedge, deeth ion end/or inv | occurred et the til estigetion, in my o | me, dete and ple opinion, deeth oc | ce, end due to the curred et the time, | cause(s) end ma date end plece, a | nner es ste and due to | the ceuse(s) |
| | ithin of the complete | Mec | 29b. Signature and title of certifier | inner stated. | | 29c. Licens | se number | | 29d. Dete signe | d (Month. f | Day, Year) |
| | ¥ ∓ ک | | Wa U. | 1 | 3 | | D38534 | y . | - For the state of the state of | | 29, 1996 |
| | | | 30. Neme end eddress of person who completed cer | use of death (Item | 23e) (Tune 1 | Print) | | | Novell | inel 2 | .7, 1770 |
| | | | MD Kevin H. Scott | | | | rive. Gr | eenbelt, | MD 207 | 70 | |
| | Sta | te | 31. Date filed (Month, Day, Year) 32. | Registrar's Signet | ure | | | | | | |
| | Registr | ar | DEC 0 3 1996 | Juli da | nator | ardall | | | | | |



State of Maryland / Department of Health and Mental Hygiene Q C

| Physiciar Medica/ | n il | | OOMFIELD | | | | | 2. Date of De Month Novemb | er 20, | Year 1996 | 3. Time of Death 9:45 AM | |
|--|---------|--|--|--|--|---|---|---|--|--|--|--|
| Examine | | 4a. Facility Name (If not institution, giver Greenbelt Nursin | | er) | | | | Location of Death | | nty of Death | | |
| uneral rector | _ | 5 Social Security Number 6 S | • | Age (in yrs. i | last birthday) Yrs. | If Under 1 Year Months Days | | s. 8. Date of Birt | th 1 ⊌9 05 | 9. Birthpla Country Marlbo | rge ' ice (State or Foreign y) oro, S. C. | |
| 28a-f show | | Usual Residence of Decedent 10a. State 10b. County Maryland Prince G | eorge | | y, Town or Lo | cetion leights | | | | | d. Inside City Limits 1 X Yas 2 □ No | |
| ust be notified at | Direc | 10e. Street and Number 704 Painters Cou | | | 10f. Zip Code 20743 | | | 10g. Citizen of United | What Country? 1 States | | | |
| al', or items Francher m by Filmer | 2 | 11. Marital Status 1 □ Never Married 2 □ Married 3 ▼ Widowed 4 □ Divorced | 1 ☐ Yes 2 ☐ If Yes, Giva | 1 □ Yes 2 X No | | | | Specify Yes or No- rto Rican, atc.) | or No- c.) 14. Race - American Indian, Black, White, atc, Black Specify: | | | |
| arked other than "natural", stic event, the Medical Exa To Be Completed by | | 15. Decedent's Ed (Specify only highest gra Elemantary/Secondary (0-12) | completed) Collega (1-40 | completed) Collega (1-4or 5+) | | dent's Usual Occu kind of work done DO NOT use retire Worker | petion during most of wid) | orking | 16b. Kind of B | | | |
| To Be | 0 | 17. Father's Name (First, Middle, Last) Information Not Available | | | | | | | Middle, Malden Surname) Not Available | | | |
| er traumatic event, I | | 19a. Informant's Name/Relationship (1) Rebecca Chapman | Type, Print) | | | | | apitol H | | | Code) | |
| any Injury or other tr | | 20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 ☑ 4 □ Donation 5 □ Other (Specify | Removal from Stat | Bet | lace of Dispo emetery, cren hel Un | sition (Neme of natory or other ple nited Met | hodist | Date 11/27 | 20c. Location - Wallac | | | |
| | - 1 | Shock, or neart failure. List only | one ceuse on each | of the death line. | n. Do noi anti | ar tha mode of dyi | | ce, Fores | | A | Approximate nterval Batwean | |
| as the buriel-transit Ledical Examiner | | Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last | bd. | Due to (or | n. Do nol anti | vence of): | | | | A | Approximate | |
| ached for use as the burial-transit a policy of the polic | | Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events | a | Due to (or | er as a consequence of a consequence of | vence of): uence of): | ng, such as cerdia | ac or raspiratory ar | rost, | ontribute to the | Approximate nterval Batwean | |
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| | kamin | | a. Facility Name (If not institution, give street and number) 28 Laughton Street | | | | | | | | | o. City, Town, or Location of De Upper Marlboro | | | c. Count | eor | ge's | |
| Fun | neral | | 5. Social Security N | | 6. Sax | 7. Age (| in yrs. last birth | | If Undar 1 Y | | If Under 2 | 24 Hrs. Min. | 8 Date of B | irth | | | | tete or Foraign |
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| or 284 | e not | Director | 10e. Street and Nur | | | | | | 10f. Zip Co | | | | | 10g. Citizen of What Country? | | | | |
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| i | | | 23e. Pert1. Enter the shock, or hear | ne disease, or c | | caused the | e death. Do no | | | | | | | | , 110 | yıaı | Appro | ximata al Between |
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| death certif | | | | | a | y | ca ca | | | 1 1 | 100 | | | | | | 7 1 - | 0 |
| the deay the a | should be deteched for use | Completed by Physician | Pert II. Other signifi | cant condition | s contributing to d | death but n | not resulting in | the und | arlying caus | e giv | en in Part I. | | 23b. Die | d tobacc | co use co | ontribute t | o the ca | use of death |
| P that the by | detec | 된 | Mulli | ple | cerel | 500 | Vas Cu | la | AC | C | den | ls | 10 |] Yes | 2□ No | 3 Pro | bably | 4 Unknow |
| Records, P.O ne law requires that the shes been signed by th | ed bi | D D | 2 | - | | | | | | | | | 24a. Wa | s an au | lopsy | 24b. W | ere autr | ppsy findings |
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| of Vital Physician: The | | Bec | 25. Was case refarr examiner? | red to medical | | | | | | | 26. Place | of Deeth | (Check only | one) | | | | |
| - S 0 | dire | 2 | 1 Yes 2 | No | Hospitai: 1 □ | Inpatient | 2 ER/Outp | patient | 3□ DOA | Oth | er: 4□ Nui | rsing Hor | ne 5 Res | sidenca | 6 🗆 Ot | her (Specil | (y) | |
| ing Pl | funeral | on: | 27. Manner of Beeth 1 ⊟Natural | 5 Pending | 28a. Date (Mor | of Injury nth, Day Y | (ear) 28b. Ti | me of jury | 28c. | | | | 28d. Describe | how in | jury occu | rred | | |
| Vision Attending r death. | the | cat | 2 ☐ Accident 3 ☐ Suicida | investiga 6 ☐ Could no | t he | -61-1 | | | М | | Yes 2□N | | 204 11 | /C+ | | | 10-14 | A4 1 |
| Division tal or Attending rs after death. | led in by | Certification: | 4 Homicide | detarmin | ed 289. Plac build | a of Injury ling, etc. (3 | - At home, fam Specify) | n, straa | it, factory, of | TIC8 | | | 28f. Location City or To | (Street own, Sta | e <i>na r</i> vum 169) | ber or Hun | N HOUTE | Number, |
| Division To the Hospital or Attending I within 24 hours after death. Zo the Funeral Director: After | pletely fil | edicai | 29a. Cartifier (Check only one) | 1 Cartifying 2 Medical Ex | Physician: To the caminar: On the b | e best of m pasis of ex nner stated | amination and | deeth o | occurred at the stigation, in a | ne tim | ne, dete end pinion, deat | placa, a | and due to the | e cause , date e | (s) end m nd placa | anner as s and dua t | tated. o tha ca | use(s) |
| To the | moo | - | 29b. Signature and | titia of certifier | Link | 6 | TAN | , | | | a number | 17 | | 29d. [| Date sign | ed (Month, | Day, Ye | ear) |
| 1 | .) | - | A | wo, | 7900 | | 1000 | | | 0 | L188 | > | | | 11/- | -6/1 | 16 | |
| | / | | 30. Name and addre | A person w | ho completed cau | se of deat | h (Item 23a) (T | ype, Pr | A POL | 15 | Road | Su | LITE | 430 | 8. 6 | AN | HA | 706 |
| | Stat | e | 31. Data filed (Month | h, Dey, Year) | 32.1 | Begistrar's | | | 717 | | | | | | 0 | J.D | 2 | 0100 |
| Re | gistra | | M | OV 2.7 | 1996 | hi all | Signeture | 461 | • | | | | | | | | | |
| DHMH 16 Re | ev 6/95 | | | - 41 | | | | - | | | | | | | | | | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month November 21 Braswell 1996 11:35 AM Lorenzo 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Doctors Community Hospital Prince Georges Lanham 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (Stete or Foreign Country Rocky MT February 5, 1935 N.C. W.T. If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) 1IXM 2□ F Deys Hours Yrs. 243-50-7472 Usual Rasidence of Decedent 10h Counts 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No PG Seabrook 10f. Zlp Code 10g. Citizen of What Country? 9317 Dewberry Avenue 20703 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Merried 1X Yes 2 □ No If Yes, Give Yeer or Detes: 1 ☐ Yes ② ☐ No Specify: Specify: Black 3 ☐ Widowed 4 ▼ Divorced 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Cartographer Dept. of Commerce 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maldan Sumeme) Jaspher Braswell Cherry Smith 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Coda) 20782Jeffrey Braswell- Son 2600 Queens Chapel Rd. #809, Hyattsville, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 Buriei 2 Crametion 3 Removel from State 4 Donation 5 Other (Specify) Ft. Lincoln Cemetery 11-25 Brentwood, MD ^{22. Neme end Address of Fecility} Marshall's Funeral Home, Inc. 21. Signeture of Funerei Service Licensee 4217 9th St. N.W. Wash D.C. 20011 Mars Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiretory errest, or heart fellure. List only one cause on each line. Approximete Intervei Between Onset end Death GasTRic cancer with matertasis Due to (or es a consequance of):

Physician /Medical Examiner

permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other troons.

Physician

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10e. Street end Number

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Funeral

Director

ral", or items 23a or 28a-f ahov Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after of and of Health and Mental Hygiene.

Int: If tem 27 is marked other than "natural", or flee iny or other traumatic event, the Medical Examinating or other traumatic event, the Medical Examinating.

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

To the Hospital or Attending Physician: "

Minin 24 hours aftar death.

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Sequantially list conditions, if eny, leeding to immadiata cause. Enter Underlying Cause (Disaase or Injury that Initieted avants resulting in deeth) Lest

Immedieta Ceuse (Finel disease or condition resulting in deeth)

Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death?

Esophagea

200 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en autopsy performed?

1 □ Yes 2 □ No

25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only ona) Hospitel: Impatient 1 Yes 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Netural

5 Pending Investigation 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, streat, fectory, office building, atc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, daath occurred et the time, dete end piece, end due to the ceuse(s) end mannar as stated.
2 Medicat Examiner: On the basis of axaminetion and/or invastigetion, in my opinion, deeth occurred et the time, date end piace, and due to the ceuse(s) end menner stated. 29a. Certifier (Check only one)

29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

30. Name and addrass appearson who completed cause of death (Item 23e) (Type, Print) 700 UNG I

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State of Maryland / Department of Health and Mental Hygiene 96

e 96 37398

| Physician Medical Examiner Mean | | | | | | | Cen | tificate d | of Death | | Reg | . No. | | |
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| TOOL State 100. County 100. City, Town or Location 100. Inside 1 Value of the proposed of th | | | | 5. Social Sacurity Number 6. 578-26-5153 | Sex 7. A | | | | er If Under a | 24 Hrs. 8. Date Min. (Mo | nth, Day, Y | 'ear) | 9. Birthplace Country) | (Stata or Foreign |
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| 17. Fether's Name (First, Middle, Maldan Surmama) 18. Mother's Name (First, Middle, Maldan Surmama) NANCY McGIRT 19a. Informant's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 104 Burial 2 Crametion 3 Ramoval from State 105 Place of Diaposition (Nema of cemetery, cremetory or other place) 106 Place of Diaposition (Nema of cemetery, cremetory or other place) 107 Place of Diaposition (Nema of cemetery, cremetory or other place) 108 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 109 Place of Diaposition (Nema of cemetery, cremetory or other place) 100 Place of Diaposition (Nema of cemetery, cremetory or other place) 100 Place of Diaposition (Nema of cemetery, cremetory or other place) 100 Place of Diaposition (Nema of cemetery, cremetory or other place) 100 Place of Diaposition (Nema of cemetery, cremetory or other place) 100 Place of Diaposition (Nema of cemetery) 100 Place of Diaposition (Nema of cemetery) 100 Place of Diaposition (Nema of c | | than "natur the Medical | ompleted | (Specify only highast gr Elementary/Secondery (0-12) | ade completed) | 5+) | (Giva k lifa. D | ind of work do O NOT usa re | ccupation one during most tired) | of working | 16 | | usinass/Industr | у |
| TRINITY MEMORIAL GARDENS 12/2 WALDORF, MARYLAN 21. Signature of University Service Licenses BENJAMIN M. MATTHEWS M-00658 TRINITY MEMORIAL GARDENS 12/2 WALDORF, MARYLAN 22. Nama and Address of Facility THE HUNTT FUNERAL HOME, INC. P.O. BOX 156 WALDORF, MARYLAND 20604 | | d othe event, | Be | Harris and the same of the same of | • | | | | | | | | | |
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| TRINITY MEMORIAL GARDENS 12/2 WALDORF, MARYLAN 21. Signeture of Univer Sarvio Licenses BENJAMIN M. MATTHEWS M-00658 TRINITY MEMORIAL GARDENS 12/2 WALDORF, MARYLAN 22. Nama and Addrass of Facility THE HUNTT FUNERAL HOME, INC. P.O. BOX 156 WALDORF, MARYLAND 20604 | 6.5 | 27 is or treu | | | | | | | | | | | | |
| BENJAMIN M. MATTHEWS M-00658 P.O. BOX 156 WALDORF, MARYLAND 20604 | | portant: If item y injury or oth ce. | | 1 M Burial 2 □ Crametion 3 [4 □ Donation 5 □ Other (Special | (y) | ceme | ITY N | etory or other IEMORIA Nama and Ad | place) L GARDE drass of Facility | NS 12/2 | W | ALDORI | | |
| | m §8 | E | | BENJAMIN M. M | ATTHEWS M | -00658 | | | | | | | 0604 | |
| Physician /Medical Examiner immediata Causa (Final disease or condition rasulting in death) Dua to (or as a consequence of): | /Me Exa | edical miner | ner | ahock, or heart failura. List only Immediata Causa (Final diseasa or condition | a. | | inl | | 020 | las | A | sec | | roximate val Between set and Death |
| Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated evants reaulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): d. | 68760, tificete be executed | g physician and es the burial-trans | edical | Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Ceuse (Diseese or injury that initieted evants reaulting in death) Last | c. V | ~~~ | 10 | 1. von | 45 |) | 1 |) | . 1 | + 00 |
| Descriptions of the second state of the second | BOX ath cen | tendin or use | lan/N | | d | | | | | 0 | | | | |
| Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of the ca | P.O. | by the teched | | Part tt. Other significant conditions of | contributing to death b | out not rasulting | j in the un | derlying cause | given In Pert I. | 23 | | 1 | | |
| 24a. Was an autopsy performed? 24b. Ware auto | ecord aw requir | s been s 2 should | | | | | | | | 24 | a. Was an a performe | autopsy od? | evailab | la prior to tion of cause |
| = F = 2 NO 1 Tas 2 | = F | pag | | OF Mos area after day and find | | | | | | | | 2 No | 1 □ Ya | s 2 No |
| | | | 0 | axaminar? | Hospital: | ent 2 DERA | Outpetient | 3□ DOA | Other 15 | | | oe 8 □Oth | ar (Snacify) | |
| O TO TO THE STATE OF THE STATE | Slon Of | or: After thi the funeral | | 1 D Natural 5 □ Panding Invastigation | 28a. Data of tnje (Month, Da | | . Tima of | 28c. I | njury et Work? | 28d. Da | scribe how | injury occur | red | |
| 1 DA Aquiral 1 DA Aquiral 2 Accident 3 Suicida 4 Homicide 4 Homicide 5 Panding Invastigation 6 Could not be datarmined 5 Place of Injury M 20 Place of Injur | Divi | illed in by | | 4 Homicide datarmined | building, a | c. (Specify) | | | | City | y or Town, S | Stata) | | |
| 29a. Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause(s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause(s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to the cause (s) and mannar as stated. | the Hosp hin 24 ho | the Fund | | (Chack only 2 Medical Example one) | miner: On the besis of | f axamination | ga, daath end/or inva | astigation, in n | ny opinion, deet | f place, and due h occurred et th | e time, data | a and place, | and dua to the | cause(s) |
| 102011 120f29. 11/20/91 | ot w | 28 | | * June | Andol | 1 rm | \checkmark | 10 | 250 | 254 | 290 | 1 | 30 | 96 |
| State 31, Date filled (Month, Dey, Year) 32, Registrar's Signatura | | Sta | te | GEORDS | W. MB | SPA | a) (Type, P | rint) | a Doa | W. N | w | 201 | 03 | |

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State of Maryland / Department of Health and Mental Hygiene

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| 1.5 | 1 | | | | | | Ce | rtificate d | of Dea | th | | Reg. No. | | 0 1 | |
|--|--|----------------|---|-----------------|---|---------------|--------------------------------|--|----------------------------|---------------------------|-----------------------------------|--------------------------------------|--|--|----------------|
| | Dhunia | lan. | 1. Decedent's Name (First, Mide | fle, Last) | | | | | | | 2. Data of [| Death | Voor | 3. Time | of Death |
| | Physic /Medi | | Dora T. Bro | wer | | | | | | | Novemb | per 22, | Year | 3:4 | OAM |
| | Exami | | 4a. Facility Name (If not institution | on, give stree | and numbe | or) | | | 4b. City | , Town, or L | Location of De | | ty of Death | | UHFI |
| | | | Larkin Chase | Nursin | g Home | e | | | Boy | wie | | Princ | e Geo | rges | |
| | Funeral | | 5. Social Security Number | 6. Sex 1 ☐ M | XX. 7./ | | last birthday | If Under 1 Ye Months De | | der 24 Hrs. | 8. Date of E | | | placa (Stata | or Foreign |
| | Director | | 426-10-1990 Usual Residence of Dacadent | | XX F | | 31 Yrs. | | | 177.5 | Oct 15 | 1111 | The state of the s | issip | |
| arylaı | show | _ | 10a. State 10b. Count | | | 10c. Cit | y, Town or L | ocation | | | | | 1 | 10d. Inside (| |
| e M | P S S | Directo | | e Geor | ges | Boy | vie | | | | | | | XX Ye | s 2 No |
| 5-UUZU 72 hours efter death with the Maryland | af', or items 23s or 28s-f shov Examiner man be notified at | | 3512 Mullin La | ne | | | | 10f. Zip Cod | 207 | 15 | | 10g. Citizen o | | , | |
| ther dea | ritema | Funerai | 11. Marital Status 1 □ Nevar Married ★2★ Ma | A | /as Deceder rmed Forces ☐ Yas 2 2 | s? | ,S. 13. | Was Decedent If Yes, specify C | | | pecify Yes or I o Rican, atc.) | 14. Ra BI | ace - Americ lack, Whita, | atc. | |
| NIS B | o','e | by | 3 ☐ Widowed 4 ☐ Divorca | , If | Yes, Give ear or Dates | | | 1□ Yes 🌠 | No Spec | cify: | | Spec | ify: Whi | te | |
| 2 Pe 2 | "natur | ted | | nt's Education | | | 16a. Dece | dent's Usuai Oc | cupation | | f. to | 16b. Kind of | Business/In | dustry | |
| | - 4 | Completed | (Specify only high Elementary/Secondary (0-12) | | ollege (1-4o | r 5+) | | kind of work do DO NOT usa re | | nost of wor | King | | | | |
| filed v | | | 12 | 1 1 | | | 0111 | ce Cleri | | | | Dept. | | | |
| S 3 | o de | To Be | 17. Father's Name (First, Middle H.G. Talber | | | | | | | | Wilson | la, Malden Suma I | .me) | | |
| aryla 2 should | th and Mer 7 is marke traumatic | | 19a. Informant's Name/Relation | ship (Type, P | nint) | | 19b. Mail | ing Address (Str | eat and Nu | mber or Ru | ral Route Num | ber, City or Tow | n, Stata, Zir | Code) | |
| | - N - | | Ernest Brower | Hus | band | | 3512 | Mullin 1 | Lane 1 | Bowie | , Maryl | and 207 | 15 | | |
| 0 8 | 5 = 5 | | 20a. Method of Disposition 13€ Burial 2 ☐ Cremation | 3 □Remov | al from Stat | | lace of Displametery, cre | osition (Name of matory or other | place) | | Date | 20c. Location | - City or To | own, Stata | |
| Peges | ant: h | | 4 Donation 5 Other (| | al fioni State | Ft. | Linc | oln Ceme | etery | 11-25 | 5-96 | Brentw | ood, | Maryla | and |
| permit. Peges 1 e | Depertment important: I any injury conce. | | 21. Signature of Funeral Service | Licenses | V - | _ | | | | | | n F.H. | | 722 | |
| | | | 234 Parts Enter the delease of | omplication | ns that cause | ed tha death | | | | _ | | wood, M | 4. 20 | Approxima | ato |
| Ph | ysician | | shock, or heart failura. Lis | only ona cau | use on each | lina. | | | -,g, | 40 0414140 | or respiratory | 411001, | | intarval Be Onset and | etween |
| , | Medical | | Immadiata Causa (Final | | DHE | D/A TO | TD ADM | III) TMT O | | | | | 151 | Y D G | |
| Ex | aminer | | disease or condition resulting in death) | a | KHE | | ras a conse | HRITIS | | | | | | YRS. | |
| 77 | _ | ner | | | MAL | NUTRI | | querios orj. | | | | | | 18 mos | 5. |
| cute | g physician and es the buriel-trensit | Examiner | Sequentially list conditions, | 6. — | | | r as a conse | quence of): | | | | | | | |
| 500 | ian a | | Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Cause (Disaasa or injury | | | | | | | | | | | | |
| ficete be ex | hysic the b | edicai | that initiated evants resulting in death) Last | C | | Due to (or | as a consec | quence of): | | | | | 1 | | |
| S P | ndin | 3 | | d | | | <u></u> | | | | | | | | |
| e death o | signed by the ettend d be deteched for u | Physician | Part It. Other eignificant conditi | ona contributi | ing to death | but not resu | ulting In the u | ndarlying cause | given In Pa | art I. | 23b. Di | d tobacco use c | ontribute to | o the cause | of death? |
| et the | d by t | Phy | MILTIDIE DE | CIIDTET | | | | | | | 10 | Yes 2□ No | 3 Pro | bably 45 | Unknow |
| | De d | by | MULTIPLE DE | CORTII | | | | | | | | | | | |
| he law requires thet the | peen | Completed | CONTRACTURE | S | | | | | | | | s en autopsy formed? | av | ara autopsy allable prior empletion of daath? | to |
| | ate hes page 2 | mo | | | | | | | | | 1 | Yes 2X No | | | No |
| e e | certificate rector, pag | Be C | 25. Was case referred to medica | 1 | | | | | 26 PI | ace of Deal | th (Check only | | | | 4110 |
| Physician: | is certific director, | To B | examiner? 1 ☐ Yes 2 📈 No | Hospita | al: 1 🗆 Inpat | tient 2 | ER/Outpatle | nt 3 DOA | Ott | | | sidenca 6 🗆 O | ther (Specif | 6/1 | |
| or Attending Physician: T | After th funeral | | 27. Manner of Death 1 Natural 5 □ Pandi | ng | Date of Inj (Month, D | jury | 28b. Tima o Injury | f 28c. Ir | njury at Vork? | | | how injury occu | | , | |
| r Atten | Director: | Certification: | 2 Accidant Invast 3 Sulcide 6 Could 4 Homicide determ | not be | Place of Ir | njury - At ho | ma, farm, st | reet, factory, office | | | 28f. Location City or To | (Street and Num own, State) | ber or Rura | al Route Nur | n <i>ber</i> , |
| la l | | | | | | | | | | | | | | | |
| the Hospital or Attending | 20年8 | edicai | 29a. Certifier (Check only one) 1. Certifyli 2 Medical | Examinings: U | To the best n the basis o nd manner s | or examinati | vledge, deatl ion and/or in | n occurred at the vestigation, in m | time, date y oplnion, c | and placa, death occur | and due to the red at the time | e causa(s) and m , date and place | anner as st , and dua to | tated, tha cause(| (s) |
| Toth | domp | X | 29b. Signature and little of certifie | r | | | | 29c. Lica | ansa numb | er | | 29d. Date sign | ed (Month, | Day, Year) | |
| 1 | (2) | | Danhole | m. al | lux | LUEXIO | m | DH | 4156 | | | 11/22/9 | 6 | | |
| (| 5/ | - | 30. Name and eddress of person | 44 | ed cause of | death (Item | 23a) (Type, | Print) | | | | ulzzla anylano | | | |
| 6 | / | | Rachelle M. Alexi | on, no | 14 | 300 G | allant | Fox lan | e #1 | 18 130 | owe, V | aryland | 201 | 5 | |
| | Sta Registr | | NOV 26 1 | 200 | 32 Regist | trar's Signat | ure Reddi | | | | | | | | |
| | | | | JJU / | Java a | HOUNTAN. | - And St | | | | | | | | |

The state of the s

| | 6 0/6 | | | Otato or Mar | ylaria / | | icate of | | Wichtering | Reg. No. | 90 | 3/400 |
|-------------------|--|------------------|---|--|----------------|-------------------|---------------------------------|---|---------------------------------------|-------------------------------|----------------------------|--|
| | Dhusia | lan | 1. Decadant's Nama (First, Middla, Last | 1) | | | | | 2. Data of De Month | | Year | 3. Tima of Death |
| | Physic /Medi | | CARRIE | BROWI | 4. | | | | 11 | 20 | 96 | 8 401 |
| | Exami | | 4a. Facility Name (If not Institution, give | street end number) | | 4, | | 4b. City, Town, o | r Location of Deat | h 4c. Count | y of Death | |
| | | | MEDLANTIC MA | INOR AT | - LA | 14 NI | 11 | Silver Sp | PRINC M. | D MON | TGON | reky |
| | Funeral | | 5. Sociel Sacurity Number 6. Se | x 7. Aga (| in yrs. last b | | Under 1 Yeer | | | | | place (Stata or Foreign |
| н | Director | ١. | 276-26-2182 | □ M 213 F | 88 | Yrs. | Oranis Days | TIOUIS IVII | 07/16/0 | 08 | | SINIA |
| | p , | | Usual Rasidance of Decedant | | 0- 04- 7- | | | | | | | |
| | ehow | <u></u> | 10a. Stata 10b. County | | | wn or Locati | | | | | 1 | Od. Inside City Limits |
| | M P | oto | N/A N/A | | WASHI | NGTON | D.C. | | | | | 1 Yas 2 No |
| | iff th | Die. | 10e. Street and Number | | | 1 | Of. Zip Coda | | | 10g. Citizen of | | • |
| | ath w | <u>a</u> | 116 Quincy Place, | N.E. | | | 200 | | | Unite | d Sta | ites |
| | ours effer death with the Maryla rsf', or itema 23s or 28s-f sho Examiner mast be notified at | Funeral Director | 11. Marital Status | 12. Was Decedent Eve Armed Forces? | er In U,S. | 13. Was | Decedant of I s, specify Cub | Hispanic Origin? (pan, Mexican, Pus | Specify Yes or No rto Rican, atc.) | 5- 14. Rad Bla | ce - Americ ick, Whita, | |
| 20 | or t | by F | 1 Nevar Married 2 Married | 1 ☐ Yes 2 A No | | 10 | Yes 2 No | Specify: | | Specil | V: D1. | nak |
| 8 | "natural", | P | 3X Widowed 4 □ Divorced | Year or Datas: | 1 | | | | | | . DIG | |
| 21215-0020 | n 72 | Completed | 15. Decedent's Edu (Specify only highast grad | | 16 | (Giva kind | s Usual Occu of work dona | pation during most of w ed) | orking | 16b. Kind of 8 | usinass/inc | Justry |
| 12 | within | E | Elamantary/Secondery (0-12) | Collaga (1-4or 5+) | S | ales (| | 10) | | Drug S | tore | |
| | filed within 72 hours efter death with the Maryland Hygiene. Then "natural", or ferma 23a or 28a-f ehow ont, the Medical Examinat must be notified at | ပိ | 17. Fathar's Nama (First, Middla, Last) | | | ares (| JICIK | 18 Mother's No | eme (First, Middle | | | |
| an | Mental Mental of marked of matic eve | To Be | Lewis Simmons | | | | | | Jones | , molden Salitai | na, | |
| Maryland | should nd Men marke | F | | ma Chilath | 40 | No. Bankley A | dd (0:: | | | 0/4 | 01-1-70- | 0.43 |
| Ma | d 2 sho h and 7 fe me treum | | 19a. Informant's Name/Raiationship (T) | | | | | tand Number or I | | | | Code) |
| | 1 and Health em 27 rther tr | | Amelia Williams (C | | | 1924 I | | Llville | Bowie Bowie | 20c. Location | | Ctate |
| Ö | Pages nent of int: If its iry or o | | XXBurial 2 Cremation 3 DF | Removal from Steta | cemet | ery, cremeto | ry or other pla | | | | | |
| tim | tmer tant: | | 4 □ Donation 5 □ Othar (Specify) | | MAKIL | | ATIONAL | | 11/25/9 | LAUKEL | , MAR | CLLAND |
| Baltimore, | pemit. Pages 1 and 2 should be filed within 72 ht Department of Health and Mental Hygiene Important: if item 27 is marked other then "natur eny Injury or other treumatic event, tre Medical 2005. | | 21. Signatura of Funerel Sarvice Licens | | M859 | | ma and Addre | ess of Fecility R S. POPI | | HOMEC | | |
| _ | 00500 | | Meus ry | 8/1) | | 553 | 8 Marl | boro PIk | e. Fores | tville. | Md. | 20747 |
| | | | 23a. PerHr. Enter the diseasa, or companions, or haare allura. List only of | ne trains on each line. | e daath. Do | not antar th | a moda of dy | ing, such as cardi | ec or respiratory e | errast, | 1 | Approximete Interval Between |
| | Physician | | | - | | | | | | | | Onset and Death |
| 1 | /Medical Examiner | | Immediata Causa (Finel disaasa or condition | . PNEU | MO | NIC | 7 | | | | C | INE WEE |
| п | LAMITIME | | rasulting In daath) | Du | e to (or es | consequar | ce of): | | | | | |
| | D # | Examiner | | b | | | | | | | 1 | |
| | tificate be executed g physician and as the buriel-transit | хап | Sequentially list conditions, | Du | a to (or es e | consequen | ce of): | | | | | |
| 68760, | oe ex | | Sequantially list conditions, if any, leading to immediata ceusa. Entar Undarlying Ceuse (Disease or injury that initieted evants | 6 | | | | | | | 1 | |
| 87 | ate thysic the t | Aedical | that initieted evants resulting in death) Lest | Dua | a to (or es e | consequan | ce of): | | | | | |
| | # D # | Me | | d | | | | | | | | |
| Box | attendir for use | lan | | 0 | | | | | | | | |
| | the a | Physician/N | Pert II. Other significant conditions con | ntributing to death but n | not resulting | in tha unda | tying ceuse gi | ivan in Part I. | 23b. Did | tobacco uee co | ontribute to | the causs of death? |
| P.0 | es that the death cer igned by the attendir be datached for use | £ | BRAIN TUI | YOR | | | | | 10 | Yee 2 No | 3 Prof | bably 45 Unknow |
| | signed be de | by | · | | 1 | | | | - | | | |
| of Vital Records, | requires that the death cerbeen signed by the attendit should be detached for use | Completed | NORMAL PR | ESSURE | 1 | YNR | OCEP | HALILS | 24a. Was | an autopsy ormed? | ave | era autopsy findings eliable prior to |
| ec | D A4 97 | ple | 7 | ٨ | | 1 171-6 | ,, | / | | | of | mpletion of ceuse daath? |
| E . | itclen: The law certificate has b rector, page 2 si | 50 | DEMENTI | 4 | | | | | 1 🗆 | Yas 25 No | 10 | Yas 2□No |
| ita | | Be (| 25. Was cesa rafarred to medicel axaminar? | | | | | 28. Placa of D | eath (Check only | ona) | | |
| > | 5 00 0 | T | 1 Yas 2 No | lospital: | 2 ER/0 | Outpatient : | DOA Ot | har: 412 Nursing | Homa 5 ☐ Ras | Idance 8 🗆 Oti | her (Specif | y) |
| 0 | Affing Pt. After th funeral | | 27. Manner of Death 1 ☑Natural 5 ☐ Panding | 28a. Dete of Injury (Month, Day Y | 28b. | Time of Injury | 28c. Inju Wo | ry at | 28d. Describe | how injury occu | rred | |
| <u>Ö</u> | Attending or deeth. | atic | 2 Accidant Invastigation | (11111111111111111111111111111111111111 | | | | Yas 2□No | | | | |
| Division | or Attendi after deeth. Director: A I in by the fi | tific | 3 Suicide 8 Could not be datermined | 28a. Piace of Injury building, atc. (| - At homa, | farm, street, | fectory, office | | | Streat and Num. wn, Stata) | ber or Rure | al Routa Number, |
| | as after or not not not not not not not not not not | Certification: | | benong, ato. (| opeoy) | | | | | ····, Dialay | | |
| | hour in hou | edical | 29a. Certifiar 1 Certifying Physical Example | eician: To the best of m | ny knowledg | ga, daath oo | curred at tha ti | ma, dete and place | e, and dua to tha | causa(s) end m | ennar as a | tated. |
| | To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completaly filled in by the funeral | | one) | and mennar stated | d. | nwoi irivast | Serion' iii mà | Opinion, death oc | oneo at ma tima, | | | |
| | To | Σ | 29b. Signetura and title of certifiar | 10 | | | 29c. Lican | sa number | | 29d. Data signe | | |
| 1 | | | 12 G-100 | Meus, M | D | | 111 | 8924 | 1 | OVEMBE | R 2, | 2-1996 |
| 1 | [0] | | 30. Name and address of person who co | omplated causa of daet | h (Itam 23a) | (Type, Prin | t) , , | E. WHE | - a-m. / | 112 0 | nni | 1 |
| 1 | W | | KAFAEL A. MATH | IEUS - 13 | 0186 | EORG | TH AV | E. WHE | MITON, 1 | MD 2 | 040 | 6 |

32. Ragistrar's Signatura

DHMH 16 Rev 6/95

State Registrar

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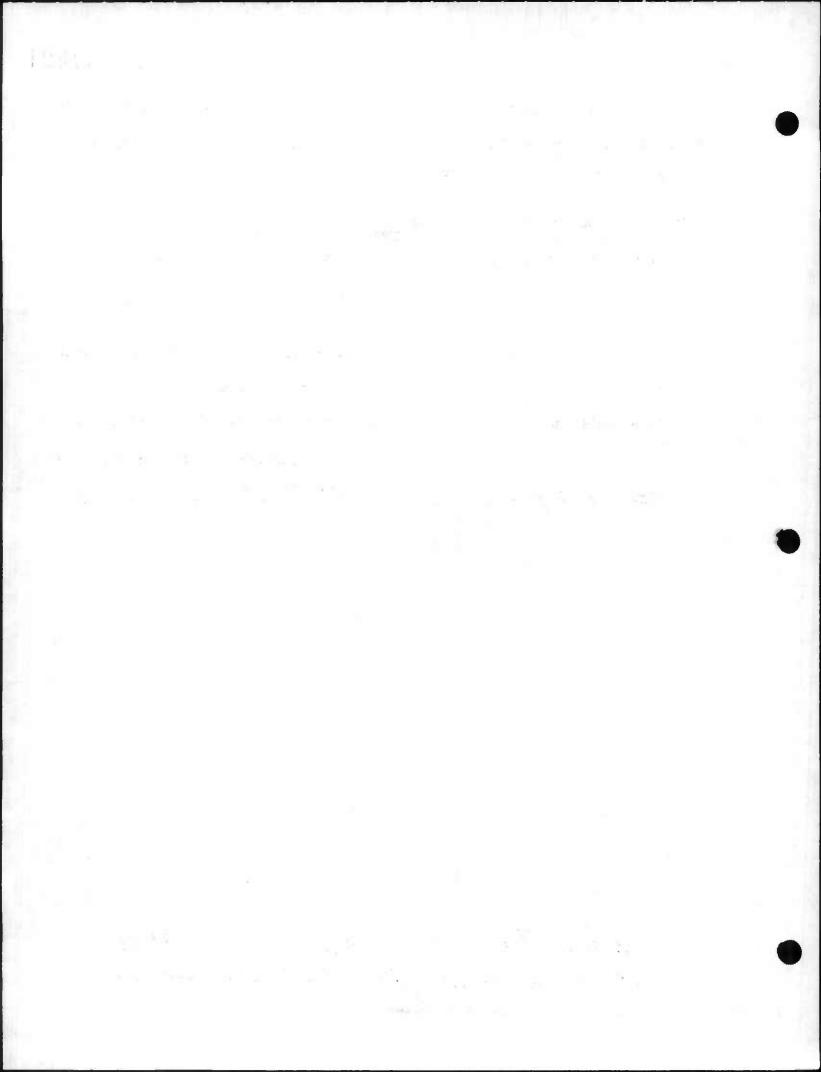
State of Maryland / Department of Health and Mental Hygiene 0 5 271.01

29d. Dete signed (Month, Dey, Year)

| | | | | Certifica | ate of | Death | | Reg. No. | 20 | 3/401 |
|--|--|---|--------------------|---|--------------|-------------------------------------|------------------------------------|---|--------------------------|--|
| ysician Medical | 1. Decedent's Name (First, Middle Margaret Ro | | | | | | 2. Date of Month | Day | Year L996 | 3. Time of Death |
| aminer | 4e. Facility Name (If not institution, | | 7) | | | 4b. City, Town, | or Location of De | . 1 | y of Death | 0 |
| | 11 West Bal | timore Stre | et | | | Hagers | stown | Wash | ningt | on |
| ral | | | ge (In yrs. last b | | ler 1 Year | If Under 24 I | Hrs. 8. Date of I | Birth | 9. Birth | place (State or Foreign |
| | 214-09-0449 | 1□ M 201F | 79 | Yrs. Month | s Days | Hours N | Jan. | 18 1917 | Mar | yland |
| | Usual Residence of Decedent | | | | | | | | | |
| 1. | 10e. Stete 10b. County | | 10c. City, To | wn or Location | | | | | | 10d. Inside City Limits |
| io | Maryland Washi | ngton | Hage | rstown | | | | | | X□ Yes 2□ No |
| Director | 10e. Street and Number | | | 10f. 2 | Zip Code | | | 10g. Citizen of | What Cou | ntry? |
| | 11 West Baltimo | re Street | | | 2174 | 0 | | U.S | . A . | |
| Funeral | 11. Marital Status | 12. Wes Deceden | | 13. Was Dec | | - | (Specify Yes or uerto Rican, etc.) | | ca - Ameri | can Indian, |
| | | | | | | | uerto Rican, etc.) | Ble | ick, White, | etc. |
| þ | 3 Widowed 4 □ Divorced | If Yes, Give Yeer or Dates | | 1□ Yes | 2 X No | Specify: | | Speci | y: Whi | te |
| ted | 15. Decedent | s Education | 16 | a. Decedent's U | sual Occup | ation | | 16b. Kind of E | | |
| pie | (Specify only highest Elementary/Secondery (0-12) | grade completed) College (1-4or | 54) | (Give kind of the life. DO NOT | vork done | during most of d) | working | | | |
| Completed | 12 | O O | V+) | Police | Dispa | tcher | | City | Gove | rnment |
| Be C | 17. Father's Name (First, Middle, L | ast) | | | | | Name (First, Midd | dle, Maiden Suma | | |
| To B | Lewis Jones | | | | | Ruth | Dusang | | | |
| - | 19a. Informant's Name/Relationsh | lp (Type, Print) | 19 | b. Mailing Addre | ss (Street | | | nber, City or Town | State Zii | Code) |
| | Suzanne Lushbau | , , , , , , | | 522 Sha | | | | sburg, M | | |
| | 20e. Method of Disposition | gii | 20b. Place | of Disposition (A | leme of | | Date | 20c. Location | | |
| | 1 X Burial 2 ☐ Cremation | | cemet | ery, crematory o | r other pled | | | | | |
| | 4 Donation 5 Other (Sp | | Rose | Hill Ce | | 4 | 4/96 | Hagers | town, | Maryland |
| | 21. Signature of Funeral Service L | icensee | 1 , | | | ss of Facility | Homo | | | |
| 1 | Sept X | MALA | und | | | | | erstown, | Md. | 21740 |
| | 23a. Pert1. Enter the disease, or o shock, or heart failure. List of | complications that couse | d the death. Do | | | | | | 110 | Approximate |
| | Shook, of Heal (Tallote. List o | my one cause on each | yille. | | 1- | | | | 1 | Interval Between Onset and Death |
| | Immediate Cause (Finei disease or condition | // | onoua | ru / | 1500 | 111 1 | 110018 | | 17/0 | 10 40 m. & |
| | resulting in death) | a | | consequence o | · | y R | ufact | | ene | zyh |
| ĕ | | | ACCAPI | 1 consequence c | (a. 1 | 100 | / 1100 | 10. | 1 | >1/h/ |
| 늍 | 73-50777-16- | b . | 0 > H/5CK | Myc | cala | the p | ujouce | w | 4 | chic |
| Examiner | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying | / | Pae to fot es e | consequence o | 1). | | / | | Î | |
| | Cause (Disease or injury that initiated events | C | Due to / | | 13. | | | | 1 | |
| edical | resulting in death) Last | | Due to (or as a | consequence of |): | | | | i | |
| 2 | | d | | | | | | | | |
| Clar | | | 01 | | | | | | | |
| Physician/ | Part II. Other significant condition | a contributing to deeth I | but not resulting | in the underlying | pause giv | en in Part I. | 23b. D | ld tobacco usa co | ontribute t | o the cause of death? |
| | Dynulu | non | 7 -00 | ers toru | U | relub | 5 1 | □ Yes 211 No | 3 Pro | bably 4 Unknow |
| by | 71 | | | | | | | | T | |
| ě | | | | | | | | as an autopsy orformed? | av | ere autopsy findings allable prior to |
| pie | | | | | | | | / | | empletion of ceuse death? |
| Completed | | | | | | | 10 | Yes 20 No | 11 | ☐Yes 2☐No |
| 0 | 25. Wes case referred to antidical | | | | | 26. Place of I | Death (Check onl | lv one) = | | |
| To B | examiner? | Hospital: | ient 2 ER/C | Outpatient 3 1 | Oth Oth | or: | A . | sidence 6 Ot | hor (Specie | 641 |
| | 27. Menner of Beeth | 28a. Date of Injury | ury 28b. | Time of | 28c. Injun | | T | e how injury occu | | 7/ |
| Certification: | 1 Naturei 5 Pending 2 Accident Investige | | ay Year) | Injury M | | k? Yes 2 □ No | | | | |
| fica | 3 Suicide 6 Could no | ot be 28e. Placa of In | jury - At home. I | arm, street, facto | orv. office | | 28f. Location | (Street and Num | ber or Run | al Route Number. |
| ert | 4 Homicide | building, e | tc. (Specify) | | 7 | | City or 7 | Town, State) | | |
| | 29a Cartifler | Dhysiolem To the hear | of my line its to | o dogth a | el es shada | on data a 4 1 | | | TEST TOTAL | And and |
| oletely filled in by the odical Certificat | 29a. Certifler 1 Certifying (Check only one) 2 Medical E | Physician: To the best xaminer: On the basis of and manner st | of examination a | e, death occurre nd/or investigation | d at the tin | ne, dete and pli pinion, deeth o | ace, and due to the | ne ceuse(s) end m e, date end pleca, | enner as s and due to | tated. the ceuse(s) |

State Registrar 29b. Signeture and title of certifie

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Veer Martin Luther BUTTS Dec 10:55 a.m /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington County Hospital Hagerstown Washington If Under 1 Yeer If Undar 24 Hrs. Months Days Houre Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) **Funeral** Days Months 120 M 2□ F 91 220-28-3093 Yrs. Director July 14,1905 Maryland Usual Rasidanca of Decedant with the Merylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or frams 23s or 28a-f shot traumatic event, the Medical Examinat must be notified at 1 Yas 2 □ No Maryland Washington Hagerstown Direct 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 112 E. Antietam Street 21740 USA permit. Pages 1 and 2 should be filed within 72 hours after deeth 1 Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "naturel, or Items 234 any Injury or other traumatic event, the Medical Examinar resear Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Wes Decedant of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Nevar Married 2 ☐ Merried 1 ☐ Yes 2 ☒ No ff Yas, Giva Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: white 3 5 Widowed 4 □ Divorced Completed 16a. Decedant's Usuai Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) County Board of College (1-4or 5+) unknown unknown custodian Education 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maldan Surneme) Martin Edgar Butts Carrie Lovitta Travis 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Terry Butts 112 E. Antietam St., Hagerstown, Md. 21740 20b. Piaca of Disposition (Nama of cematary, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 ⊠ Burlai 2 □ Cramation 3 □ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Boonsboro Cemetery 12-6-96 Boonsboro, Maryland 21. Signature of Funarai Sarvice Licansee 22. Nema end Addrass of Facility MINNICH FUNERAL HOME Usmuck 415 E. Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** /Medical Immediata Ceuse (Finai disaasa or condition rasulting in daeth) Examiner ician and burial-transit Sequentially list conditions, if any, laading to Immediata causa. Enter Underlying Causa (Disease or injury that Initiated events resulting in death) Last physician s the burial Physician/Medical ŏ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Wara autopsy findings aveilable prior to complation of cause of death? Completed 24a. Was an autopsy performed? peed hes 1 Yas 2 No 1 Yas 2 No certificate Division of Vital 25. Was casa rafarred to medical Be 26. Place of Death (Check only ona) Hospitel: 1 Impatient Othar: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 1 Yas 2 No 2 2 ER/Outpatient 3 DOA After this funeral 28a. Date of fnjury (Month, Day Year) To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 27. Mannar of Deeth Certification: 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 ANatural 5 Panding 1 ☐ Yas 2 ☐ No investigetion 2 Accident 6 Could not be datarminad 3 Suicide Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 Homicide edical 29a, Certifiar 1 Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, date and piece, and due to the ceuse(s) end mannar as stated. The destroying Physician: 10 this best of hy knowledge, deed to control at the time, date and piece, and due to the cease(s) and manner stated.

2 ☐ Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cease(s) and manner stated. 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. License number uderle 30. Nama and addrass of person who completed causa of deeth (Itam 23a) (Type, Print) 350 Min ST. HIGGISTOWN.

ANDKADE

4 1996 32. Redigirer's Rignature

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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ITEM#1 PER PHYS. 12-17-96 PILM#G742 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death 12:30 PM **Physician** Day CHRISTINA SHEILAB. BUTLER NOVEMBER 23 /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner JAYWICK # 235 TEMPLE PRINCE GEORGES 7200 AVENUE HILLS If Under 1 Yeer Months Days If Under 24 Hrs. Hours Min. 8. Date of Birth De Month, 25 9. Birthpiace (State or Foreign Phat'T'), P.A. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 185 36 6613 1 □ M XXF 49 7946 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Prince George 1 Yes 2 No Directo Fort Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 7200 Jaywick Ave United States 20744 itams 23a death Funeral 12. Wes Decedent Ever in U,S.
Amed Forces?
1 ☐ Yes 2 ☐ No
If Yes, Give
Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Bleck, White, etc. filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 2 🙀 No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced natural', Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry marked other than Elementary/Secondary (0-12) College (1-4or 5+) Administor Private Hygie permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic event. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Harold Harris Evelyn 2 Smith 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donald L. Butler 7200 Jaywick Ave., Fort Washington Md. 20744 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Date 1 Burial 2 Cremetion 3 Removal from State Phila. P.A. 4 ☐ Donation 5 ☐ Other (Specify) Cheller Hill Comolory 21. Signeture of Funerel Service Licenses 22. Name and Address of Facility POPE FUNERAL HOMES 5538 Marlboro Pike Forestville, Md. 20747 Part I. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each Approximate interval Between Onset end Death **Physician** fmmediate Cause (Final disease or condition resulting in deeth) /Medical . ARTERIOCCUEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or as a consequenca of). Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical the Due to (or as a consequence of): ed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t **ALCOHOLISM** by Be Completed 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed? ate has pege 2: certificate 1 Tes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physicien: 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 50 Residence 6 □Other (Specify) After this 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Naturei deeth. 1 ☐ Yes 2 ☐ No Director: A 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide to the hours to the Funerel Disconnected of the Funerel Di Medical 29a. Certifier 1 __, Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and menner stated. (Chéck only 29c. License number
DEPUTY INTRODUCEXAMINATE
29d. Dete signed (Month, Day, Year) 29b. Signature and title of certified NOVEMBER 25, 1996 D 33954 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) CHEVERLY MARYLAND 20785 MARLO F. GOLLE JE. M.P. 3001 HOSPITAL PRIVE 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar

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State of Maryland / Department of Health and Mental Hygiene 37404 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 1:15 Am MICHAEL K. BURRELL NOV. 25, 1996 /Medical 4e. Fecility Name (If not institution, give street and number)
7522 Greer Drive 4c. County of Deeth
Prince George 4b. City, Town, or Location of Death **Examiner** Fort Washington 7. Age (In yrs. last birthday)
Yrs.

If Under 1 Year If Under 24 Hrs. Months Days Hours Min.

Months Days Hours Min.

March 29 1957 Maine 5. Social Security Number 097 48 9407 Birthplace (State or Foreign Country) **Funeral** 1 X M 2 □ F Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Prince George Fort Washington 1 XYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? 6 потв 23а 7522 Greer Drive 20744 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 XYes 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritai Status 14. Race - American indian, Black, White, etc. Black 1 X Never Married 2 ☐ Married 1□ Yes 2□No Baltimore, Maryland 21215-0020 "natural", or by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within 5 nent of Health and Mantal Hygiane.
Int: If item 27 is marked other than "I ary or other traumatic event, the Health or other traumatic event, the Health College (1-4or 5+) Elementary/Secondery (0-12) Petty Officer U.S. Navy 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Arthur E. Burrell Marcella Gray 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marcella Burell 100 Sacremento Drive Hampton, Va. 23666 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 20b. Plece of Disposition (Neme of cemetery, cremetery or other p Dete 20c. Location - City or Town, Stete Lincoln Memorial Cemetery 11/30 Suitland, Maryland permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility POPE FUNERAL HOMES 5538 Marlboro Pike Forestville, Maryland 20747 23a. Pert1. Enter the disease, or complication shock, or heart failure. List only one cau death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Interval Between Onset end Death **Physician** CNS Tumor 1 Month /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es a consequence of): Renal Failure 2 Month The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last and Due to (or es a consequence of): Acquired Immunodeficiency 10 Years physician s the bunal Box 68760 Physician/Medical Due to (or as a consequence of): use as P.O. signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s certificata 1 Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.
To the Funeral Director: After this certification plants filled in by the funeral director, I Be 25. Was cese referred to medice 28. Place of Death (Check only one) examiner? Hospitei: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) Certification: To 1 4 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 | Yes 2 | No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 T Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end manner steted. Medical 29e, Certifier 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (item 23a) (Type, Print) Catherine Naval Medical Center Decker -National 31. Date filed (Month, Day, Year) 32 Registrar's Signature State elk Daudsor Radall

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Casar and Fred Force of Notice of 184 No. 11 Per December 1981 ang familia The section of the section of the section of Alexander State State

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

37406

Physician /Medicai Examiner

, Funeral Director

the Marylend items 23s or 28s-f show mer must be notified at death 6 "natural",

traumatic event, the Wedical Examiner filed within 72 hours efter Maryland 21215-0020 al Hygiene. permit. Peges 1 and 2 should be file.
Department of Health and Mental Hyg.
Important: If Item 27 is marked other any Injury or other traumer. Baltimore,

Physician /Medical Examiner

or Attending Physician: The law requires that the death certificate be executed attending physician end for use as the burial-transit been signed by the s should be detached certificate this After deeth. s after deeth illed in by the To the Hospital within 24 hours a To the Funeral C Hospital

Box 68760.

Division of Vital Records, P.O.

1. Decedant's Nama (First, Middle Last) 2. Data of Daath 3. Tima of Deeth Month Day NOVEMBER 25, BERNICE 1996 1:00PM EVELYN CANDY 4a. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 14310 ROBERTS DRIVE KENT COUNTY GALENA 7. Aga (In yrs. lest birthday) If Undar 1 Year If Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) Days Hours 1 □ M 2 1 F Yrs. 90 218-20-5845 June 14, 1906 Nebraska Usuai Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida Cltv Limits 1 ☐ Yas 2X No Director Maryland Kent Galena 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 14310 Roberts Drive Funeral 21635 United States 12. Was Decadant Ever in U,S. Armed Forcas? Raca - American Indien, Black, Whita, atc. Was Decedant of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuban, Maxican, Puarto Ricen, atc.) 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Datas: 1 Naver Married 2 Married 1 ☐ Yas 2 ☒ No Specify: by White 3₺ Widowed 4 Divorced Specify Completed 15. Decedant's Education (Specify only highast grade complated) 16e. Dacedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Her own home 17. Fethar's Name (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Surnama) Be James Oliver Graver Emma Evelyn Good 19b. Mailing Addrass (Street and Numbar or Rural Routa Numbar, City or Town, Stata, Zip Code) 19e. Informant'a Name/Rajationship (Type, Print) Clara Jarrell / Daughter 2706 4-H Park Road, Centreville, MD 21617 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Ramovai from Stata Dec. 1 4 ☐ Donation 5 ☐ Othar (Specify) Galena Cemetery 1996 Galena, Maryland 21. Sign@ara of Funeral Sarvice Licansee 22. Nama end Addrass of Facility Galena Funeral Home of Stephen L. Schaech & source 118 West Cross Street, Galena, MD MITEN arrile 23a. Pert1. Entar the disease, or complications that caused the deeth. Do not anter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on eech line. Approximata Intarval Between Onset end Death Immediete Ceusa (Final Smove disaasa or condition rasulting in death) Dua to (or as a consequence of) Sequantially list conditions, if any, leading to immedieta ceusa. Entar Underlying Causa (Disease or Injury thet initiated avants rasulting in deeth) Last Dua to (or as a consequence of) Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the undariying ceusa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings evallabla prior to complation of cause of death? Completed 24a. Was en autopsy 1 Pres 2 □ No 10 Yes 20 No Be 25. Was cesa rafarred to medicei 26. Place of Deeth (Check only one) Hospitel: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 1X Yes 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 28e. Data of Injury (28b. Tima of Injury 1 - 25 96 13 00 27. Manner of Daath Certification: 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending 1 Netural invastigation 1 Yas 2 No 1touse 2 Accident 3 Sulcida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 14310 Roberts edical 29a. Certifian 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date end plece, and dua to tha ceuse(s) and mannar as steted. 27 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and mannar steted. 29b. Signetura and title of certifier 29c. Licansa number 29d. Date signed (Month, Dey, Year) O.C.M.E. NOVEMBER 26, 1996

State Registrar

completely

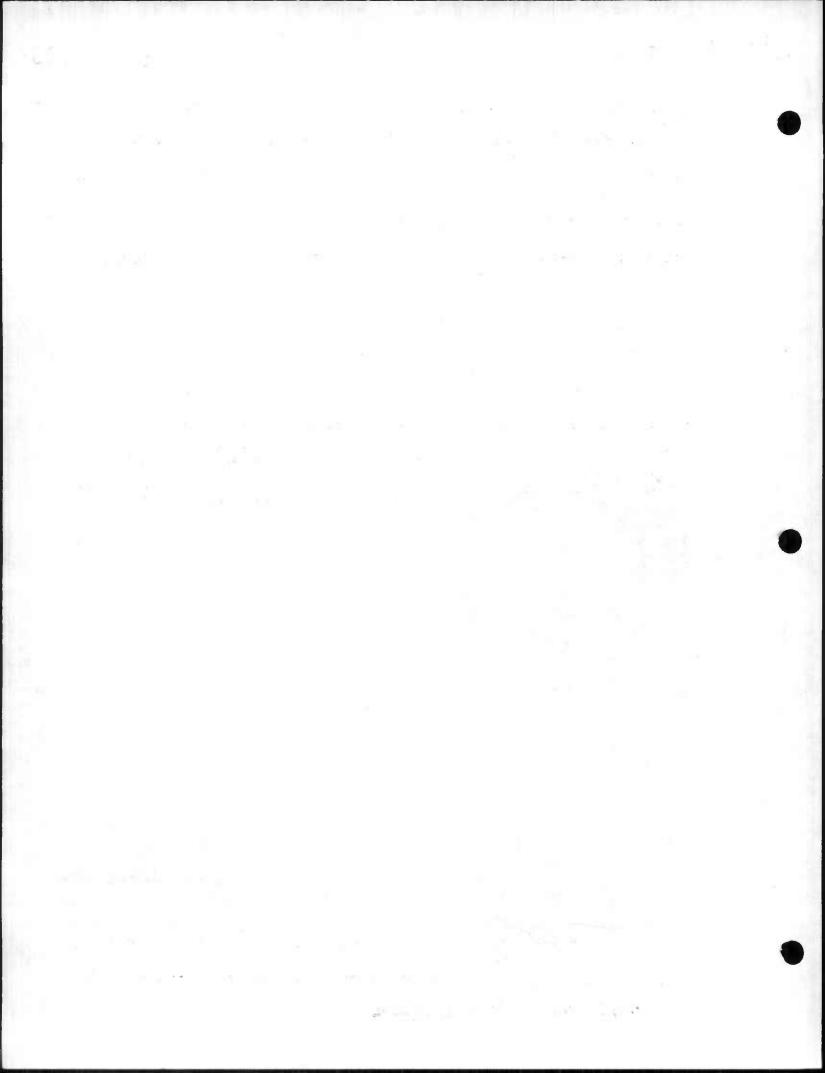
31. Date filed (Month, Day, Year) NOV 2 7 1996

David

30. Nema and address of person who complated ceuse of daath (Itam 23a) (Type, Print)

32. Registrar's Signetura a Davidson gandell.

111 Penn Street, Baltimore, Maryland 21201



| State of Maryland / Department of Health and Mental Hy | giene 96 | 371 | 4 (|
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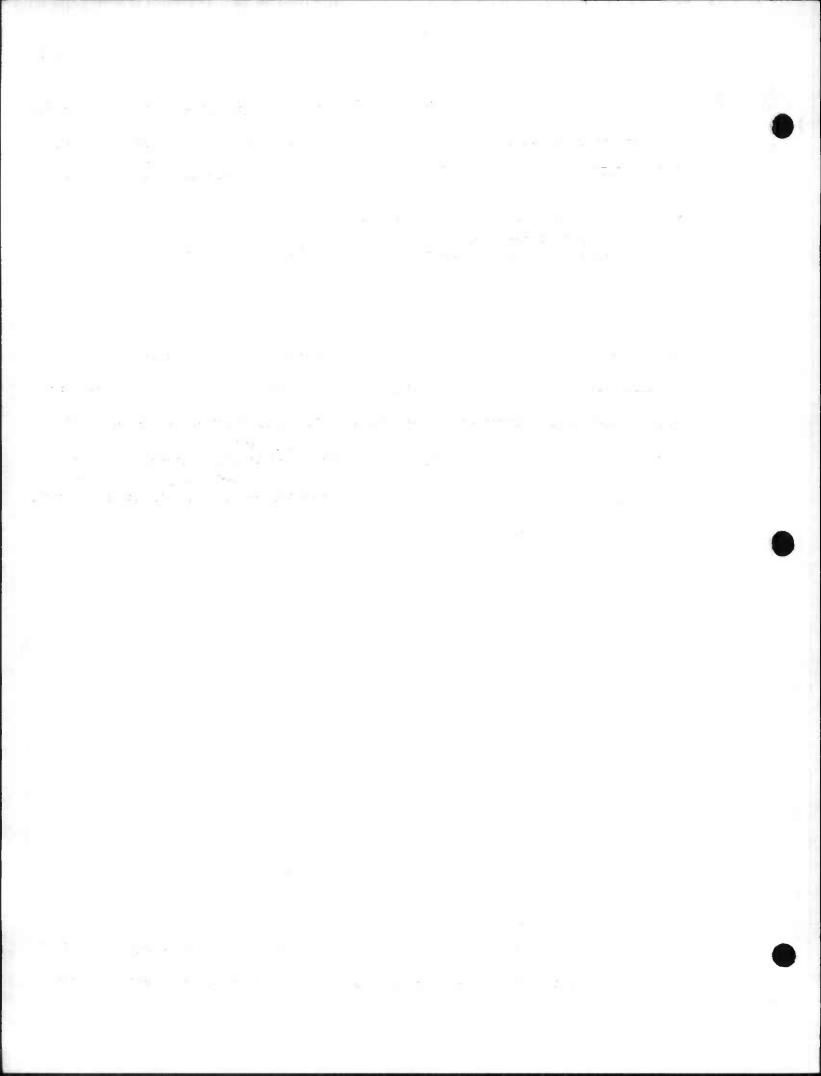
Certificate of Death Reg. No 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Veer Earnest Ingious Conway 7:56 P.M. November 24,1996 /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Clinton Prince Georges If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Yeal) 914 5. Sociel Security Number Birthplece (Stete or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 10XM 2□ F 82 220-01-7775 Yrs Director September 19, Maryland Usual Rasidance of Decedent the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or Items 23s or 28a-f show traumstic event, the Maxical Examiner must be notified at 1 No 2 No Director Maryland Prince Georges Clinton 10e. Street and Number 9211 Stuart Lane 10f. Zip Coda 10g. Citizen of What Country? 20735 Mariner Health of Southern Maryland United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes ② No If Yas, Giva Yeer or Dates; 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indien, Bleck, White, atc. 11. Marital Stetus permit. Peges 1 end 2 should be filed within 72 hours effer of Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than "natural", or iten any injury or other traumatic event. 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Specify: þ Specify: Black. ₩idowed 4 Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry D.C. Government Elemantary/Secondary (0-12) College (1-4or 5+) 12th grade Street Cleaner Dept.of Public Works 17. Fether's Nema (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Sumama) William . Conway Laura (unknown) 19a. Informent's Neme/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Arthur Leroy Conway (brother) 9201 Greenfield Lane, Clinton, Maryland 20735 20b. Placa of Disposition (Nama of camatary, cremetory or other place) Dec. 2, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Maryland National Memorial Park Laurel, Maryland 21. Signature of Funarai Sarvice Licensum 22. Norma and Addrass of Fecility Latney's Funeral Home, Inc. meth 3831 Georgia Avenue, N.W.; Washington, D.C. 20011 23a. Part T. Entar tha disease, o complications that causad the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Unit only one cause on each line. Onsat and Death **Physician** /Medical immediata Causa (Finel I montz. disease or condition rasulting in death) Examiner Examiner -transit The law requires that the death certificate be executed Sequantielly list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaasa or injury thet initiated evants rasulting in death) Lest pue Due to (or as a consequence of Box 68760. physician Physician/Medical the Dua to (or es e consaguance of) for use es P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 6 1 Yes 2 No 3 Probably 4 Vunknown signed i Records, by 24b. Wara autopsy findings evailable prior to Completed Serzue disonler 24a. Was sn autopsy parformed? complation of causa of daath? ate hes bage 2 s 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital Hospital or Attending Physician: 24 hours efter death. Be 25. Was case rafarred to madical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 7 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Deeth 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred Certification: After 5 Pending invastigation 1 Neturai To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 4 Homicida 1 Certifying Physicisn: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.
2 Medicat Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. Medical 29a. Cartifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D46478 November 25, 1996 30. Nema and sddress of parson who completed causa of death (item 23e) (Type, Print) Suresh A. Patel, M.D.; 7501 Surratts Road, Suite 302; Clinton, Maryland 20735 32. Registrar's Signature 31. Data filed (Month, Dey, Year)

Achi Davdes Radall

DHMH 16 Rsv 6/95

State

NOV 27



1/6

Physician

/Medical

Examiner

To Be Completed by Funeral Director

Funeral

Director

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Manyland Department of Health end Mental Hygiene. Department of Health end Mental Hygiene. Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, in Medical Exercise mental to nothing all

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

| Please | Type or Prir State of Ma | | Depa | rtment | of h | | | fental Hyg | giene (| | 3740 | 8 |
|--|--|--------------------------------|------------------------|----------------------------|----------------------|--|-----------------------|--|-------------------|---------------------------|--|-------------|
| Decedant's Nama (First, Middle, Last DARREN | RICHARD |) | | DAN | | | | 2. Data of Dee Month | Day | Yeer 9 6 | 3. Tima of De 2:50 | eath PM. |
| 4e. Facility Nama (If not institution, giv. 2600 BLK GAITH | | | | | | | | ocation of Daath | 4c. County | of Death | | I M |
| 5. Social Security Number 6. S | | (In yrs. last b | irthday) | If Under | 1 Yaar | If Under | | | | | lace (Stata or F | oroina |
| | XIM OFF | 6 | Yrs. | Months | Days | Hours | Min. | 8. Date of Birth (Month, Day Nov 18, | 1970 | Coun | ,D.C. | oreign |
| 10e. Stata 10b. County Maryland Charles | | 10c. City, Tov | | cation | | | | | | 1 | 0d. Insida City I | |
| 10e. Street end Number 2485 Hanover Cour | t | | | 10f. Zip | Coda | 001 | | | Og. Citizan of | | | |
| 11. Maritel Stetus 1 N Nevar Marriad 2 Married 3 Widowed 4 Divorcad | 12. Wes Decedant B Armed Forcas? 1 ☐ Yas 2 🗓 N If Yas, Giva Yaar or Dates: | | lt lt | /as Deceda Yes, speci | fy Cubi | lispanic Orlo an, Maxican Specify: | gin? (Spe , Puarto | ecify Yes or No- Rican, etc.) | | ce - Americ ck, Whita, | etc. | |
| 15. Decedent's Ed (Specify only highast gra Elamentery/Secondary (0-12) | | +) | (Giva k | O NOT use | k dona | durina most | of work | ing | 16b. Kind of B | | dustry | |
| 17. Fethar's Nama (First, Middla, Last) Adrian Jones | | | | | | | | (First, Middle, i | Maidan Sumar | ne) | | |
| 19a. Informant's Name/Ralationship (7) Renee Daniels | (Mother) | | | | | | | Wash. | | | Code) | |
| 20a. Mathod of Disposition 1 ☑ Surlal 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | Removel from Steta | 20b. Placa o camere | of Dispos ory, cram | ition (Nama | a of har plac | ce) | T | | 20c. Location | - City or To | | |
| 21. Signature of Funeral Service Licen | M D | M859 | 22. A | Name end LEXAN 538 M | Addre DER [ar1 | ss of Fecility S. Poboro | OPE Pike | FUNERAL , Fores | HOMES | | 20747 | |
| 23a. Perti. Enter the disease, or confeshock, or heart failure. List only of Immediate Cause (Finel disease or condition resulting in death) | a. MULTIP | | ろわつ | r WX | | | Cardiec | or raspiratory err | est, | 1 | Approximata Interval Batwee Onset and Dea | n th |
| Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | b | Dua to (or as a | consequ | ence of): | | | | | | 1 | | |
| that initiated avants rasuiting in death) Last | d | Due to (or es a | consaqu | ance of): | | | | | | | | |
| Part II. Other significant conditions co | ntributing to death bu | t not rasulting I | n tha und | darlying ca | usa giv | an In Part I. | | 23b. Did to | / | | the cause of d | Heron. |
| | | | | | | | | 24e. Wes a perform | n autopsy ned? | evs cor | ra autopsy findi illable prior to npletion of caus leath? | |
| | | | | | | | | 10/1 | as 2□No | 19 | Yes 2 No | |
| 25. Wes casa rafarred to medical exeminer? | 11 | | | | 1. | | of Death | (Check only on | e) | | AT | |
| 1X Yas 2□ No | Hospital: | | - | | _ | 4 🗆 1401 | | ma 5 🗆 Rasida | | | SCEN | E |
| 27. Mannar of Death 1 □ Natural 5 □ Panding 2 □ Accident Invastigation 3 □ Suicide 6 □ Could not be datarmined | 28a. Data of Injury (Month, Day) 28e. Place of Injury building, etc. | ry - At homa, fa (Spacify) | | Mat, factory, | | Yas 2 1 | 10 | 28f. Location (St City or Town | reat and Numb | S Hol | Route Number, | |
| 29a. Cartifiar 1 Cartifying Phy (Check only one) 1 Medical Exami | sician: To the bast of inar: On the basis of and mannar stat | my knowladge examination an | a, daath d | occurrad at | tha tim | na, deta end pinion, daati | place. s | 26009DI and due to the called et the time, di | usa(s) and me | ennar as str | ated | 15 CO |

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

Medical Certification: To Be Completed by Physician/Medical Examiner

29b. Signeture and title of certifian

29c. Licensa numbar

29d. Date signed (Month, Day, Year)

O.C.M.E.

NOV. 21, 1996

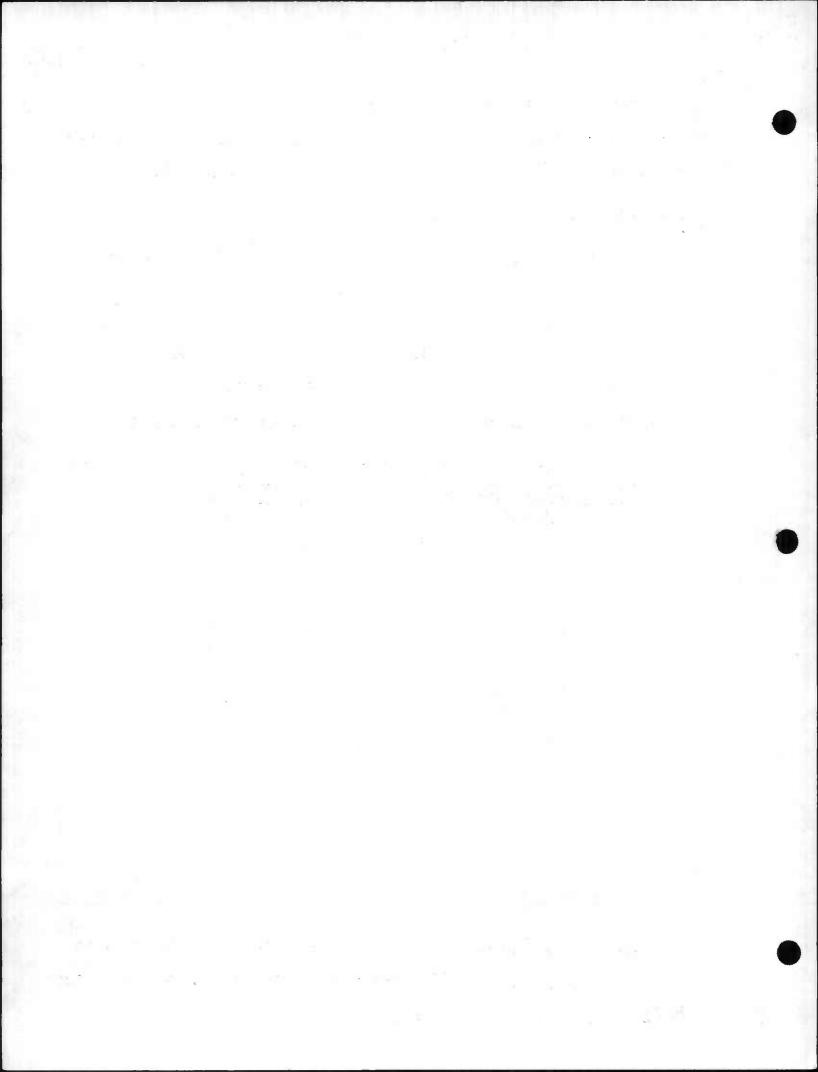
30. Nema and addrass of person who completed causa of daeth (Item 23a) (Type, Print)

MANAM A LONG M 111 Penn Street, Baltimore, Maryland 21201

31. Data filed (Month, Day, Year) 32. Registrar's Signatura

NOV 26 1996

State Registrar



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

| | L |
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| | hours |
| | 24 |
| 20 | within |
| 687 | executed |
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| .O. BC | law requires that the death certificate be executed within 24 hour |
| , D | death |
| Ö | the |
| H | that |
| ZECC | requires |
| _ | ME |
| 4 | The |
| OF VI | PHYSICIAN: |
| DIVISION OF VITAL RECORDS, P.O. BOX 68760 | ITAL DR ATTENDING PHYSICIAN: The L |
| 5 | 8 |
| | PITAL |

EDWIN CASTANEDA

32, REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Dey, Year)
NOV 2 7 1996

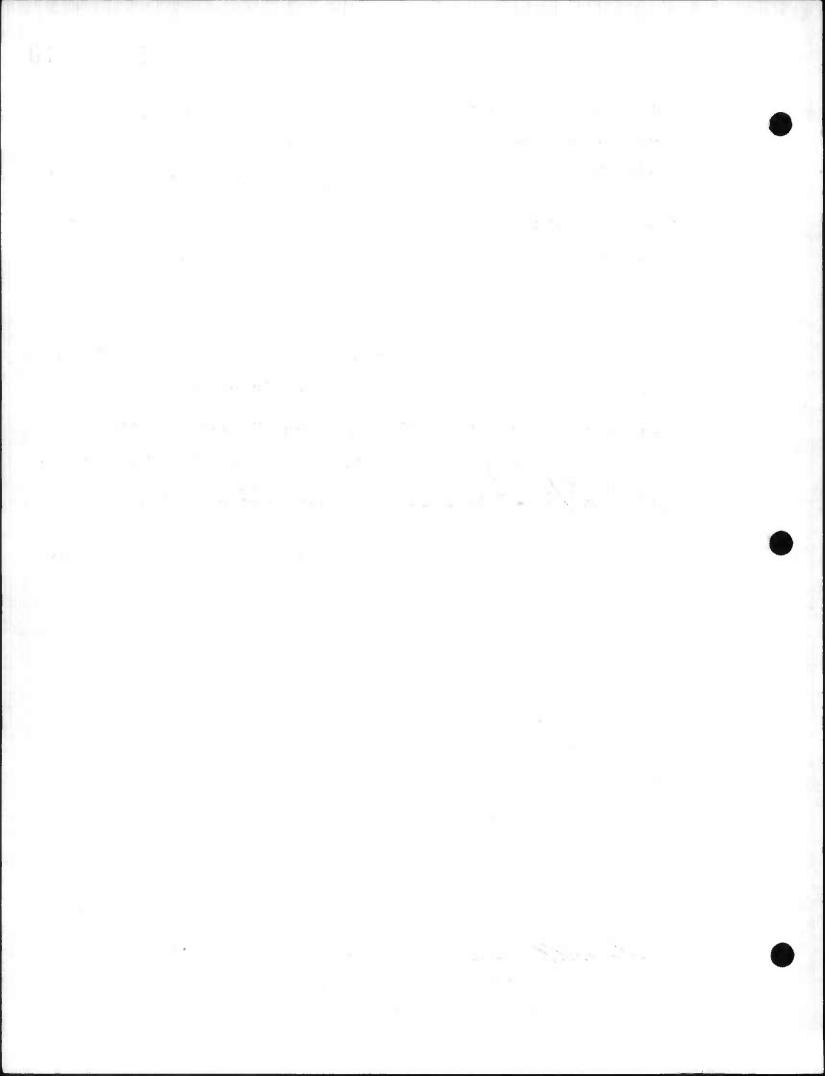
| | 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | |
|---------------|---|--|--|-------------------|-----------------------------|---------------|---|---------------------|----------------------|--------------------------------------|--------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE OF DEATH | | | TIME OF DEAT | ГН | - |
| | Ralph (. | Davis | | | | _ | November | | 96 | 8:00 | P | м |
| | 4. SOCIAL SECURITY NUMBER 224-48-8236 | 5. SEX 6. AGE (fn yrs | . lest birthday) YRS. | IF UNDER 1 YEA | | MIN, | 7. DATE OF BIRTH (Month, Pay, Year) 9-14-16 | B. | BIRTHPL/ Country) | SAS | oreign | |
| E G | 98. FACILITY NAME (If not institution, give street BERLIN NURSING | | NTER | BERI | | ION OF OE | ATH | 9c. COUNTY WORCE | | | | |
| 5 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 140.000 | Y, TOWN OR LO | | | | | | | | _ |
| DIRECTOR | MD. MONTG | GOMERY | | CKVIL | | | | | | d. INSIDE CITY LIMITS? YES 2 [| | |
| FUNERAL | 100. STREET AND NUMBER 706 CARTER RO | DAD | | | 101. ZIP COD | 0852 | 2 | | JS A | T COUNTRY? | | |
| B✓ | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES | MO | If yes | SPECENDENT OF SPECIFIC CUBE | in, Mexican | C ORIGIN? (Specify Yea , Puerto Rican, etc.) | or No 14. | RACE Black, W | | nn, | |
| ETED | 15. DECEDENT'S EDUC/ (Specify only highest grade of | ATION 16a | DECEDENT'S | USUAL OCCUP | ATION | | 16b. KIND OF BUS | SINESS/INDUS | TRY | | _ | - |
| PLET | Elementary/Secondary (0-12) | College (1-4 or 5+) | WARR | _ | FFICE | | US NAV | /Y | | | | |
| COMPL | 17. FATHER'S NAME (First, Middle, Last) | | - | | 16. MOT | HER'S NAM | AE (First, Middle, Maiden | Sumame) | | | | - |
| ы ш | JOHN DAVIS | | | | M | ARY | LANFHOFE | R | | | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Stre | et and Numbe | r or Rural Re | oute Number, City or Town | n, Stata, Zip Co | | _ | | _ |
| - | JEFFERY L. DAVI | S | 3375 | OCEAN | PINE | S I | BERMIN, M | 1D., 2 | 2181 | 1 | | L |
| | 20a. METHOD OF DISPOSITION 1 | val from State cemetery | CEAND DATE OF COMMERCE OF COMM | her place) | (Name of | Y | 4 1 0 | CATION — CHY | -7-7 | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | INSEE/ | TODOK | | AND ADDRE | | M M C V V I | IL I S D C | / / | 110. | | - |
| L | 1 - 4ml . U | | | | | | RAL HOME | | LIN | , MD. | , | 2 |
| | 23. PARP1. Enter the diseases, or co shock, or heart failure. Li | omplications that caused the list only one cause on each | death. Do n | ot enter the | moda of dy | ing, such | as cardiac or respi | ratory arrest | , | Approxima | | |
| | IMMEDIATE CAUSE (Final disease or condition | D | | 6 | | | | | | Onset and | | 6 |
| | resulting in death) | KESPIKAH | ony | 1/3 | Mul | re | | | | 11/25 | pea | i |
| Z | Sequentially list conditions (**) | ATTEXO SCU | SHIN | c. 6 | now | VAS | cex mil | TR | | ' / | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS A CON | SEQUENCE OF | 7: | 1 | .0. | A- | | | | | Г |
| 5 | CAUSE (Disease or injury | OUE TO (OR AS A CON | SCUL. | 970 | 1 100 | use | 201 | | | | | _ |
| Ē | that initiated events resulting in death) LAST | OUE TO (ON AS A COR | 43EOUENCE OF | ·): | | | | | | | | |
| S | C 4 | | | | | | | | | | | + |
| ¥ | PART ii. Other aignificant conditions | contributing to death but n | ot reaulting i | n tha undari | ring causa | given in P | Part I. 24s. WAS AN | | | RE AUTOPSY FI | | 2 |
| | | | | | | | 1 YES 2 | NO | co | MPLETION OF C DEATH? | | |
| MEDIC | | | | | | | _ | | 1 [| YES 2 P | NO | |
| PHYSICIAN: | DID TOBACCO USE CONTRI | | | | | ERTAIN | | | | | | |
| 2 | | HOSPITAL: | LACE OF OEAT | H (Check only o | ne) | | | | | | | |
| ₹ | 1 YES 2 X PO | 1 Inpatient 2 ER/Outpatient 26a. DATE OF INJURY | | 4 Nursing I | | esidence 6 | Other (Specify) | | | | | _ |
| ВУ Р | 1 Netural 5 Pending 2 Accident Investigation | (Month, Day, Year) | 26b. TIMI | URY | INJURY AT WORK? | □ NO | 28d. DEŞCRIBE HOW II | NJURY OCCUR | ED | | | |
| ETED | 3 Suicide 6 Could not be 4 Homicide detarmined | 28e. PLACE OF INJURY — A building, atc. (Specify) | t home, farm, s | treet, factory, o | ffica | | 281. LOCATION (Street e City or Town, State) | and Number or F | tural Route | Number, | | |
| COMPLE | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: | IAN: To the best of my knowledge | o, death occurre | d at the time, o | eta and place | , and due t | to the cause(a) and men | ner as stated, | name(n) an | d magher as a | tated. | |
| E C | 29b. GONATURE AND TURNE OF CERTIFIER | 17 | 1 | | | ENSE NUME | | 29d. DATE SK | | / | 1000 | - |
| TO BE | Clar | llece | , | | | 1625 | | b /// | 125/ | 186 | | |
| 1 1- | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF DEATH (| (ITEM 27) (Type, | Print) | | | | 1 | | | | |

MD 214 FRANKLIN AVE. BERLIN MD 21811 410-641-0646

and the second s ×

Please Type or Print In Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 6

| 0.1 | | | | State of Maryla | - | ificate of | | | ene y (g. No. | 0 3 | 1410 |
|------------|--|----------------|---|---|---------------------------|---|---|---|-----------------------------|-------------------------------|--|
| ı | Physic | ian | 1. Decedant's Nama (First, Middla, Last, |) | | | | 2. Data of Death Month | | Yaar | 3. Tima of Death |
| J | /Medi | | WANDA ALBERT | | | | | De cembe | | 96 | 18:50 |
| P) | Exami | ner | 4a. Facility Nama (If not institution, giva | | | 1. | 4b. City, Town, or Loc | | 4c. County o | | |
| L | | | Washington County | | | | Hagerstown | | Washi | | |
| | Funeral Director | | 210 11 2001 | 7. Aga (In yrs | s. last birthday) Yrs. | If Undar 1 Yaar Months Days | Hours Min. | 8. Data of Birth (Month, Day, ebruary | 23,192 | 9. Birthple Count 2 Mar | oca (State or Foreign ny) Yland |
| | and * | | Usual Rasidance of Decedant 10a. Stata 10b. County | 10c. C | City, Town or Loca | ation | | | | 10 | d. Insida City Limits |
| | Manylan f show | 6 | Maryland Washingto | | | | | | | | 1⊠ Yas 2□ No |
| | the post | Director | Maryland Washingto 10e. Street and Number | III W F | 11iamspo | 10f. Zlp Coda | | 10 | g. Citizan of W | hat Count | rv? |
| | 3a or | | 17 East Sunset Ave | 1 | | 2179 | 5 | | JSA | | |
| | death | Funeral | | 12. Was Decedant Evar in | U,S. 13. W | | Ilspanic Origin? (Specan, Maxican, Puarto F | | 14. Race | - Amarica | |
| 21215-0020 | 72 hours effer death with the Maryland natural, or Hema 23a or 28a-f show dical Examiner must be notified at | by Fu | 1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: | | Yas, specify Cub □ Yas 2)© No | an, Maxican, Puarto F Specify: | ilcan, atc.) | Specify: | white, a | |
| 2-0 | "natural". | ted | 15. Decedant's Edu | cation | 16a. Deceda | nt's Usual Occup | pation | _ 1 | 6b. Kind of Bus | | |
| 21 | I within 72 ho liene. r than "natur the Medical | Completed | (Spacify only highast grade Elamentary/Secondary (0-12) | College (1-4or 5+) | life. Do | O NOT usa retire | during most of workin d) | 9 | | | |
| 2 | filed within Hygiene. ther then ent, the Me | S | 11 | 0 | Supe | ervisor | | | Maryla | | bbon |
| and bug | S to b > | Be | 17. Fathar's Nama (First, Middle, Last) | | | | 18. Mothar's Nama | | | 1) | |
| Ž | 2 should be and Mental is marked o | To | Oscar Cohill Johns | | | 100000000000000000000000000000000000000 | Faye Paul | | | | |
| Maryland | Page 1 | | 19a. Informant's Name/Ralationship (Ty | | | | and Number or Rural | | | | Code) |
| a) | of Health Item 27 other tr | | Judith Ann Wagner 20a. Mathod of Disposition | | Placa of Disposi | tion (Nama of | Lane Will | | t, MD 2 0c. Location - 0 | | vn Stata |
| 0 | ant of in the late of or or or or or or or or or or or or or | | 1 Surial 2 □ Cramation 3 □R | amoval from Stata | cematary, crama | atory or other pla | | | | | Street, Street |
| altimore, | permit. Peges 'Department of Important: If its any injury or of other | | 4 Donation 5 Other (Specify) | | - | Nama and Addra | 1 Park Dec | .0,1990 | WIIII | amspe | ort, MD |
| B | Ped any | | 1/1/5/11 | 11. | Ost | orne Fu | neral Home | CT 112. | 11: | | MD 0470F |
| | | | 23a. Part1. Enter the disaasa, or compli shock, or beart failura. List only or | cations that causad the dea | | | ococheague | | | | Approximata |
| | Physician | 7 | shock, or beart failura. List only or | na causa on aach lina. | | | | | | - 1 | Intarval Batween Onset and Death |
| 4 | /Medical | | Immediat ausa (Final disaasa or condition | SEPTIC | CKOCK | | | | | 1 | 3 DAY |
| п | Examiner | | rasulting in death) | | (or as a consequ | ance of): | | | | | , 0110 |
| | D == | Iner | | PREUM | ONIA | | | | | | |
| | acute end I-trans | Examiner | Sequentially list conditions, if any, laading to immediate | Dua to | or as a consequ | ance of): | | | | 1 | |
| 68760, | ficete be executed physicien end se the bural-transit | | Causa (Disaasa or Injury | i | | | | | | | |
| 587 | icete phys | edicai | that Initiated evants rasulting In death) Last | Dua to (| or as a conseque | ance of): | | | | į | |
| Box (| | lan/Me | | l, | | | | | | | |
| B | death cert | cla | Part II. Other significant conditions con | tributing to dooth but not ro | euiting in the une | larhdag agusa gh | van in Dart I | 23h Did toh | | hulburto to | the cause of death? |
| 0 | by the | Physici | Tattii. Other arginicant conditions con | tributing to death but not is | suiting in the unc | lartying causa gr | ven in Part I. | | | | ably 4 □ Unknown |
| S, P | res that the igned by to be detach | ру Р | HYPONJENSIUS HE | THAT PISENSE | with | ACUTE | PULMONAR | 1 | 26110 | 0 | 25.7 |
| Records, | v requires thet the been signed by th should be detache | | E) EMIT | | | | | 24a. Was an | | 24b. Wa | ra autopsy findings llabla prior to |
| ecc | 2 s t | ple | | | | | | | | com | pletion of causa leath? |
| - B | The ate h | Completed | DIABERES MELLI | TUS, TYPE I | I | | | 1 🗆 Yas | 2 ₩NO | 1 🗆 | Yas 2□ No |
| of Vital | Physician: The this certificate ral director, pag | Be | 25. Was casa rafarred to medical axaminar? | | | | 28. Place of Death | (Check only one |) | | |
| 7 | Physic this c | 은 | 1 Yas 2 No | | ER/Outpatient | 3LI DON | ner: 4 ☐ Nursing Hom | a 5 Rasidar | nce 6 Otha | r (Specity) | |
| | | on | 27. Mannar of Death 1 ☑ Natural 5 ☐ Panding | 28a. Data of Injury (Month, Day Year) | 28b. Time of Injury | 28c. Inju | | 8d. Dascribe hov | v Injury occurre | bd | |
| Sic | feat for: the | Cat | 2 Accident investigation 3 Suicide 6 Could not be | Nº NE | | | Yas 2 No | Of Lanation (Ctr. | ant on al through a | and Burnl | Boute Mumber |
| Division | or Attendent offer deat Director: | Certification: | 4 ☐ Homicida detarmined | 28a. Place of Injury - At I building, etc. (Spac | ify) | it, ractory, office | 2 | 8f. Location (Street) City or Town, | | r or Hurai | Houra /vumber, |
| | To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by | | 29a. Certifier 1 Certifying Phys | Iclan: To the best of my kn | owledge, daath o | occurred at the ti | me, date and place, a | nd due to the car | use(s) and man | nar as sta | ited. |
| | he Hin 24 he Fi | edical | (Check only 2 Medical Examination) | ner: On the basis of examinand mannar stated. | ation and/or inva | stigation, in my o | ppinion, daath occurre | d at the time, dat | ta and placa, a | nd due to | tha cause(s) |
| | To the vithin 2 To the comple | Σ | 29b. Signatura and titla of certifiar | | | 29c. Licans | | 29 | d. Data signed | (Month, D | ay, Year) |
| | | | 1 Amille | 10 | w | 2010 | 940 | 1 | 2-03- | 96 | |
| | | | 30. Name and addrass of person who co | | | | | | | | |
| | | | Dr. B. Lohen | 18706 C | restw | ood 1 | or. Hac | i. Md | | | |
| | Sta | ite | 31. Data filed (Month, Day, Year) | G G Hegistar's Sign | Bature | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of the Day **Physician** 30, 1996 Eulalia Carey DelGuercio November 0:30AM /Medical 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Worcester 307 William Street Berlin If Under 1 Year | If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) Birthplaca (Stata or Foraign Country) **Funerai** Yrs January 21,1920 Maryland Director 213 05 0743 76 Usual Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryland Department of Health and Mental hygiens. Important: if item 27 is marked other than "netural", or items 23a or 28a-4 ehremant in item 27 is marked other than "netural". 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits Maryland Worcester Berlin XXas 2□No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 307 William Street U.S.A. 21811 Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 11. Maritel Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 1 Navar Married 2 Merried 1 ☐ Yes X(No 1 ☐ Yas 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced Yeer or Detes: Completed 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Buainass/Industry 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) Elamantary/Secondary (0-12) Collega (1-4or 5+) Secretary 11 Housing Development 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Edward Carey Gertrude Merritt 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Trudy Dennis 9044 Whaleyville Rd. Whaleyville, MD 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Sunset Memorial Park 12/3/96 Berlin, MD 22. Nama and Address of Fecility 108 William Street Burbage Funeral Home Berlin, MD 21811 DUITDAGE FUNETAL HOME BET THE DESCRIPTION OF COMPLICATION OF CAUSE OF TABLE AND THE DUITDAGE FUNETAL HOME BET FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL HOME FUNETAL H Approximata Intarval Batween Onset and Deeth **Physician** Immediata Causa (Final diseesa or condition rasulting in daath) /Medical Hyperkalema Examiner Dua to (or aa a consequence of): Examiner Acute Renal Failure The lew requires that the death certificate be executed physician and s the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or Injury that Initiated evants rasulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Metastatic Ovarian Cancer Physician/Medical Dua to (or as a consequance of) for use as signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4PTUnknown Hydronephores due to overan cencer þ been si 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed Osmetrin of weters is certificata has director, page 2 : 1 Yaa 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter death.
Funeral Director: After this certifica etch filled in by the funeral director, t Be 25. Wes casa rafarrad to medical axaminar? 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Pasidance 6 Other (Specify) 1 Yas 2 No Certification: To 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 ENatural 1 Yas 2 No 2 Accidant 6 Could not be 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Discompletely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifiar edical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and menner stated. 29b. Signetura end titla of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) Kurch MI) 12/2/96 D0050614 arraise) 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Rd Salisbury Md 262 Tilghman

State Registrar 32. Registrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

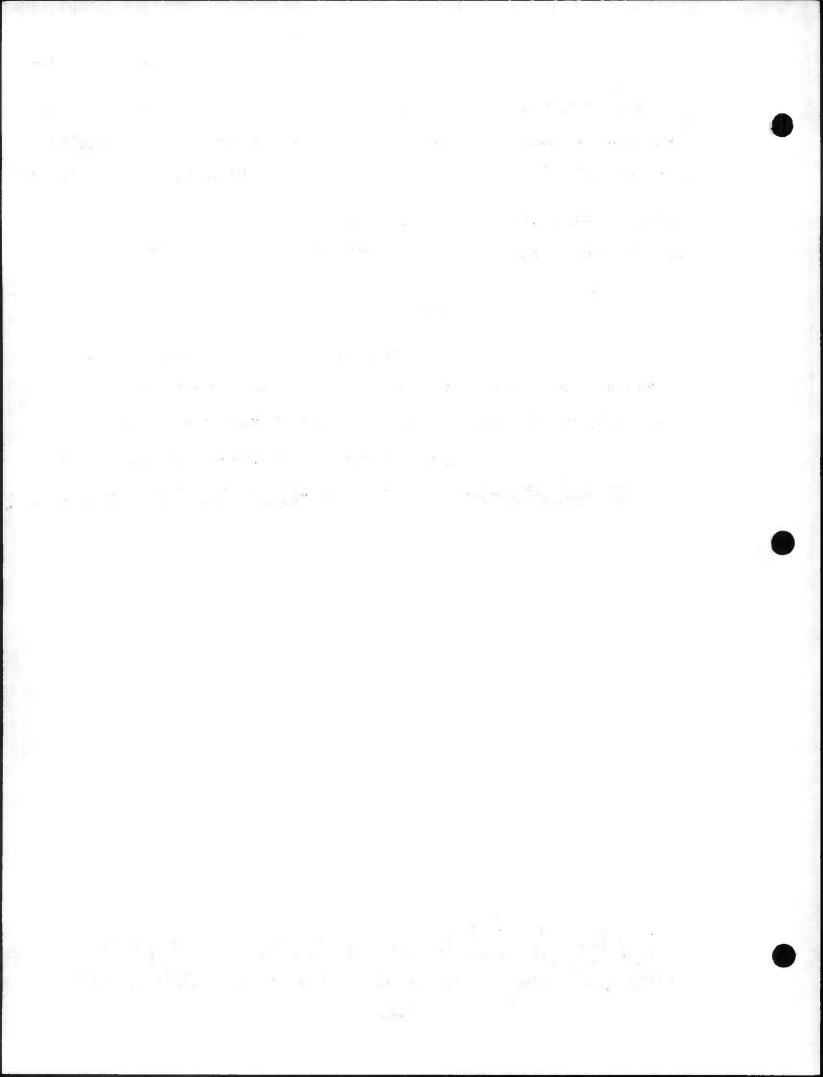
Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month EARL McCLELLAN DOFFLEMYER Dec 1996 /Medical 4a. Facility Nema (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Hagers ...

If Under 1 Year | If Undar 24 Hrs. | 8. Deta of Birth (Month, Day, Year) | 9. October 30, 1930 Washington County Hospital Washington 5. Sociel Security Number 9. Birthpiaca (State or Foreign Country)

Maryland 7. Aga (In yrs. last birthdey) **Funeral** 1 M 2□ F 214-28-7371 Yrs. Director 66 Usual Residence of Decedent deeth with the Meryland 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examinar must be notified at 10d. Insida City Limits 1 ☐ Yas 2 No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 16532 Fairview Road 21740 U.S.A. Funeral 12. Wes Decedent Evar in U.S. Armed Forces? 1 DYes 2 □ No If Yas, Giva Yaar or Detes: Kone; Was Decedent of Hispanic Origin? (Specify Yas or No-II Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Rece - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after in and of Health and Mental Hydiene.
Int: If flem 27 is marked other than "natural", or fee iny or other traumatic event, the Medical Enamine. 1 Never Merried 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: Specify: White by 3 Widowed 4 Divorced Korea Completed Decedent's Usuei Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) College (1-4or 5+) Public Schools Custodian 17. Fether's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Lafayette Dofflemyer Louise Stum Marcus Dora 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Lillian M. Dofflemyer 16532 Fairfax Road, Hagerstown, Md. 21740 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Buriai 2 Cremetion 3 Ramoval Irom Stata 4 Donation 5 Other (Specify) permit. Page Department of Important: If any injury or once. Cedar Lawn Memorial Park 12-05-96 Hagerstown, Maryland 21. Signeture of Funaral Sarvice Licensee 22. Name and Addrass of Facility Andrew K. Coffman Funeral Home, Inc. 40 East Antietam Street, Hagerstown, Md. 21740 Keel 1 23a. Pert1. Enter the diseesa, or complications the caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart tellure. List only one cause on each line. Approximete tntervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed physician and s the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Diseese or injury that initieted events resulting in death) Last P.O. Box 68760, Physician/Medical USB BS cate has been signed by the a page 2 should be detached to Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacod use contribute to the cause of death? 1 Yaa 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was en autopsy 2V No this certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: director, Be 25. Wes case reterred to medical axeminer? 28. Place of Deeth (Check only one) Hospitai: 1 ☐ inpatient Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No 2/ ER/Outpatient 3 DOA Certification: To funeral 27. Manner of Deeth 28c. injury et Work? 28a. Deta of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of After 1 | Natural 2 | Accident 5 Pending invastigation within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 Yes 2 No 3 Suicide 6 Could not be 28I. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Place of injury - At home, lerm, street, lectory, office building, etc. (Specify) 4 Homicide 10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the tests of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29e, Certifier To the 29b. Signature an 29d. Deta signed (Month, Day, Year) 29c. License number Me) 1110 B2. Registrer's Signeture 31. Data liled (Month, Dey, Year) State



State of Maryland / Department of Health and Mental Hygiene

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| Physician Medical Examiner Physician Medical Examiner The Color of the strain of the | m | 89 = 89 | | Frul M. K | Paul | M. Dear | n BASI | FUNE | RAL HOME | | | | | 713 |
| Physician Immediate Cause (Finel disease or condition resulting in deeth) Medical Examiner Due to (or as a consequence of): Due to (or as a consequen | | | | 23a. Pert1. Enter tha diseese, or con | plications that caused | the deeth. Do r | not enter the | mode of dy | ing, such es cardiac | | | ary ran | Approxim | ata |
| Medical Examiner The property of the prope | | Physician | | shock, or heert fellure. List only | one cause on each iln | Θ. | | | | | | i | interval B | etween |
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| 25. Was case referred to medical examiner? 1 Yes 20 No | 9 | law last | d d | | | | | | | | | of | deeth? | Judge |
| 28. Plece of Deeth (Check only one) Secretary Sec | - | The ate pag | 00 | | | | | | | 1 🗆 | Yes 2 XNo |) 1 | ☐Yes 2 | □ No |
| Memor of Deeth Neture 28a. Dete of Injury 28b. Time of 28c. injury et 28d. Describe how injury occurred 28d. Describe how inju | <u>a</u> | ilan: artific ctor, | | | | | | | 26. Piece of Dee | eth (Check only | one) | | | |
| 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signatura and title of certifier end manner steted. 29b. Signatura and title of certifier one of person who completed cause of deeth (item 23e) (Type, Print) DR. ALBERT M. LAI 370 MILL STREET, HAGERSTOWN, MARYLAND 21740 | _ | nysic lis ce | 0 | | Hospitei: 1 inpatier | nt 2 ER/Ou | tpatient 3[| DOA Ot | her: 4 Nursing H | lome 5 Res | sidenca 8 🗆 0 | Other (Speci | (y) | |
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| State Registrar LEC 0.2 1996 32 Aggistrate Signature Country C | | | _ | DEC 0 2 1 | 996 Jama | Russer | artell | | | | | | | |

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| BALTIMORE, MARYLAND 21215-0020 | tYSICIAN: The law requires that the death certificate be executed within ex hours after death. Page 6 may be retained by the hospital or attending physician. | ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, or removal. | medical examiner must be notified at once. |
|---|---|---|---|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | 1 - FOR STATE OF MARY | LAND / DEPARTME | NT OF HEALTH AND TE OF DEATH | MENTAL HYGIENE REG. NO. | |
|----------------------|--|--|---|--|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | 2. DATÉ OF DEATH | 3. TIME OF DEATH |
| | Frank Joseph Dvorak Sr. | | | November 26 | 1996 0040 A M |
| | | | DER 1 YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTH | 8. BIRTHPLACE (State or Foreign |
| | 710-09-5964 1∑M2□F | 88 YRS. MONTH | B DAYS HOURS MIN. | November 6.1 | .908 Wisconsin |
| | 9a. FACILITY NAME (If not institution, give street end number) | 9b. C | TY, TOWN OR LOCATION OF E | | COUNTY OF DEATH |
| OR | 119 Nottingham Road | | E1kton | A | Cecil |
| 띮 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | 10c CITY TOW | N OR LOCATION | | 10d, INSIDE CITY |
| DIRECTOR | Maryland Cecil | E1k | | | LIMITS? |
| | 10e. STREET AND NUMBER | EIK | 10f, ZIP CODE | 100 | 1 VES 2 NO |
| ER | 119 Nottingham Road | | 21921 | | United States |
| COMPLETED BY FUNERAL | 11. MARITAL STATUS 12. WAS DECEDENT EVER | I IN U.S. ARMED | 3. WAS DECENDENT OF HISPA | NIC ORIGIN? (Specify Yes or N | |
| | 1 Never Merried 2 Merried FORCES? 1 YE 3 Widowed 4 Divorced FYES, GIVE WAR OR | DATES NO | If yes, specify Cuban, Mexic 1 YES 2 NO Speci | | Black, White, etc. Specify: |
| | | | | | white |
| | 15. DECEOENT'S EDUCATION (Specify only highest grade completed) | 16a. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired | ne during most of working | 16b. KIND OF BUSINES | S/INDUSTRY |
| | Elementary/Secondary (0-12) College (1-4 or 5+) | Farmer | 1.) | | |
| | 17. FATHER'S NAME (First, Middle, Lest) | rarmer | 44 MOTHERIO N | Farming AME (First, Middle, Maiden Surna | |
| | Joseph Dvorak | | | name (First, Middle, Maiden Sumame) | |
| BE (| | | | et end Number or Rural Route Number, City or Town, State, Zip Code) | |
| 5 | Edith Dvorak 119 Nottingham Road, Elkton, Maryland 2192 | | | | |
| | 20s, METHOD OF DISPOSITION 1 IX Burlel 2 Cremetion 3 Removal from State | 0b. PLACE AND DATE OF DISP | OSITION (Name of | OATE 20c. LOCATIO | ON — City or Town, State |
| | 20e, METHOD OF DISPOSITION 1 & Burlei 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) Immaculate Conception Cem. 1006 1006 1007 1008 10 | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Hicks Home for Funerals, P.A. | | | | |
| | Donald & Hickory | | | | on, Maryland 21921 |
| | 23. PART I. Enter the diseases, or complications that caus | ed tha death. Do not ant | er tha moda of dying, aud | ch as cardiac or respirator | y arrest, Approximate |
| | ahock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death | | | | |
| | disease or condition meaulting in death) Me his hic Ca Due to (or as a consequence of): | | | | |
| CERTIFICATION | DUE TO (OR AS | A CONSEQUENCE OF): | | | |
| | Sequentially list conditions, Presh Lc Ca | | | | |
| | If any, laading to immediate | ding to immediate | | | |
| 2 | AUSE (Disease or Injury c | | | | |
| E | that initiated events resulting in death) LAST | | | | . |
| AL | d. | | | | |
| | | | | | |
| Di | | | | 1 _ YES 2 X | |
| PHYSICIAN: MEDIC | | | | | 1 TES 2 NO |
| | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) | | | | |
| | EXAMINER? HOSPITAL: OTHER- | | | | |
| <u></u> | | | ursing Home 5 KResidence | | |
| HYSIG | | | 28c. INJURY AT WORK? | 28d. DESCRIBE HOW INJUR | Y OCCURED |
| | 27. MANNER OF DEATH 1. Netural 5 Pending 280. DATE OF INJURY (Month, Day, Year) | INJURY M | | | |
| ВУ | 27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 28e PLACE OF INJURY | М | 1 TYES 2 NO | 281 LOCATION (Street and N | umber or Burel Brute Number |
| ВУ | 27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation | RY — At home, ferm, street, fr | 1 TYES 2 NO | 281. LOCATION (Street end Ni City or Town, State) | umber or Rural Route Number, |
| ВУ | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) | RY — At home, ferm, street, fi | 1 YES 2 NO | City or Town, State) | |
| ВУ | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. DEATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. CERTIFIER (Check only) 28e. CERTIFIER PHYSICIAN: To the best of my known of the post of my known of my known of the post of my known of my known of my known of my known of my | M At home, ferm, street, for early) wledge, death occurred at the | 1 VES 2 NO | City or Town, State) | s stated. |
| COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) | M At home, ferm, street, for early) wledge, death occurred at the | 1 VES 2 NO sectory, office stime, dete end piece, end due r opinion, death occurred at the | o to the cause(e) and manner is | a stated. to the cause(s) and manner as stated. |
| BE COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. DEATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. CERTIFIER (Check only) 28e. CERTIFIER PHYSICIAN: To the best of my known of the post of my known of my known of the post of my known of my known of my known of my known of my | M At home, ferm, street, for early) wledge, death occurred at the | 1 VES 2 NO scrory, office e time, dete end piece, end due r opinion, death occurred at the | o to the cause(e) and manner at time, date and place, and the | a stated. to the cause(s) and manuser as stated. DATE SIGNED (Month, Day, Year) |
| COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) | RY — At home, ferm, street, for early) wiedge, death occurred at the lon and/or investigation, in my | 1 VES 2 NO sectory, office stime, dete end piece, end due r opinion, death occurred at the | o to the cause(e) and manner at time, date and place, and the | a stated. to the cause(s) and matrier as stated. |
| BE COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 8 Could not be determined 26e. PLACE OF INJUR 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my known one) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DECEMBER | M AY — At home, ferm, street, for eachly) wiedge, death occurred at the ion and/or investigation, in my DEATH (ITEM 27) (Type, Print) | 1 VES 2 NO actory, office e time, date and place, and due r opinion, death occurred at the 29o. LICENSE NU 32395 | City or Town, State) to the cause(e) and marines a time, date and place, and the | a stated. to the cause(s) and manuser as stated. DATE SIGNED (Month, Day, Year) |
| BE COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUR 28e. DATE OF INJUR 28e. DATE OF INJUR 28e. DATE OF INJUR 28e. PLACE OF IN | RY — At home, ferm, street, for early) wiedge, death occurred at the lon and/or investigation, in my | 1 VES 2 NO actory, office e time, date and place, and due r opinion, death occurred at the 29o. LICENSE NU 32395 | o to the cause(e) and manner at time, date and place, and the | a stated. to the cause(s) and manuser as stated. DATE SIGNED (Month, Day, Year) |

4.7 41-11

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within of hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

| | REGISTRAR | | CERTIFIC | CATE OF | DEATH | REG. NO. | 7 | |
|---------------|--|--------------------------------------|---------------------|--|---------------------|--|---------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | - | | | | 2. DATE OF DEATH | | 3. TIME OF DEATH |
| | Robert Ea | sley | | | | November | 16 1996 | 01:00 P. M |
| | 4. SOCIAL SECURITY NUMBER 5. SI | | | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | a MAT | HPLACE (State or Formion |
| | 578-36-8531 1X |] M 2 🗆 F 66 | YRS. | SONTHS DAYS | HOURS MM. | 3 = 1 1 = 19 | 30 Was | sh, D.C. |
| | Se. FACILITY NAME (If not institution, give street an | nd number) | | 9b. CITY, TOWN C | OR LOCATION OF DE | | 9c. COUNTY OF | |
| R | Golden Oaks Nur | sing Home | | Laure | 1 | | Prince | George |
| 5 | RESIDENCE OF DECEDENT | | | | | | | |
| DIRECTOR | D. C. | | | TOWN OR LOCAT | | | | 10d. INSIDE CITY LIMITS? |
| | | | Wa | shingt | <u> </u> | | | 1 TYES 2 X NO |
| ¥. | 10e. STREET AND NUMBER | | | | ZIP CODE | | | WHAT COUNTRY? |
| FUNERAL | 2532 Park Place | | | | 20020 | | USA | |
| 5 | | MAS DECEDENT EVER IN U. | S. ARMED | 13. WAS DEC | ENDENT OF HISPAN | NIC ORIGIN? (Specify Yes | or No.— 14. RAC | E — American Indian, ck, White, atc. |
| BY | a Comment | F YES, GIVE WAR OR DATE | | | 2 NO Specify | | Spec | |
| | IWO | rld II | | 1 | | | | DIACK |
| = | 15, DECEDENT'S EDUCATION (Specify only highest grade comple | v sted) | (Give kind of wo | SUAL OCCUPATION of the done during money retired.) | NN st of working | 166. KIND OF BUS | SINESS/INDUSTRY | |
| 1 1 | Elementary/Secondary (0-12) Coll 1 2 | lege (1-4 or 5+) | | | Engine | r Priva | te Indu | ustry |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Lest) | | Ne 3 Tue | ΠΟΙαΙ | | | | |
| 8 | | | | | | ME (First, Middle, Malden Mae Holla | | |
| H | William Easley 190. INFORMANT'S NAME (Type/Print) | | | - | | | | |
| 2 | Spring Maxey | | | | | Route Number, City or Town | | 0 |
| | 20g. METHOD OF DISPOSITION | | | | | airfax,Va | | |
| | 1 X Burial 2 Cremation 3 Removal for | rom Stata ρρητοία | ACEAND DATE OF | DISPOSITION (Na | me of | 0ATE 20c. LO | CATION City or T | own, State |
| | 4 Donation 5 Other (Specify) | | IIICICO | Nacion | iai 1 | 1-26-96 | iriang | re, va |
| | TOWERDLE SERVICE LICENSEE | 11- | | 22. NAME AN | ID ADDRESS OF FA | 411Kenr | nedv St | . N . W . |
| | Vand al | Maleo | | Unive | ersal M | ortuary | Wash | ,D.C. |
| | 23. PART I. Enter the diseases, or compil | ications that caused th | e death. Do no | t enter the mo | de of dying, auc | h as cardiac or reapi | ratory arrest, | Approximata |
| | ahock, or heert failure. List or iMMEDIATE CAUSE (Finel | | | , | 0 | | | Interval Between Onset and Death |
| | disease or condition resulting in death) | Metasta | lie | Lung | Cano | el | | 11 10.5 |
| | | OUE TO (OR AS A CO | INSEQUENCE OF): | | | | | 16 days |
| Z | 5 b. | | | | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leeding to immediate | DUE TO (OR AS A CO | INSEQUENCE OF): | | | | | |
| 2 | CAUSE (Disease or injury | | | | | | | |
| E | that initiated events resulting in death) LAST | DUE TO (OR AS A CO | INSEQUENCE OF): | | | | | |
| E | d | | | | | | | |
| | PART II. Other significant conditions con- | tributing to death but | not resulting in | the underlying | cause given in | Part I. 24s. WAS AN | AUTOPSV 241 | . WERE AUTOPSY FINDINGS |
| MEDICAL | | | | | | PERFOR | MEO? | AMILABLE PRIOR TO COMPLETION OF CAUSE |
| 유 | | | | | | 1 TES 2 | NO | OF DEATH? |
| | DID TOBACCO USE CONTRIBUT | TE TO CAUSE OF | DEATH VEC | MINO | UNCERTAIN | | | 1 YES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | PLACE OF DEATH | | UNCERIAII | <u> </u> | | |
| S | | SPITAL: Inpatient 2 - ER/Outpatie | | THER: | -8865 | | | |
| ¥ | | 28a. DATE OF INJURY | 28b. TIME | | | 6 Other (Specify) 28d. OESCRIBE HOW IN | HIEV OCCUPED | |
| | 1 Natural 5 Pending | (Month, Day, Year) | INJU | YY WO | RK? | 200. DESCRIBE NOW IF | JUNY OCCURED | |
| B | Accident Investigation 3 Suicide 5 Could get be | 28e. PLACE OF INJURY — | At home, farm, atro | | | 28f. LOCATION (Street a | nd Number or Dumi | South Missibas |
| | 4 Homicide 6 Could not be determined | building, etc. (Specify) | | ott, lastory, office | | City or Town, State) | no Number or Hurer. | noute number, |
| COMPLETED | 290. CERTIFIER | | | | | | | |
| MP | (Check only one) 2 MEDICAL EXAMINER: On the control of the contro | | | | | | | |
| 8 | | the beata of axamination an | d/or investigation, | In my opinion, de | eath occured at the | time, data and place, and | due to the cause(| a) and menner as stated. |
| B | 296. SHANATURE AND TITLE OF CENTIFIER | - | | | 29c. LICENSE NUN | | 29d. DATE SIGNED | |
| 2 | a segue your | Mo | | | D3011 | 1 | Nov. | 16, 1996 |
| - 1 | 30. NAME AND ADDRESS OF FERSON WHO COM | PLETED CAUSE OF DEATH | (ITEM 27) (Type, P | rint) | 427. | C 1000 | , | |
| | 11305 Pitsea | ur Delt | 500 lle | - Mac. | 2012 | 5-1757 | | |
| | 31. DATE FILED (Month, Day, Year) | 32. AEGISTRAR'S SIGNATU | 200 | | | | | |
| | NOV 2.5 1996 | felia do more | Nortall | | | | | |

State of Maryland / Department of Health and Mental Hygiene

96

37416

| | | | | | | | Cer | tificat | e of | Death | | | Reg. N | lo. | | | |
|---|----------------|--|-------------------------|------------------------|-----------------------|-----------------------------------|----------------------|--------------------|------------|---------------------|-------------|--------------------------------|----------|------------|-------------|-----------|---|
| Physic /Med | | | Marine | Edwards | | | | | | | | 2. Date of D Month | 2 | 数 | 96 | | me of Death |
| Exam | iner | 4e. Facility Neme (| | | num <i>ber)</i> | | | | 4 | | | ocation of Dee | th 4 | | of Death | | |
| | | | Hospita | | 1 | | | William. | 4 1/4 | E1kt | | | | Ceci | | | |
| Funera | | 5. Sociel Security N | | 6. Sax 1 ☐ M 2 ☐ XF | 7. Ag | e (In yrs. last bi | rthdey) _ Yrs. | If Under Months | | if Under Hours | Min. | 8. Dete of B | | | | | state or Foreig |
| Director | | 221-09-0 Usual Residance o | | | | 91 | 110. | | | | | May 1 | ,190 | 05 | Mary | land | i |
| and tand | | 10a. State | 10b. County | | | 10c. City, Tow | n or Loc | ation | | | | | | | | 10d. ins | Ida City Limit |
| Mary | ō | Maryland | Cecil | | | Elkto | n | | | | | | | | | 15 | Yas 2 N |
| with the Marylan n or 28a-f show be notified at | Directo | 10e. Street and Nu | | | | LIKLO | 11 | 10f. Zip | Coda | | | | 10g. C | itizen of | What Cou | intry? | |
| ith with | | 1 Price | Dr. | | | | | 21 | 921 | | | | 1 | USA | | | |
| deat | Funeral | 11. Meritel Stetus | | 12. Was De | cedant | Ever in U,S. | 13. V | | | lispenic Or | igin? (Sp | ecify Yas or N Rican, etc.) | | 14. Rac | e - Amari | | an, |
| of C. 1.2.1.3-00.20 (filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or items 23a or 28e4 show ont, the Modical Exercise must be routlend. | | 1 Nevar Merr | ied 2 Marri | ed 1 ☐ Yes | Forces? | No | | Yas, spec | ** | | | Hican, etc.) | | | ck, Whita | , atc. | |
| inial yialing 2.12.13-0020 d 2 should be filed within 72 hours aft th and Mental Hygiene. The marked other than "natural", or traumatic event, the Modical Exert | by | 3 X Widowed | 4 Divorced | If Yas, C Year or | Dates: | | ' | ⊔ Yes | 2 LINO | Specify: | No | | | Specif | Whi | .te | |
| 72 hours natural. | Completed | (Spec | 15. Decedant | 's Education | 4) | 16a | Deced | ant's Usua | al Occup | ation during mos | t of work | ina | 16b. | Kind of B | usinass/īr | ndustry | |
| within ene. then | de | Elemantary/Seco | | Collega | , | 5+) | lifa. D | O NOT u | sa retired | d) | , 0, 1,0,,, | 9 | | | | | |
| od w ygjer fr. fr | S | Unknown | | | | F | acto | ry W | orke | | | | _ | Fiber | | | |
| d off | Be | 17. Fathar's Nama | | Last) | | | | | | | | a (First, Middl | | en Sumen | ne) | | |
| should be filed withir ind Mental Hygiene. I merked other than umatic event, the M | 2 | Alfus M | | | | | | | | | | Unkno | | | | | |
| AI 00 00 A | | 19a. informant's N | | | | | | | | | | al Route Num | | or Town | , Stata, Zi | p Coda) | |
| of Heelth item 27 i | | Barbara 20e. Mathod of Dis | | d Grand | Dau | ghter 4 | | | | e Ell | cton | | | 219 | | | |
| Pages nent of h nt: If its iry or of | | 1 🖾 Buriel 2 | ☐ Cramation | 3 Ramoval from | n State | cernata | ry, cram | atory or c | other plac | ce) | D | ecembe: | | Location | - City or T | own, Sta | na |
| tment: | | 4 Donation | 5 Other (Sp | ecify) | _ | N | | rk Ce | | | 1 | 4,1996 | New | ark, | Dela | awar | e |
| permit. Pages Depertment of Important: If it any injury or o | | 21. Signature of Fu | ınaral Service L | icensee | | | | | | | | bert T | | | | | |
| 00540 | | | | - | | | 12 | 22 We | est N | Main | Stre | et New | ark, | Del. | aware | ≥ 19 | 711 |
| | | 23a Part1. Enter to shock, or hea | hourspelle, or | complications that | caused each lin | the death. Do | not anta | r tha mod | a of dyln | ng, such es | cardiac | or respiratory | errast, | | | Appro | ximeta al Between |
| Physician | | | | | | | | | | | | | | | | Onset | and Death |
| /Medical Examiner | | immediata Ceusa diseese or condition | | R | aspi | rataly | AV | us+ | | | | | | | | | |
| Lxammer | 100 | rasuiting in daath) | | G | 0 | Dua to (or es a | consequ | uance of): | | | | | | | | | |
| pe is | 를 | | | b. A | 1 Vaca | e co | PS | 0 | | | | | | | 1 | 41 | 41. |
| certificate be executed ding physician and ise es the buriel-trensit | Examiner | Sequentially list co | nditions, | | | Dua to (or as a | consequ | uance of): | | | | | | | | | |
| cian burie | E III | Sequentially list co if any, leading to in causa. Enter Under Cause (Disease or | arlying injury | c. P | neu | onia | | | | | | | | | | 70 | y |
| phys the | Medical | that initiated evants rasuiting in death) | S \ | | | Dua to (or as a | consaqu | | | | | | | | i | | |
| certificate be ex- ding physician | | | | d. (| ons | 2 tim | Hou | It | aul | le. | | | | | j | ty | 16 |
| requires that the death obeen signed by the attenshould be detached for u | Physician | | | | | | | | | | | 1 | | | i | | |
| the d | iysi | Parl ii. Other signif | lcant conditio | ns contributing to | death b | ut not rasulting i | n tha un | darlying c | ausa giv | en in Part | i. | | | 1 | | | use of deati |
| ed by | 4 | | | | | | | | | | | 10 | Yes | 200 No | 3 Pro | bably | 4 Unkno |
| requires that the een signed by the | d by | | | | | | | | | | | 24a. Wa | e an aud | onev. | 24b. W | Vara auto | opsy findings |
| peed | ete | | | | | | | | | | | per | formed? | ороу | 0 | ompletion | opsy findings prior to n of cause |
| e law hes t | Completed | | | | | | | | | | | | | ٨ | | f daath? | |
| ician: The lav certificate hes rector, page 2 | | | | | | | | | | | | 1□ | Yes | 2 No | 1 | ☐ Yas | 2 No |
| ician centif recto | Be | 25. Was casa rafar axaminar? | A | Hospital: | 1 | | | | Oth | | | h (Check only | | | | | |
| Physician: this certific ral director, | - To | 1 ☐ Yas 2 ☐ 27. Mapner of Deat | | 11/ | Hopatie | | utpatient Tima of | | JA | 4 14 | | ma 5 ☐ Res 28d. Dascribe | | | | ify) | |
| ding Phys h. After this funeral d | Certification: | 1/ Naturai | 5 Panding | | onth, De | y Year) | injury | M | Wor | k? Yas 2□ | | 200. Dascribe | now m | jury occur | 100 | | |
| Attending or deeth. ector: After by the fune | Cal | 2 ☐ Accidant 3 ☐ Suicida | invastig 6 ☐ Could n | ot bo | on of Inle | une. At home for | om atea | | | 143 2 | | 28f. Location | (Street | and Alumi | her or Du | rel Doute | Number |
| Of A Director | P.T. | 4 Homicida | determi | ned buil | ding, at | ury - At home, fa c. (Specify) | 11111, 5110 | ot, ractory | y, onice | | | City or To | own, Ste | te) | oor or rigi | 21710010 | rvamoor, |
| To the Hospital or Attending Physicien: within 24 hours effer deeth. To the Funeral Director: After this certific completely filled in by the funeral director, | | 29a. Certifiar | 1 Certifying | Phyalcian: To th | a best o | of my knowledge | a, daath | occurred | at tha tin | na, data ar | id place, | and dua to the | a causa | (s) and m | anner as | stated. | |
| the Hi in 24 the Fu | ledical | (Check only one) | 2 Medical E | Examiner: On the | basis of innar sta | axamination an | d/or inv | astigation, | , in my o | pinion, dee | oth occur | red at the time | , dete a | nd plece, | and dua | to tha ca | use(s) |
| To To Com | 2 | 29b. Signeture end | | | | | | | | a number | | | 29d. D | eta signe | d (Month | Day, Ye | ear) |
| M | | > In | - rui | Han r | 10 | | | | 004 | 823 | | | | 12/ | 2/9 | 6 | |
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| C. | ate | 31. Dete filed (Mon | | | Registra | ar's Signature | VV K | -1 | 11100 | ~ *1 | - | 1 10- | 1-1 | 4 | 2 | , 1- | - 1 |
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Deta of Deeth Month **Physician** F ANNIE 50 WARDS 2:30 Pm NOVEmber 25 /Medical 4a. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner NIGHTH MEUNDEL HOSPITAL GLEN BURNIS GLEN BULNIE ANNE ARUNDER If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) Funerai Birthplace (State or Foreign Country) 1□M 2X F Director 241-36-3977 88 Aug.09,1908 Burgaw, N.C. Usuel Residence of Decedant 10e State 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Director 1X Yes 2 No MD Anne Arundal Glen Burnie 10e. Street end Number 10f. Zin Code 10g. Citizen of What Country? ò flems 23a 409 McLarin Drive 21060 U.S.A. 12. Wes Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Giva Yaar or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Maritel Status be filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 neturel, or 1 ☐ Yes 2X No Specify: Specify: Black py 3√2 Widowed 4 □ Divorcad Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry el Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 10 Housewife Own House permit. Pages 1 and 2 should be file Depertment of Health and Mentel Hy Important: If Item 27 is marked othin any light of other traumatic event Spice. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Surnema) Be Gary Farrior Isabelle Fillyaw 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Ruth McLarin / Daughter 409 McLarin Dr., Glen Burnie, Md., 21060 20e. Mathod of Disposition 20b. Plece of Disposition (Nema of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 XBurlel 2 Cremetion 3 Removel from State Church Cemetery 11/29/96 4 ☐ Donetion 5 ☐ Other (Specify) Stokesdale, N.C. 22. Name and Address of Facility Frazier Funeral Home, Inc. 21. Signature of Funarel Service Licensee 389 Rhode Island Av., NW, Washington, D.C., 20001 savons that cause of the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, a cause on each ins. 23a. Part 1. Enter the disquer, o Approximate tntarval Batwean Onsat end Deeth Physician Immediate Ceuse (Final disaesa or condition resulting in deeth) /Medical CEREBRO VASINLAR ACCUPENT Examiner Due to (or as a consequenca of) Physician/Medical Examiner PAENMONIA The law requires that the death certificete be axecuted burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last physician s the burial Box 68760. Dua to (or as e consequance of): P.O. 1 Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown signed b Records. ð Completed 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24e. Was an eutopsy performed? page 2 2U No 1 Yes 2 No 1 ☐ Yes of Vital or Attending Physicien: 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 2 20 No 1 Yes Inpatient 2 ER/Outpatient 3 DOA this 27. Manufer of Deeth Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After Division Naturel 5 Panding Investigation s after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 ☐ Sulcida In by 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 T Homicide To the Hospital of Within 24 hours a To the Funeral D completely filled Medical 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and pleca, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end pleca, end dua to the cause(s) end manner stated. (Check only one) 29b. Signeture and title of certifier 29c. Licansa number 29d. Dete signed (Month, Dey, Year) WD 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Chit Km OLETWIT. 30 History

Print) Dent Genburnie 21061 32. Registrar's Signeture 31. Datefiled (Month, Day, Yeer)

State Registrar

DHMH 16 Rev 6/95

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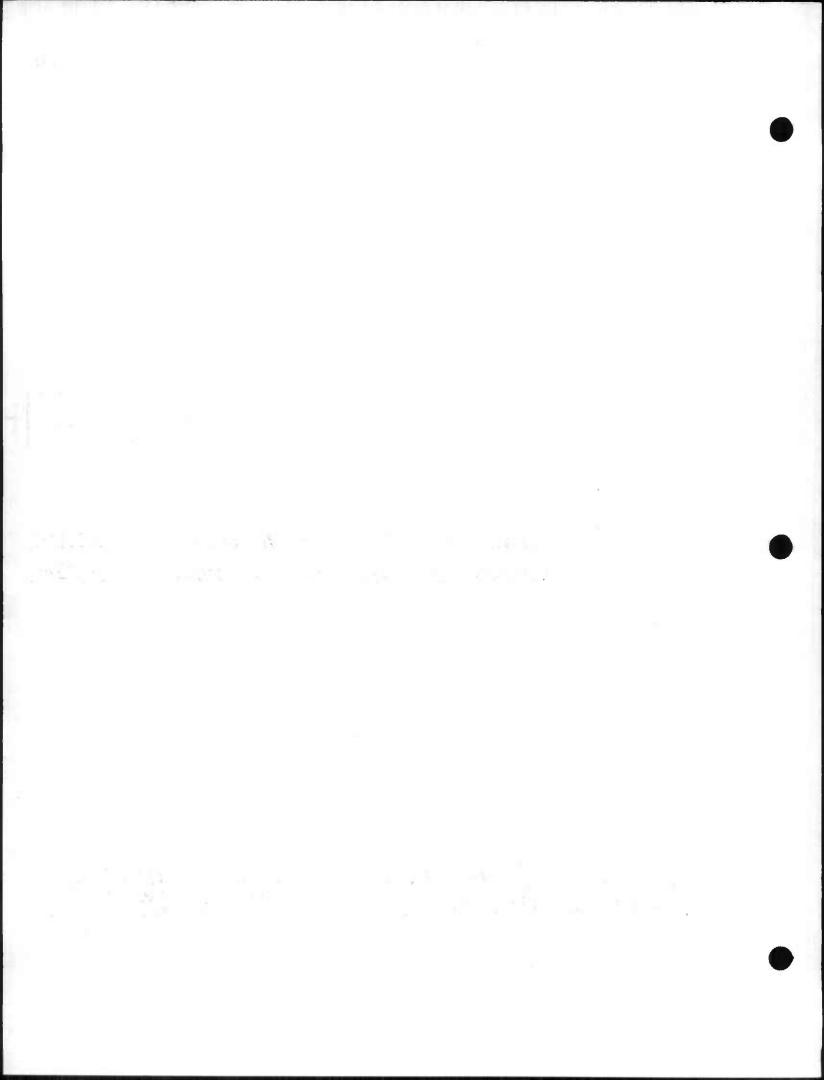
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

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| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use | be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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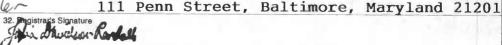
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| or | 9a. FACILITY NAME (If not institution, give street | and number) | | 96. CITY, T | OWN OR LOCA | TION OF D | EATH | 9c. COU | INTY OF D | DEATH |
| DIRECTOR | Westminster Nurs | ing Center | | <u></u> | | We | stminster | : | | Carroll |
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Dowill 31. Data filed (Month, Day, Year) NOV 25 Registrar

ravler

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)



O.C.M.E.

NOVEMBER 18,1996

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death NOVEMBER 30 96 3. Time of Death **Physician** 2:02 pm JOSEPH LEO GARDINER /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PHYSICIANS MEMORIAL HOSPITAL LAPLATA CHARLES if Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) July 16, 1 If Undar 1 Yaar 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) Birthpiace (Stata or Foreign Country) **Funeral** Months Days 1€ M 2□ F 214-32-9924 59 Vre Director 1937 Washington DC Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits the Merylar 7 is marked other than "natural", or flems 23a or 28a-f shov traumstic event, the Medical Examiner maint be notified at 1 ☐ Yes 2 No Director Maryland Charles Hughesville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 15174 Hughesville Manor drive 20637 USA Funeral 12. Was Decedent Evar In U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours effer. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Exercises once. Black White etc. 1 ☐ Yes 2 No If Yes, Give Year or Datas: 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 Yea 2 No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant'a Usuai Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Clerk US Postal Service 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Joseph Leo Gardiner, Sr. Anna Cécelia Cox 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Lena K. Gardiner - Wife 15174 Hughesville Manor Dr., Hughesville, MD 20637 20b. Place of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 Cramation 3 Ramoval from State St. Mary's Cemetery 12-3-96 Bryantown, MD 4 ☐ Donation 5 ☐ Other (Specify) mera Service Lig 22. Nama and Address of Facility rugha Huntt Funeral Home Benjamin Matthews 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, ahock, or heart failure. List *only* one cause on each lina. 20604-0156 Approximate Interval Between Onset and Deeth **Physician** Cardial Orreol-/Medical Immediate Cause (Final disease or condition resulting In death) Examiner ician and burial-transit that the death centificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated avents resulting in death) Last physician a Records, P.O. Box 68760. Physician/Medicai attending Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco uss contribute to the cause of death? boventilation 1 Yas 2 No 3 Probably 4 Unknown à should I 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Attending Physician: 25. Was case refarred to medical examinar? 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Chpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 26a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Panding Invastigation 1 DiNatural To the Hospital or Attandir within 24 hours efter death. To the Funeral Director: Af 1 Yes 2 No 2 Accidant filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida 29a. Certifler 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated. Medicai completely 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) 29b. Signature and titla of certifier 29c. Licensa number 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) GIRIJA RATH. MD CENNA MEDICAL CENTER 7-C POST OFFICE ROAD WALDORF MD 20602

State Registrar 31. Date filed (Month, Day, Year)
DEC 0 3 1996

32. Registrar's Signature

A 1 104% properties for the state of the

State of Maryland / Department of Health and Mental Hygiene

| | | | Decedent's Neme (First, Middle, Last) | State of Ivial | | Certificate | | | | eg. No. | 3. Time of E | Death |
|------------|--|------------------|--|---|--------------------------|---------------------------------------|-----------------------|--|--|-----------------------------|--|-------------|
| | Physic | | Norman Wesley GERE | BERICH | | | | | Month | Dey | Yeer 124 | . 4 |
| | /Medi Examir | | 4a. Facility Neme (If not Institution, giva s | treet end number) | | - | 4b. | City, Town, or Lo | ocation of Deeth | 4c. County | | |
| | | | Washington County | | | | 434 | Hagers | | | ington | |
| | Funeral Director | | 5. Social Security Number 212-14-6252 Usuel Residence of Decedent | 7. Age (i | 74 | hdey) If Undar Yrs. Months | Deys | If Under 24 Hra. Hours Min. | 8. Deta of Birth (Month, Dey Feb. 17 | | 9. Birthplace (State or Country) Maryland | Foreign |
| | /land | | 10e. Stete 10b. County | 10 | Oc. City, Town | or Location | | | | | 10d. Inside City | Limits |
| | Mar Mar | ctor | Maryland Washing | ton | | Hager | stown | ı | | | TX Yas | 2□No |
| | vith th | Funeral Director | 10e. Street and Number | | | 10f. Zip | | | 1 | 0g. Citizen of V | | |
| | ns 23 | eral | 356 Woodpoint Aven | 2. Wes Decedent Eve | r in U.S. | | 1740 | nanic Orlgin? (Sn | ecity Ves or No- | USA 14 Bec | e - American Indien, | |
| 020 | ges 1 and 2 should be filed within 72 hours efter deeth with the Manyland it of Heelih and Mantal Hygiene. If item 27 is marked other than "natural", or items 23a or 22a-f show or other treumatic event, it is Medical Example must be notified at | by Fun | 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced | Armed Forces? 1 Yaa 2 No If Yes, Giva Yeer or Detes: | w.w.II | 1 ☐ Yes 2 | | panic Origin? (Sp Mexicen, Puarto Specify: | Rican, atc.) | | ek, Whita, atc. | |
| 21215-0020 | 72 hou | ted | 15. Decedent's Educ | ation | 1 | Decedent'a Usue | Occupati | on | · | 16b. Kind of Bu | usinaas/Industry | |
| 2 | ithin 7 | Completed | (Specify only highast grada Elementery/Secondary (0-12) | Coilege (1-4or 5+) | | life. DO NOT us | e retired) | ring most of work | mg | | | |
| 7 | filed wi Hygien ther th | | 9 17. Fether's Neme (First, Middle, Last) | 0 | | police | | 8. Mother's Nemi | First Middle | city | nal . | |
| an | Mental I | o Be | John H. Gerberich | | | | | | E. Norn | | 10) | |
| Maryland | should be end Mental s marked sumatic ev | - | 19e. Informent's Name/Reletionship (Typ | e, Print) | 19b. | Melling Addresa | (Street en | d Number or Run | al Route Numbe | , City or Town, | State, Zip Code) | |
| _ | 1 end 2 Heelth e em 27 is | | Terry L. Gerberich | | | | | ville Ro | l., Maug | ansvil] | le,Md. 2176 | 7 |
| more, | Pages 1 nant of H int: If fren iry or oth | | 20a. Method of Disposition 1 ■ Burial 2 □ Cremation 3 □ Re | | cameter | Disposition (Nam , cremetory or of | ther plece) | | | | City or Town, Stata | |
| E | permit. Pages Department of Important: If it eny Injury or once. | | 4 Donetion 5 Other (Specify) | | Kest I | Haven Ce | | | 2–96 | Hagers | town, Maryl | and |
| Ba | Departm Departm Importar eny inju | | 21. Signeture of Funerel Service Licanse | n | 1 | 1 | CH FU | NERAL HO | | | | |
| | Street | | 23a. Part1. Enter the disease, or complic shock, or heert fellure. Liat only one | etions that caused the | deeth. Do n | 415 E | . Wil | son Blvd | 1. Hager | stown, | Md. 21740 Approximate | |
| Ų, | Physician | M | shock, or heert fellure. List only one | a causa on eech line. | | ۸٠, | | | | | Intarval Betwoonset and De | |
| | /Medical Examiner | | Immediate Cause (Finel disaase or condition | Liu | ev, | feriler. | e | | | | week | 5 |
| | LAdimilei | - | resulting In deeth) | LL Du | e to (or as e | nsequence of): | | | | | week | , |
| | uted d ansit | Examiner | b. | neg | nyon | a | - | | | | mingi | 5 |
| Ó | ficete be axecuted g physician and as the burial-transit | | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diaese or injury thet initiated events | Hen | afix | onsequence of): | e pl | aldra | then | | duse | 7 |
| 68760, | ete be hysici the bu | edical | Cause (Diagese or injury thet initiated events resulting in deeth) Lest | Du bue | to (or es e co | onsequence of): | - | () | V | | | , |
| | 20 00 | _ | d. | AS | CVI |) | | | | | pelw | 3 |
| Вох | etten for u | cian | Dort II. Other elegitleses and disease and | official and a signature to the same | -1 | Ab d - d - d | | In Board | an mila | | | |
| 0. | law requires thet the death certies been signed by the ettending 2 should be datached for use | Physician/N | Pert II. Other significant conditions cont | nouting to death but n | ot resulting in | the underlying ca | ause given | in Pert I. | | ss 2 No | ntribute to the causs of 3 Probably 4 □ U | nknown |
| S, | es the | ру Р | +1111 | | | | | | | | | |
| Records, | een si | peted | | | | | | | 24e. Was e perfor | | 24b. Wara eutopsy fin available prior to | |
| Zec | hes b | Completed | | | | | | | | | completion of ca of death? | use |
| = | Page ate | | Of Manager referred to marking | | | | | | 1 🗆 Y | | 1 ☐ Yes 2 ☐ K | ю |
| | Physicien: this certifica | o Be | 25. Wes case referred to medical examinar? | papitel: | 2 ☐ EB/O | patient 3 DO | Other | 28. Piace of Deeti | n <i>(Check only or</i> ma 5 ☐ Reside | | (Saasita) | |
| 0 | Attending Physicien: sr death. ector: After this certific by the funeral director. | n: T | 27. Mennar of Deeth | 28a. Dete of Injury (Month, Day Ye | 28b. T | - | Bc. Injury a Work? | | 28d. Describe h | | | |
| 000 | tendin leath. tor: Aff the fur | catic | 1 Natural 5 Pending 2 Accident Investigation | (1101101, 24) | ~~, | М | | s 2 No | | | | |
| _ | 7 2 5 0 | Certification: | 3 Suicida 6 Could not be determined | 28e. Piece of Injury building, etc. (\$ | At home, fer Specify) | m, street, fectory, | , offica | | 28f. Location (Si City or Town | treet end Numb n, Stete) | er or Rural Routa Numb | <i>01</i> , |
| | To the Hospital of within 24 hours of To the Funeral Discompletely filled in | | 29a. Certifier 110 Cartifying Physic | cian: To the best of m | v knowledne | death occurred a | it the time | date and place | and due to the o | ausa(s) and ma | nner as stated | - |
| | M Fur | edical | (Check unit 2 Medical Examine | er: On the basis of extend menner steted | eminetion end | or investigation, | in my opin | ion, deeth occurr | ed at the time, d | ete end piaca, | and due to the ceuse(a) | |
| | with! To th | × | 29b. Signature and title of pertifier | 11 | Λ. | 29c. | License n | number | 2 | 9d. Data signe | (Month, Day, Year) | |
| | | | of my | | 41 | MD. | 24 | 4131 | | 121 | 2196 | |
| | | | 30. Neme end address of person who con | repleted cause of death | (Item 23e) (| Type, Print) W | Met | INGTO | J com | my ! | JOSP. | |
| | Sta | te | 31. Data filed (Month, Day, Year) | 32. Begistrer's | Signature | if | ALAR | 1-51 Ou | in in | 20 2 | 1740 | |
| П | Registr | | 31. Data filed (Month Day, Year) 3 19 | 96 Julia | Buston | artell | | | | | | |

DHMH 16 Rsv 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene 95

d Mental Hygiene 96 37422

| | | | | Cei | rtificate of | Death | | Reg. No. | 0 01466 |
|---|----------------|---|---|---------------------|---|-------------------------------|-------------------------------|----------------------|---|
| | . = | 1. Decedent's Nama (First, Middla, Las | st) | | | | 2. Data of De | ath | 3. Time of Death |
| Physic /Med | | OSWALD GRA | ANT GRAYBEAI | | | | NOVEMB | ER 29 | Year 1996 12:20 A.M |
| Exami | | 4a. Facility Nama (If not institution, give | 27.534.64.67.646.64 | | | 4b. City, Town, or | | | |
| | | MALCOLM GROW N | MEDICAL CENTER | R | | CAMP SI | PRINGS | PRI | NCE GEORGE'S |
| Funeral | | Social Sacurity Number 6. S | | . last birthday) | If Under 1 Year Months Days | If Under 24 Hrs Hours Min. | | | 9. Birthpiaca (Stata or Foreign Country) COLORADO |
| Director | | 167-14-6988 | M 2□F | 83 Yrs. | Workins Days | | | 14,1913 | COLORADO |
| p s | | Usuai Rasidance of Decedent 10a. Stata 10b. County | 100.0 | ity, Town or Lo | antina | | | | |
| sho | 2 | | | Huntin | | | | | 10d. Inside City Limits 1 ☐ Yas 2 💆 No |
| No No No No No No No No No No No No No N | Director | Maryland Calver | | nuittii | | | | | |
| the of | 급 | 3813 Capital Hill | Lane | | 10f. Zip Code 206. | 39 | | 10g. Citizen of V | |
| ter deeth with the Marylen items 23s or 28s-f show inst must be notified at | Funeral | | | 10 10 | | | 16.16 | | States |
| iten de | 5 | 11. Maritai Status | 12. Was Decedant Evar in I Armed Forcas? 12. Was 2 □ No 19. | | Was Dacedent of I- If Yas, specify Cub | an, Maxican, Puar | o Rican, atc.) | | ce - Amarican Indian, ck, Whita, atc. |
| -UUZU hours efter deeth with the Marylend hours', or itema 23a or 28a-f show al Examiner must be notified at | by F | 1 ☐ Navar Married > Married 3 ☐ Widowed 4 ☐ Divorced | If Yas, Giva Yaar or Datas: 196 | 55 | 1 □ Yas 2√No | Specify: | | Specify | w. White |
| Maryland 21215-UUZU d 2 should be filed within 72 hours ef th end Mental Phytiene. 7 is marked other than "natural", or traumatic event, tra Medical Exam | | 15. Decedant's Ed | | 16a Decer | dant's Usuai Occup | nation | | 16h Kind of B | usinass/Industry |
| n net | Completed | (Specify only highast gra | da complated) | (Giva | kind of work dona DO NOT usa retire | duning most of wa | rking | | |
| J within Jiene. | E | Elemantary/Secondary (0-12) | Coilega (1-4or 5+) | Admin | istrative | e Special | list | US Ai | rforce |
| e filed il Hygin other | BeC | 17. Fathar's Nama (First, Middla, Last) | | | | 18. Mothar's Nar | | | 18) |
| Wenta Menta mrked mrked | ToB | Jonathan G. Gra | aybeal | | | Rosabe | elle Wal | ker | |
| Maryland d 2 should be (in end Mental 7 is marked of traumatic eve | | 19a. Intermant's Name/Raiationship (1 | Type, Print) | 19b. Mailir | ng Addrass (Street | and Number or Re | ıral Routa Numb | er, City or Town, | State, Zip Code) |
| alth alth 27 is | | Annita L. Graybea | al | 3813 | Capital | Hill Lar | ne, Hunt | ingtown | , Md 20639 |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | 20a. Mathod of Disposition | 201 | Piace of Dispo | osition (Nama of matory or other pla | ce) Doc A | Patas | | City or Town, Stata |
| Page ent of nt; if ry or | | M Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | | | Nationa | | | Arlingt | on, Virginia |
| permit. Pages 1 and 2 Department of Health e Important: If item 27 is any injury or other tra | | 21. Signature of Funarai Sarvice Licen | TAL. | | | | | 1 Home. | Inc 6633 Old |
| Depa lmpo | | 1 | a. Joka | | exandria | | | | |
| _ | | 23a. Part1. Entar tha disaasa, or comp shoot, or haart tailura. List only o | pilication wat causad tha dae | | | | | | Approximata |
| Physician | 7 | shock, or haart tailura. List only | ona causs on each lina. | | | | | | intarval Between Onset and Death |
| /Medical | | immediata Causa (Final diseasa or condition | CEREBROVASO | א א אווי | CCIDENT | | | | 12 DAYC |
| Examiner | | rasulting in daath) | 8. | or as a consec | | | | | 13 DAYS |
| P * | Je. | | ATHEROSCLE | | | I. VASCIII A | R DISEA | CF | |
| cuted | Examiner | Sequentially list conditions. | U | or as a conseq | | D ANDOOR | IK DIOER | OE. | |
| Pe e e | | Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Diseasa or Injury | | | | | | | 1 |
| DOX DO! DU, eeth certificate be executed attending physicien and for use as the burial-transit | Medical | that initiated evants rasulting in death) Last | CDua to (| or as a conseq | uance of): | | | | |
| entifica ling pl | Mec | Todatily East | | | | | | | |
| Deth ce for use | an | | d | | - | | | | |
| . 0 0 0 | Physician/ | Part ii. Other significant conditions co | ontributing to death but not ra- | sulting in tha u | ndarlying causa giv | ren in Part i. | 23b. Did | tobacco use co | ntribute to the cause of death? |
| requires that the seen signed by the hould be detache | Ph. | HYPERTENSION | | | | | 10 | Yes 2 No | 3 Probably 4 DUnknown |
| es tha igned be de | by | IIII EKIENSTON | | | | | | | |
| been si should | Completed | | | | | | | an autopsy ormed? | 24b. Wara autopsy findings available prior to |
| 2 8 W | pie | | | | | | | | completion of causa of death? |
| The The ate h | Sol | | | | | | 10 | Yas 2 No | 1 ☐ Yas 2 ☐ No |
| Physician: The ribis certificate | Be | 25. Was casa ratarred to medical axaminar? | | | | 26. Placa of Dea | th (Check only | ona) | |
| Physic this ca | 2 | 1 ☐ Yas 2 ☒ No | Hospital: 1 ☑ inpatient 2 □ | ER/Outpatien | t 3 DOA Oth | ar: 4□ Nursing H | oma 5 Rasi | dence 6 Oth | er (Specify) |
| fler the range of | ü | 27. Mannar ot Death 1 ⊠Naturai 5 □ Pending | 28a. Data of injury (Month, Day Year) | 28b. Tima of injury | 28c. injur Wor | y at k? | 28d. Dascribe | how injury occur | red |
| Attending or death. | cati | 2 Accidant invastigation | 1 | | M 1 🗆 | Yas 2 □ No | | | |
| or Attending effector: Affer birector: Affer din by the fune | Certification: | 3 Suicida 6 Couid not be datarmined | 28a. Piace of Injury - At h building, atc. (Speci | oma, farm, stri | aat, factory, office | | 28f. Location (City or To | | per or Rurai Routa Number, |
| a sa sa sa sa sa sa sa sa sa sa sa sa sa | | | | | | | | | |
| Hospital 24 hours Funeral letely filled | edicai | (Check only 2 Medical Exam | rsician: To the best of my kno iner: On the basis of examina | owledga, daath | occurred at tha tir | na, data and piace | , and dua to tha | causa(s) and ma | innar as stated. |
| To the Hospital or Attanding Physician: The I within 24 hours efter death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page | Med | one) | and mannar stated. | | | | | | |
| S S S S S S S S S S S S S S S S S S S | | 29b. Signature and titla of confile. | . 1 | | 29c. Licans | a number | | 29d. Data signe | d (Month, Day, Year) |
| | | Illdo 10 | meniche | n | | 35 (MARY | | NOVEME | BER 29, 1996 |
| | | 30. Nama and addrass of person who c | omplated causa ot daath (ital | m 23a) (Type, | Print) 89 MDG | G/1050 W | PERIMET | ER RD SU | ITE C1-7 |
| | | ALDO J. DOMENI | | | C ANDREW | S AIR FO | RCE BASI | E, MD 20 | 762-6600 |
| Sta | | 31. Data tiled (Month, Day, Year) | 32. Registrar's Sign | atura | | | | | |
| Registi | ar | DEC 0 3 1 | 1996 I Julia de | merror. | irdall | | | | |

State of Maryland / Department of Health and Mental Hygiene 96 37423

| | | | | | | Cei | rtificate of | f Death | | Reg. No. | | |
|---------------------|--|----------------|--|----------------------------|----------------------------------|---------------|---------------------------------------|-------------------------|----------------------------------|---------------------|------------|---|
| | Dhuala | ion | 1. Decedent's Neme (First, Middle, La | | | 1 = | 0 0 . | , | 2. Dete of I | | Year | 3. Time of Deeth |
| | Physic /Medi | | WILLIAM | 1400 | ert | 60. | snec | 6 | Vove | ember | 25,10 | 796 430gs |
|) | Exami | | 4e. Fecility Neme (If not institution, gir | | 1 | | | | wn, or Location of De | | | |
| L | | Ш | Carroll County (| | | | | | minster | | roll | |
| | Funeral | | | Sex 7. 1⊠M 2□F | Age (In yrs. In | | Months Dey | | Min. (Month, I | Birth Day, Year) | | plece (Stete or Foreign ntry) |
| | Director | | 216-22-8729 Usuel Residence of Decedent | | 70 | 115. | | | Oct. | 18, 1926 | Mar | yland |
| | and and | | 10e. Stete 10b. County | | 10c. City | , Town or Lo | cation | | | | | 10d. Inside City Limits |
| | Many | io | Maryland Carro | 11 | Wo | odbine | 2 | | | | | 1 ☐ Yes 2√2 No |
| | r 28e | Director | 10e. Street and Number | | | | 10f. Zip Code | | | 10g. Citizen of | What Cou | ntry? |
| | h with | | 7416 Woodbine Ro | oad | | | 21 | 797 | | United | Stat | es |
| | deet m | Funeral | 11. Maritel Stetus | 12. Wes Decede | | | Wes Decedent of | Hispanic Ori | gin? (Specify Yes or I | | | can Indien, |
| 0 | 72 hours after deeth with the Maryland neturel', or Neme 23a or 28a-f show diest Examiner must be notified at | | 1 Never Merried 2 Merried | 1 2 Yes 2 | □ No | | 1 □ Yes 2⊠ No | | i, rueno rican, etc.) | | ck, White, | |
| 90 | Pref. | d by | 3 ☒ Widowed 4 ☐ Divorced | Yeer or Dete | s: WWI | I | 100 22210 | ороспу. | | Specif | Wh: | ite |
| 5 | d within 72 hours piene r then "neturel", the Medical Ext | Completed | 15. Decedent's E (Specify only highest gro | ducation ade completed) | | (Give | lent's Usuel Occi kind of work don | e during mos | t of working | 16b. Kind of B | usiness/In | dustry |
| 12 | iene. than " | du | Elementery/Secondery (0-12) | College (1-4 | or 5+) | | oo <i>nor use retir</i> ed Truck | , | | Poltdmor | то То | nk Lines |
| d 2 | e filed y | | 12th grade 17. Fether's Neme (First, Middle, Last | 1 | | Ketire | ed Iruck | | er's Neme (First, Midd | | | iik Lilles |
| an | Mental Mental or arked or artic eve | Be C | Jacob Peter Gosi | | | | | | Hazel Cla | | 10) | |
| Maryland 21215-0020 | 2 should be and Menta is marked surmatic ev | 2 | 19e. Informent's Neme/Reletionship | | | 19b Meilir | ng Address (Stree | | er or Rural Route Nun | | State 7in | n Codel |
| | od 2 lith a 27 is 7 is | | Debra Ann Gosnel | | iter | | Normand | | | ersburg, | | 33708 |
| re, | other tr | | 20e. Method of Disposition | | 0.0 | ece of Dispo | sition (Neme of netory or other pi | lecel | Dete | 20c. Location | City or To | own, Stete |
| E | Pages nent of H ant: If Ne | | 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special | | ete | | | | em Dec. 12 | Garris | son. | MD |
| Baltimore, | 교원관등 | | 21. Signature of Funerel Service Lice | | Julia | | . Name end Add | | | | | |
| Ö | Depariment impo | | 1 Homos | 6 (} | gread | В | irrier-Q | ueen F | uneral Di | rectors, | P.A. | D 21794 |
| | - | | 23e. Part 1. Inter the disease, or come should be a controlled the | plications thet cau | sed the death | Do not ent | er the mode of dy | Id L1D ring, such es | erty Road cardiac or respiretory | winite. | La, M | Approximete |
| ŧ. | Physician | | shork or neer tellure. List only | one cause on eec | n line. | 1 | | | | | 1 | Interval Between Onset end Deeth |
| и | /Medical | | fmmediete Cause (Finel diseese or condition | LUN | 6 C | ANICE | 2R W | 1774 N | 1854554 | 212 | 15 | 3DAUC |
| | Examiner | | resulting in deeth) | a | | es e conseq | | 1.7.7 | [0]:[3]:[| 212 | - 1 | 24.112 |
| - | D = | iner. | _ | . 10 | Civer | R A | NO B | DONS. | | | 1 | |
| | eath certificate be executed ettending physician and for use as the burial-transit | Examiner | Sequentially list conditions, | D | Due to (or | es e conseq | | | | | | |
| 60, | cian cian purial | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury | CAST | TROTA | UTES? | TNAL | BLE | EDING | _ | 12 | DA45 |
| 68760, | ertificate be execut fing physician and se as the burial-tran | edicai | thet initieted events resulting in deeth) Last | | Due to (or | es e conseq | uence of): | | - | | | |
| × | ding ding | 2 | | d | | | *** | | | | i | |
| Bo | death e etter | Physician | | | | | | | | | | |
| P.O. | that the de ed by the detached | hysi | Pert II. Other significant conditions of | | 4 | | | | | | | o the cause of death? |
| | es thet igned b | by Pl | ANEMIA, CO | NGESTIL | re 1te | ART | FAIL | URE | <u></u> | Yes 2 No | 3 Pro | bably 4 - Unknown |
| Records, | requires thet | | | | | | | | 24e. We | es an autopsy | | ere autopsy findings |
| 00 | > ~ 0 | lete | ALCHOHOUISM | | | | | | pe | rlormed? | / 00 | vaileble prior to empletion of cause deeth? |
| Re | The law ate has b | Completed | | | | | | | 10 | Yes 2 No | | |
| Vital | ician: The lav certificate has rector, page 2 | BeC | 25. Wes case referred to medical | | | | | 26 Place | of Death (Check only | | | ☐ Yes 2 I No |
| | | 0 | examiner? | Hospitel: | atient 2□F | ER/Outpetien | t 3□ DOA O | ther: | rsing Home 5 Re | | er (Snecii | (v) |
| o | er this | n: T | 27. Manner of Death | 28e. Dete of I | | 28b. Time of | | | | e how injury occur | | " |
| 0 | Attending or death. | atio | 1 Neturel 5 ☐ Pending investigatio | n | Day (bal) | Injury | | Yes 2 | No | | | |
| Division | after deati Director: | Certification: | 3 Suicide 6 Could not b | 266. Piece of | Injury - At hor etc. (Specify | me, ferm, str | eet, fectory, office | 3. | | (Street end Numi | ber or Run | al Route Number, |
| ٥ | tal or A | Ce | | | 0.0. (0000) | | | | | , | | |
| | To the Hospital or Attending Ph. within Z. Hours after death. To the Funeral Director: After thi completely filled in by the funeral | edical | (Check only 2 Medical Exar | ysician: To the be | st of my know | ledge, deeth | occurred et the | time, date en | d plece, end due to the | e ceuse(s) end m | enner es s | itated. |
| | the the the the the the the the the the | Med | one) | end menner | steted. | | | | | | | |
| | 5 × 5 0 | | 29b. Signature end title of certifier | 11.10 | 100 | 1 | Sac Ficel | nse number | 7.1 | 29d. Date signe | o (wonth, | 2 (100 / |
| | | | - vun N. Sau | entrues | NW | / | 100 | 0 | | rovery | BEL | · W,1996 |
| | | | 30. Name and address of person who | completed cause of | deeth (Item | 23e) (Type, | Print) And Ah | 16 1.10 | STHINITE | 1 MAAN | (AA | 0 |
| | Sta | te | 31. Dete filed (Month, Day, Year) | | | | | cwę | 21.1.011 | Clankel | 21.0 | 21157 |
| | Registr | _ | NOV 2 9 | 1996 | strer's Signal | eerlan | all | | | | | |
| | | | | | | | | | | | | |

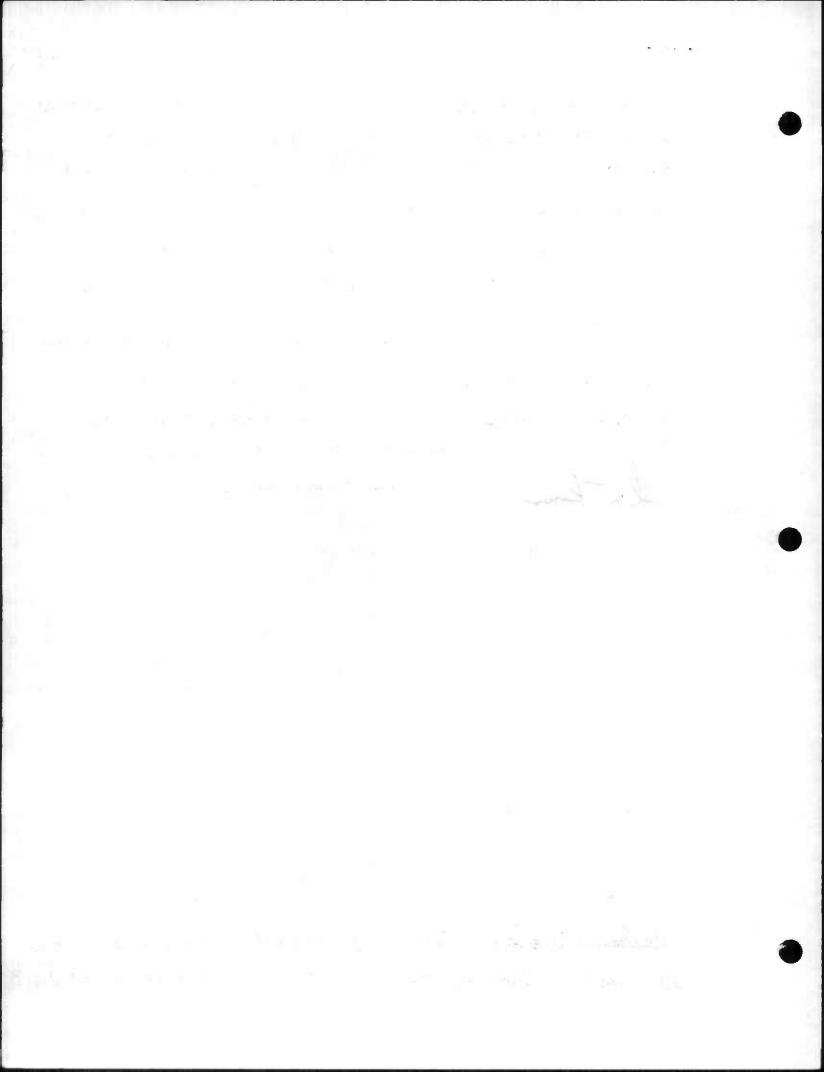
Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death 30,1996 **Physician** Month November Harry Elmer Henry, Jr. 10:10 AM /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Dorchester General Hospital Cambridge Dorchester | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Yeer | Nov 18, 19 5 Social Security Number 6. Sex 1 X M 2 ☐ F 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign Country) Maryland **Funeral** Yrs. 214-07-7987 Director 80 Usuel Residence of Decedant filed within 72 hours after death with the Maryland 10e Stete 10h Counts 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Dorchester Cambridge XX Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Herns 23a 410 Boundary Avenue 21613 IIS Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, atc. 1 Nevar Merried XX Merried 1 ☐ Yas A No Specify: 21215-0020 White ò Completed by permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiena. Important: If them 27 is marked other than "natural", a any liqury or other traumatic event, the second page 1000. 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) Mechanic/Machinist 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamentery/Secondary (0-12) College (1-4or 5+) Publishing Company Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumema) Be Elmer Harry Henry, Mary Frances Sinclair 2 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Sonia H. Smith Daughter 306 Ferndale Avenue Ferndale, Maryland 21061 20b. Place of Disposition (Nama of commatery, crematory or other place)

Dorchester Memorial Park 12/3/96 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cremetion 3 Ramovei from Stata Cambridge, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licansee 22. Nama end Addrass of Facility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 23a. Party Entar tha diseasa, or complications that caused tha death. Do not entar the moda of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each line. Approximate Interval Between **Physician** /Medical Immediate Causa (Finai . RENAL disaasa or condition rasuiting in daath) Examiner CANCER 6 MONTHS The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disease or injury that initiated evants resulting in death) Last and Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. attending physician for use as the burie Physician/Medical Due to (or es e consequenca of). Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. been signed by the a should be datached t 23h. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown FRACTURE LEFT þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yas 2 No 1 ☐ Yes 2 XNo After this cartificata Attending Physician: Be 25. Was casa raferred to medical 28. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 ☐ Yas 2 No impatient 2 ER/Outpatient 3 DOA To the Hospital or Attending Physi within 24 hours after death.

To the Funeral Director: After this c completely filled in by the funeral dir 27. Mennar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding invastigation 1 Naturei 1 Yas 2 No 2 Accidant 3 ☐ Suicida 6 Could not be 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 D Homicide Certifying Physician: To the best of my knowladga, dasth occurred at tha tima, data and placa, and due to the cause(s) end manner as steted.

2 Medical Examinar: On the best of axamination end/or invastigation, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature end titla of cartifier 29c. Licanse number 29d. Dete signed (Month, Day, Year) -16609 30. Nama and address of person who completed causa of death (Item 23e) (Type, Print) 503 BYRN ST. CAMBRIDGE MD. 2613 -MOSKEWICZ MUCHAEZ 31. Date filed (Month, Dey, Year) 32. Registrar's Signetura State Jalia Dhudson Rendall

Registrar



State of Maryland / Department of Health and Mental Hygiene

37425

| | | | | | | Cert | tificate of | f Death | | Reg. No. | | 0 1 7 2 0 |
|--|-----------------|--------------|---|---|---------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------|-------------------------|-------------|--|
| | | _ | 1. Decedent's Nema (First, Middle, Last | ") | | | | | 2. Data of D | | V | 3. Time of Death |
| | sicia: edica | - | WALTER ALI | FRED HIG | GGS . | JR. | | | Novemb | er 24.1 | 1996 | 8:10 PM |
| | mine | _ | 4e. Facility Neme (If not institution, giva | | | | | 4b. City, Town, | or Location of Dea | | | 0.110 |
| | | | 7448 Glen Albi | in Road | | | | La Pl | ata | Char | rles | |
| Fune | rai | П | 5. Social Sacurity Number 6. Sa | x 7. Aga | (In yrs. last b | irthday) | If Undar 1 Yaa | r If Under 24 h | | | | piece (Steta or Foreign |
| Direct | _ | | 214-30-2365 | ŽM 2□F | 82 | Yrs. | Months Day | s Hours N | March | inh 29,1914 | Mar | yland |
| D | | | Usuet Residence of Decedent | | | | | | | | 1141 | , Luii G |
| ahow | 3 | | 10a. Stete 10b. County | | 10c. City, To | wn or Loca | ation | | | | 1 | IOd. inside City Limits |
| Ma Sfired | | | Maryland Charl | les | La P | lata | | | | | | 1 ☐ Yes 🏋 📉 No |
| 5 th | | | 10e. Street and Number | | | | 10f. Zip Coda | | | 10g. Citizen of 1 | What Cour | ntry? |
| th wi | | | 7448 Glen All | oin Road | | | 2 | 20646 | | Ţ | J.S. | Α. |
| 5-0020 72 hours efter death with the Maryland natural', or itema 23a or 28a-1 show | | Laneral | 11. Meritei Stetus | 12. Wes Decedent Ev Armed Forces? | rar In U,S. | 13. W | as Decedant of | Hispanic Origin? ban, Mexican, Pu | (Specify Yas or N | | e - Amaric | |
| of effe | | | 1 ☐ Never Merried X2X Married | 1 ☐ Yes À\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | ☐ Yes XXXN | | ono i noun, oto., | | | |
| 21215-0020 of within 72 hours of giene. | | Completed by | 3 Widowed 4 Divorced | Yaar or Detes: | | | D 162 VN | э эрвину. | | Specify | /: W1 | hite |
| 15-00: | | 200 | 15. Decedent's Edu (Specify only highest grad | | 180 | (Give k | ent's Usuel Occi | e during most of | workina | 16b. Kind of B | usiness/In- | dustry |
| 2121 I within ione. | | | Elementery/Secondary (0-12) | Coilege (1-4or 5+) |) | Ille. Do | Guard ⁱⁱⁱ | red) | • | \$ecurit | y.Pl | EPCO |
| | | 5 | 8 | | | Far | mer | | | Farmir | - | |
| | 6 | ō I | 17. Fether's Nema (First, Middle, Last) | | _ | | | | Neme (First, Middl | | 10) | |
| arylan should be nd Mental marked o | | 2 | Walter A. H | | Sr. | | | Nin | | oughs | | |
| Maryla | | | 19e. fnforment's Neme/Retetionship (T) | | | | | | Rural Route Num | | | |
| | | | Maria Jane Hig | ggs | , | | | Albin | Road, La | | | |
| 0 50 2 2 | | | 20e. Method of Disposition 1 ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ | Removei from State | 20b. Piece cemet | of Disposi e <i>ry, creme</i> | ition (Neme of story or other p | (ace) | Date | 20c. Location - | City or To | wn, State |
| Pages ment of I | | | 4 Donetion 5 Dother (Specify) | territore nom crete | St. I | Igna | tius C | emeter | y 11/29 | /96Char | pel 1 | Point, Md |
| Baltimore, permit. Pages 1 er Department of Heer Important: If then: any injury or othe | Duce. | | 21. Signature of Funaral Service-Licens | 9 0 1 | Λ | 22. | APPHAT | TECHOL | S FUNER | AT HOME | 7 71 | NC |
| m saff | a | | 700 | Korla 1 | M>001 | 74P | .O. Bo | × 567 | , La Pl | ata. Mo | 1. 2 | 0646 |
| | | | 23a. Pert1. Enter the disease, or compleshock, or heert feilure. List only of | ications that daused | | | | | | | | Approximate Interval Between |
| Physicia | an | | SHOOK, OF HOOK FORDING. COM GRAY O | no years on boon iye | *: | | | | | | 1 | Onset and Death |
| /Medic | al | | Immediate Cause (Finet disaesa or condition | | (| 0,0 | G. | A- | | | 1 | |
| Examin | er | | resulting to death) | | ue to (or es e | consequ | and on | Max | | | 1 | |
| | | 5 | | (Fit | 0 10 (01 03 6 | Consequ | 100 01). | | | | | |
| X 68760, certificate be executed ding physician and se as the buriel-transit | - Columba | | Sequentially list conditions | b. — | ue to (or es e | consequ | ence of): | | | | | |
| dar a | | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury | | | | | | | | ì | |
| 68760, tificate be exe g physician as the burial | Modical | 2 | that initiated events resulting in death) Last | D | ua to (or as e | conseque | ance of): | | | | | |
| ox 68 certifica ding ph | 3 | | Tooding in douting cast | | | | | | | | 1 | |
| 0 = 53 | 1.5 | | | d | | | | | | | 1 | |
| . 0 0 2 | Dhveloler | 2 | Pert II. Other significant conditions cor | ntributing to death but | not resulting | In the und | derlying cause (| given in Part I. | 23b. Die | d tobacco use co | ntribute to | o the cause of death? |
| P.O. at the d by the otache | 1 | | T. L | 20 5 | . 1 | | | | 10 | Y•• 2□ No | 3 Pro | bably 4 Unknow |
| S the | 1 | | Uspualia | - | serent. | سبر | 3 | | _ | | | |
| VITAI RECOTES, P sictan: The law requires that certificate has been signed b irector, page 2 should be dete | 1 | | 0H | 1. T | 1.1. | + | | W . | 24a. We | s an eutopsy formed? | 24b. W | era autopsy findings eilable prior to |
| law re | 100 | 2 | Course 20 | umra | 14-00 | <u>U</u> | 1 Jan | u | - | | CO | emptetion of cause death? |
| The lay ate has page 2 | | 5 | | | | | | | 10 | Yes 2 No | 1[| □Yes 2□No |
| VITAL I | S S | | 25. Was case referred to medical | | | | | 28. Place of I | Deeth (Check only | () | | |
| Of Vita Physician: this certific ral director, | E S | | examiner? 1 ☐ Yes 2 1 No | fospitel: | 2 ER/0 | Outnatient | 3□ DOA C | Mhoe | g Homa 5 € Ra | | er (Specif | h/) |
| O £ 5 0 | 1 7 | | 27. Menner of Deeth | 28a. Deta of Injury | 28b. | Time of | 28c. Inj | | | how Injury occur | | 77 |
| IOD vding th. :: After e fune | 1 | | 1 Neturei 5 ☐ Pending 2 ☐ Accident Investigation | (Month, Day) | rear) | injury | | onk? ☐Yes 2☐No | | | | |
| DIVISION If or Attending after death. Director: After d in by the fune | 2 | 2 | 3 ☐ Suicide 8 ☐ Could not be | 28e. Plece of Injury | y - At homa, i | ierm, stree | et, fectory, office | θ | | (Street and Numb | ber or Run | al Route Number, |
| din de la | Certification: | 5 | 4 Homicide | building, etc. | (Specify) | | | | City or Ti | own, Stete) | | |
| Hospital of 24 hours a Funeral Dietely filled | 10 | | 29e. Certifier 1 Certifying Phys | sician: To the bast of | my knowledg | e, deeth d | occurred et the | time, dete and pt | ece, and dua to the | e cause(s) and ma | anner as s | teted. |
| DIVISION To the Hospital or Attant within 24 hours after death To the Funeral Director: completely filled in by the | Alical | 2 | (Check only 2 Medical Examinations) | ner: On the basis of e end menner stete | xamination a | nd/or inve | stigetion, in my | opinion, deeth o | courred et the time | , dete end ptece, | end due to | the cause(s) |
| Fo th | A | | 29b. Signetura and titla of certifier | | | | 29c. Licar | nsa number | | 29d. Date signe | d (Month, | Dey, Year) |
| | | | 1 Jm | LMI | 4.0 | | r | 0100 | a | 11-2 | 15- | 96 |
| | | - | 30. Neme and address of person who co | mnieted ceuse of doc | th (ttem 220) | (Tuna D | | 0100 | | | | |
| | | | Henry L. Burke MD | La Plata | | _ | 20646 | | | | | |
| | State | | 31. Data filed (Month, Day, Year) | 32. Registrer | | Land | 20070 | | | | | |
| | state istrar | | | 1996 Dyale | | sor Ka | rdall | | | | | |
| DUMP 46 Day | c/DE | | DLOOO | 0 | | 1 | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth 3. Time of Death Month Day Year NOVEMBER 30, 1996 **Physician** DOROTHY R HERBERT 9:30 pm /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner DOCTORS COMMUNITY HOSPITAL LANHAM-SEABROOK PRINCE GEORGE'S CO. If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) ff Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Months Deys Yrs. 1919 Virginia Director 579-10-6997 Usuei Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show solical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Prince George's Forestville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8107 Redview Drive 20747 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 11. Maritai Status filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married 21215-0020 White 1 ☐ Yes 2 ☐ No Specify: Completed by 3 □ Widowed 4 □ Divorced The Medical 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry I Hygiane. Eiementary/Secondary (0-12) Colleger (1-4or 5+) Secretary Trailways Bus Lines 12th Pages 1 and 2 should be filed went of Health and Mental Hygia int: If item 27 is marked other t Baltimore, Maryland 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Sumama) Be Austin Dietz Mattie M. Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) item 27 is other tra James A. Herbert (Son) 7221 Sheila Turn Clinton, Maryland 20735 20a. Method of Disposition 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State Decale 3. 1 ⊠ Burlei 2 □ Cremetion 3 □ Removal from State Depertment o important: If any injury or = 5 Clinton, Maryland 1996 4 ☐ Donation 5 ☐ Other (Specify) Resurrection Cemetery 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md20735 med the beath. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the disease, or complications the shock, or heart failure. List only one cause q Approximate Interval Between Onset and Deeth **Physiclan** /Medical immediate Cause (Final disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Box 68760. Completed by Physician/Medical for use Part II. Other significant conditions contributing to death but not resulting in the ur 23b. Did tobecco use contribute to the cause of death? Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 MUnknown 24a. Was an autopsy performed? 24b. Were autopsy tindings aveilable prior to completion of cause of death? page 2 2 10 No 1 ☐ Yes 2 ☐ No certificata of Vital or Attending Physician: Be referred to medical 26. Place of Death (Check only one) Hospital: 1 paperient 2 ER/Outpetient 3 DOA 2000 Other: 4□ Nursing Home 5□ Residence 6 □Other (Specify) Certification: To 1 ☐ Yes this funeral 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After Division Maturai 5 Pending 2 No 24 hours after death.

Funeral Director: A 2 Accident investigation 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicide Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Certifler Medical (Check only one) within 2 To the 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year)

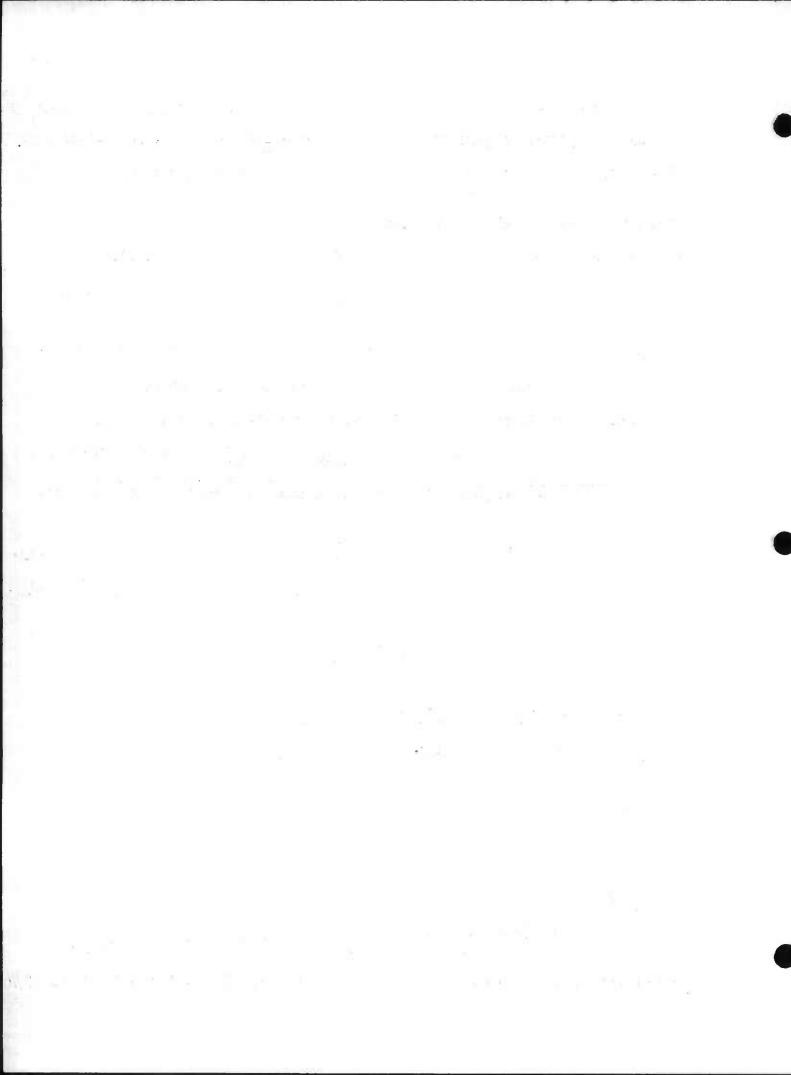
Julia Davideor Rardall

le Read # 220

State Registrar 30. Name and address of person who completed cause of death (Item 23a)

(Month, Day, Year)

DEC 0 3



State of Maryland / Department of Health and Mental Hygiene

37427

| | | | | | Cer | tificate | e of | Death | | | Reg. No. | | |
|---|------------------|--|--|----------------------------------|---|---------------------------|--------------------|------------------|------------|-------------------------------|------------------------------|--------------|--|
| Division | | 1. Decedent's Name (First, Middle, Le | st) | | | | | | | 2. Date of D | | U.S. | 3. Time of Death |
| | ician dical | CARL | | | HEL | | | | 1.1 | Month NOU- | Day | Year 1996 | 3:15 pm |
| | niner | 4e. Facility Name (If not institution, give | re street and number) |) | 10/ | 7 | | 4b. City, To | wn, or Lo | ocation of Dee | | nty of Death | V.15 p |
| | | Washington Adven | tist Hospi | ital | | , | | Takoma | a Par | rk | Monte | gomery | * |
| Funer | al | | | ge (In yrs. last t | oirthday) | If Under | 1 Year | If Under | 24 Hrs. | 8. Date of B | | - | / plece (State or Foreign |
| Direct | _ | 579-42-6237 | IXM 2□F | 79 | Yrs. | Months | Days | Hours | Min. | (Month, D | 5, 1917 | Cou | ntry) isiana |
| D | | Usual Residence of Decadent | | | | | | | | TCD. | J, 1)1/ | Lou | ISTAIIA |
| ylan | | 10a. State 10b. County | | 10c. City, To | wn or Lo | cation | | | | | | | 10d. Inside City Limits |
| Mar Mar | Į. | MD Prince | George's | River | dale | | | | | | | | 1 No Yes 2 No |
| r 28 | <u> </u> | 10e. Street and Number | | | | 10f. Zip | Code | | | | 10g. Citizen o | of What Cou | ntry? |
| 3a o | 2 | 5007 Somerset Roa | ad | | | 2073 | 37 | | | | U.S.A. | | 100 |
| 72 hours after death with the Manyland "naturel", or frems 23s or 28s-f show dieal Examines must be notified at | Funeral Director | 11. Marital Status | 12. Was Decedent | Ever in U,S. | 13. V | Vas Decede | ent of H | lispanic Ori | igin? (Spe | ecify Yes or N | o- 14. R | ace - Americ | can Indian, |
| , i i i | F | 1 Never Merried 2 Married | Armed Forces? | | | | | | | Rican, etc.) | В | lack, White, | etc. |
| d within 72 hours aft giena. or than "naturel", or | by | | If Yes, Give Year or Detes: | | 1 | ☐ Yes 2 | X No | Specify: | | | Spec | white | te |
| 2 ho | Completed | 15. Decedent's Ed | ducation | 16 | a. Decad | ent's Usual | Occup | pation | | | 16b. Kind of | Business/in | dustry |
| 5 2 | D e | (Specify only highest gra | College (1-4or ! | 5.) | (Give I | kind of work O NOT use | k done e retire | during mos d) | t of worki | ing | | | Cente |
| Hod with! Hygiena. ther than | l e | Lienterially/Secondary (5-12) | 4 | | Medio | al Si | ממו | ly Mar | nager | | Washir | oton | Hospital |
| | Be | 17. Fether's Name (First, Middle, Last) | | | | | | | | | , Maiden Sum | | Moopitul |
| id 2 should be lile th and Mantal Hy ?7 is marked other traumatic event | ToB | Joseph Franklin | Henry | | | | | Anni | ie Na | roices | McRigh | a tr | |
| d 2 should th and Man 7 is marke traumatic | | 19a. Informant's Name/Relationship (| | 19 | b. Mailin | Address | (Street | | | | ber, City or Tow | | Code) |
| nd 2 lith a 27 is | | Mary E. Henry - 1 | Daughter | į. | | | | | | | | | |
| permit. Pages 1 and 2 Department of Health Important: If Item 27 I any Injury or other tra | | 20a. Method of Disposition | | 20b. Place | of Dispos | ition (Nam | e of | | | Dete | 20c. Location | , | |
| age ant of t: # i | 4 | | | | - | | | - | 11/ | 00/00 | | | |
| ~ = = = | اه | Mary E. Henry - Daughter 20a. Method of Disposition 1 Burial 2 M Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature of Fungrai Service Ligensee 4 22. Name and Address of Facility 4 22. Name and Address of Facility | | | | | | | | | | | Virginia |
| Depe | DUCE | 21. Signature of Furnatal Service Liter | (/ | 1 1 | Fi | ancis | G G | asch's | S Sor | s Fune | ral Hon | ne. P. | Α. |
| | | A tonsla | nee th | auch | 47 | 739 Ba | alti | imore | Aver | nue, Hy | attsvil | lle, M | D 20781 |
| | | 23a. Part1. Enter the disease, or com- shock, or heart failure. List only | plications that caused one cause on each li | d the deeth. Do | not ente | r the mode | of dylr | ng, such as | cardiac c | or respiratory | arrest, | | Approximate Interval Between |
| Physicia | _ | | 7 | | | 0 | | | | | | | Onset and Deeth |
| /Medica | _ | Immediate Cause (Final disease or condition | Peri. | tonitis | - / | Sac | Ten | 201 | | | | | days |
| Examine | 100 | resulting in death) | | Dun to / | tis - Baeterial (or es a consequence of): | | | | | | | | |
| D ## | i e | | Cono | nany | an | 1 ery | 1 | 015 80 | 110 | | | | YEARS |
| tificate be asscuted g physician and as the bunel-transit | Examiner | Sequentially list conditions, if any, leading to immediate | b | Due to (or as a | consequ | ence of): | | | | | | - | |
| e axe ian a urial- | | if any, leading to immediate cause. Enter Underlying | Cong | gostiv | e f | Hear | + | Fai | lun | e | | | Vears |
| cartificate be axecuding physician and se as the bunal-train | edicai | cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last | C | Due to (or as e | | | | | | | | | 7 60.00 |
| ding pl | Med | rooding in douting East | | | | | | | | | | | |
| | | | d | | | | | | | | | | |
| death of atten | SC. | Part II. Other significant conditions co | ontributing to death b | ut not resulting | in the un | derlying ca | use div | en in Part i | | 23h Did | tobacco use c | ontribute to | o the cause of death? |
| that the death led by the atter detached for u | Physician | | | | | | 200 g.: | | | | Yes 2 No | | / |
| as tha | by F | | | | | | | | | | 100 2010 | 0_110 | Salsiy 42 Stikilowii |
| requires that the peen signed by the should be detach | | | | | | | | | | 24e. Was | an autopsy | 24b. W | ere autopsy findings |
| - Jul (1) | let | | | | | | | | | perf | ormed? | CO | allable prior to impletion of cause |
| e law has b | Completed | | | | | | | | | | | of | déeth? |
| ician: The li certificate ha rector, paga | | | | | | | | | | 10 | Yes 2 No | 10 | Yes 27 No |
| Physician: this certific | Be | 25. Was case referred to medical examiner? | Hospital: | | | | 04 | | of Death | (Check only | one) | | |
| this dir | 2 | 10 165 2/2 140 | Hospital: 12 Inpatie | | | 3□ DOA | | 4 🗆 Nu | rsing Hor | ne 5 🗆 Res | ldence 6 □ O | ther (Specif | y) |
| After Iuner | Certification: | 27. Manner of Death 1 Natural 5 ☐ Pending | 28a. Date of Injui | | Time of Injury | | c. Injur Wor | k? | | 28d. Describe | how Injury ooci | nred | |
| Attending ir death. | cati | 2 ☐ Accident investigation | | | | М | 1 🗆 | Yes 2□I | No | | | | |
| or Attendation of Director: | E | 3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined | 28e. Placa of Inju- building, etc | ury - At home, f c. (Specify) | erm, stre | et, factory, | office | | 2 | 28f. Location (City or To | Street and Nun wn, State) | ber or Rura | Al Route Number, |
| the Hospital or Attending Physician: in 24 hours after death. The Funeral Director: After this certific pletely filled in by the luneral director, | | | | | | | | | | | | | |
| t hou une ely fil | edicai | 29a. Certifier 12 Certifying Phy (Check only 2 Medical Exam | vaician: To the best of iner: On the basis of | of my knowledg | e, death | occurred et | the tin | ne, dete and | d place, a | and due to the | cause(s) and n | nanner as si | tated. |
| To the Hospital | 8 | | and manner sta | ated. | | | | | ar occurre | or the lime, | uate and place | , end due to | uie cause(s) |
| 2128 | Σ | 29b. Signeture and title of certifier | 1 | MA | | | | e number | | | 29d. Date sign | ed (Month, | Day, Year) |
| 110 |) | 1 /Cosut 12 | n rior a | ~ | | 20 | 284 | 6 (1 | MARY | LAND) | Nov | ember | 25, 1996 |
| (12) | | 30. Name end address of person who g | completed cause of de | eath (Item 23a) | (Type, P | rint) | | | | | | | |
| | | Robert Dis | ompleted cause of de | Candi | 0/090 | Dep. | 4, 7 | 7600 C | arro | 11 Avor | we Tal | Koma 1 | Park MD |
| s | tate | 31. Date filed (Month, Day, Year) | 32. Applistra | ar's Signature | | | | | | | | | 20912 |
| Regis | | NOV 2 7 19 | 96 John | ar's Signature | Karla | U. | | | | | | | |
| | | 110.0110 | | | | | | | | | | | |

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Physician

/Medical

Examiner

, Funeral

Director

or 28a-f show

items 23s

the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours effar death 1 Department of Heelth and Mentel Hygiane. Important: If Item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Wed

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

Be

2

with the Maryland

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Death 3. Tima of Deeth NOV. 21, 1996 VENA R HEATH 1030 A 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth #5 CATOCTIN CT. MONTGOMERY SILVER SPRING If Undar 24 Hrs. 8. Data of Birth (Month, Day, 5. Social Security Number If Undar 1 Yeer 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) Days 1 M 2 XF 41 NA Yrs Jul 1955 Jamaica Usual Rasidance of Dacadant 10b. County 10e State 10c. City, Town or Location 10d. Insida City Limits MD Montgomery Silver Spring Yas 2 No 10e. Straat and Number 10f. Zip Code 10g. Citizen of What Country? #5 Catoctin Court 20906 Jamaica 12. Wes Decedant Evar in U,S Armad Forcas? 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian Black, Whita, atc. 1 Navar Merried 2 Merried 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Datas: 1 ☐ Yes 2 No Specify Black 3 ☐ Widowed 4 ☐ Divorcad 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grada completed) Elamantary/Sacondary (0-12) Collage (1-4or 5+) 12 + Merchant Private Industry 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Balford Heath Elizabeth Lewis 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) #5 Catoctin Court, Silver Spring, MD 20906 Bridget Desnoes/Cousin 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 🖫 Ramoval from Stata Old Harbor Cemetery 12/8/96 4 ☐ Donation 5 ☐ Other (Specify) St. Catherine, Jamaida 21. Signature of Funaral Service Licansae 22. Nama end Addrass of Fecility R. N. Horton Co. Morticians, Inc. 600 Kennedy Street, N. W., Wash., DC 20011 23a. Part1. Entar tha diseesa, or complications that causad tha death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Between Onsat and Deeth Immediata Cause (Final disaasa or condition rasulting in death) Sequentially list conditions, if eny, laading to immediate cause. Entar Undarlying Causa (Disaasa or injury that initiated evants resulting in daeth) Last Dua to (or as e consequança of): Dua to (or as e consequence of) Part II. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably ★ Unknown

Physician /Medicai Examiner

the

signed by I

page 2 s SBC

certificate

this

Hospital or Attending Physician:

å,

Tol

deeth. s after deeth.

I Director: A
d in by the fu

within 24 hours

completely

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medical þ Completed Be Certification: To

edicai

24e. Was an eutopsy performad?

24b. Wara autopsy findings evailabla prior to complation of cause of deeth?

Yes 2 No 1€ Yas 2□ No

| 25. | Was casa rafarred to axaminar? | medical | | | | 20 | 6. Placa of Da | ath (Check only ona) |
|-----|--------------------------------|---------------------------|---|------------------------|---------|------------------------------------|----------------|---|
| | YSYas 2□ No | | Hospital: 1 Inpatiant 2 | ☐ ER/Outpatient | 3□ | DOA Othar: | 4 Nursing H | Homa 5 □ Rasidenca 6 □ Othar (Specify) |
| 27. | 2 Accident | Panding invastigation | | 28b. Tima of Injury | М | 28c. Injury at Work? 1 ☐ Yes | | 28d. Describe how injury occurred |
| | 3 Sulcida 65 4 Homicida | Could not ba datamined | 28a. Placa of Injury - At building, atc. (Spec | homa, farm, stree | t, fect | ory, office | | 28f. Location (Street and Number or Rural Routa Number City or Town, Stata) |

29a. Cartifier

29b. Signature and title of certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es steted. XIX Madical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and piece, and due to the causa(s) end manner steted.

29c. Licansa number 29d. Data signed (Month, Day, Year)

OCME

NOV.22,1996

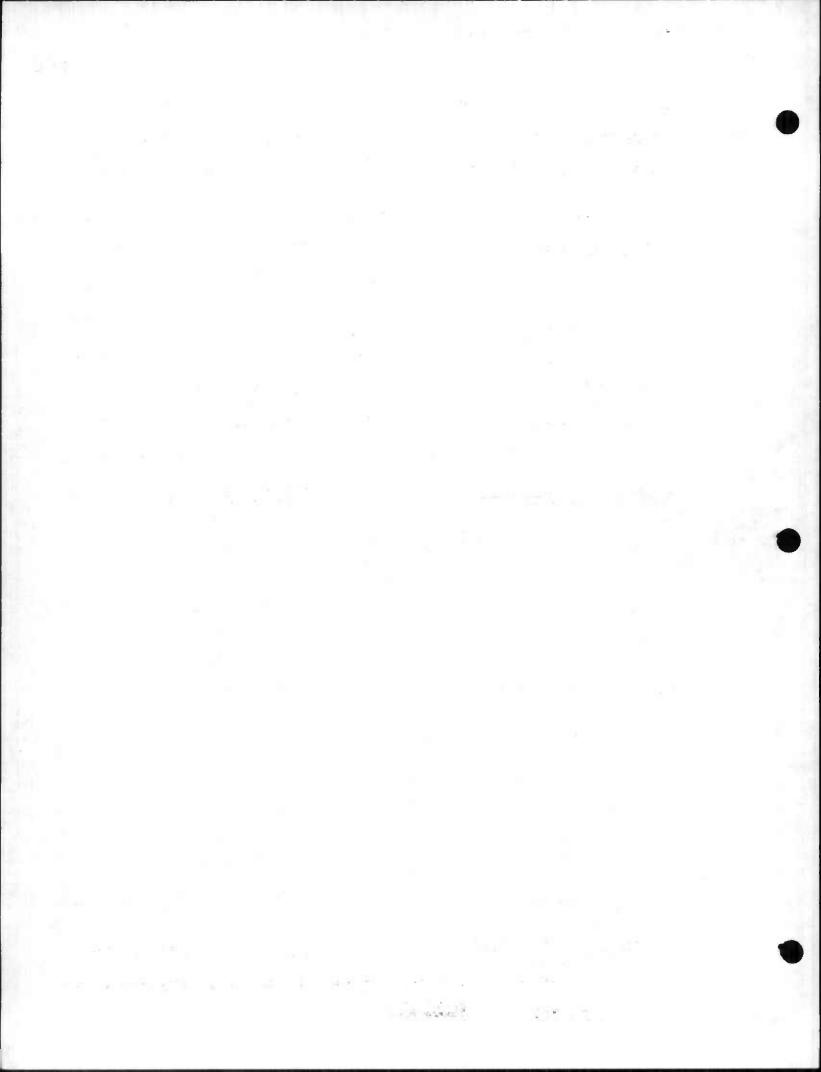
30. Nema and address of person who completed causa of deeth (Itam 23e) (Type, Print)

hutemp 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year)

State Registrar

NOY 27





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Amended # 5. P.G. C. 12-2-96 CR Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Daath 3. Tima of Deeth **Physician** FRANCIS 257 Cm 20, 1996 NOV /Medical 4e. Fecility Neme (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Laurel Regional Hospital Laurel Prince George's 5. Sociel Security Number 2 1 9 6 1 - 0 2 3 5 If Undar 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) If Undar 1 Yaar 8. Dete of Birth (Month, Day, Yeer) 8 / 18 / 24 9. Birthplece (State or Foreign Country)
Wash., D.C. **Funeral** Deys 1₫M 2□ F Yrs. Director Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location tem 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Mayical Examiner must be notified at 10d. Inside City Limits Md. P.G. Laurel Director 1 ⊠ Yas 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 9639 Muirkirk Rd. # 172-B 20708 U.S.A. permit. Peges 1 and 2 should be filed within 72 hours effer death a Department of Heelith and Mentel Hygiene. Important: If them 27 is marked other than "natural", or frems 23s eny Injury or other traumatic event. In a limit Funeral Was Decedant Evar In U.S. Armed Forcas? 13. Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Black, Whita, etc. 1 Yes 2X No If Yes, Give Year or Detes: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Black à 3₺ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 9th Truck Driver Private Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumema) Sherman Harris Eva Whalen 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Allan Harris/Brother 1551 Laurel Walk Dr., Laurel, Md. 20708 20b. Pleca of Disposition (Nema of cemetery, cremetery or other plece)
Harmony Mem. Park 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Bunei 2 Cramation 3 Removal from Stete 11/25/96 Landover, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility H.S.Washington & Sons, Inc. 4925 Burroughs Ave., N.E. 23a. Pert1. Enter the disease, or complications that causad the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrast, shock, or haert feilure. List only one ceuse on each line. Approximate Intervel Between Onset and Deeth Physician Preymonia /Medical Immediete Ceuse (Finel disaese or condition resulting in deeth) Due to (or as a consequence of):

Lung Com Con

Due to (or es e consequence of):

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Due to (or as a consequence of): Examiner linknown Examiner attending physician and for use es the buriel-transit he death certificete be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in deeth) Last /sician/Medicai Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death?

Division of Vital Records, P.O. Box 68760,

| Chronie L | mpho aghic | anon | 9 | | 1 Yes 2□ No | 3 Probably 4 Unkno |
|---|--|---|---|---|---|--|
| | | | | 7. | 24e. Was an eutopsy performed? | 24b. Were autopsy findings available prior to completion of cause of deeth? |
| 25. Wes case referred to medical | | | | 26. Plece of De | eath (Check only one) | |
| 1 ☐ Yes 2 Deto | Hospitel: 12 mpatient 2 | ☐ ER/Outpetient 3☐ | DOA | Other: 4 Nursing | Homa 5 ☐ Residenca 6 ☐ Ott | ner (Specify) |
| 2 Accident investiga | | 28b. Time of Injury | | Work? | 28d. Describe how Injury occur | |
| 3 Sulcide 6 Could no 4 Homicide determin | ad 286. Piece of Injury - At | home, ferm, street, fect | tory, off | lice | 28f. Location (Street end Numb City or Town, Stete) | ber or Rural Route Number, |
| | 25. Wes case referred to medical exeminer? 1 Yes | 25. Wes case referred to medical exeminer? 1 | 25. Wes case referred to medical exeminer? 1 | 25. Wes case referred to medical exeminer? 1 Yes 20 Yes 27. Menner of Death 1 Yes aturel 5 Pending investigation 3 Sulcide 6 Could not be determined. | 25. Wes case referred to medical exeminer? 1 Yes 2 Debto Hospitel: 1 Thinpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing 27. Menner of Death 1 Returned 5 Pending investigation 3 Sulcide 6 Could not be determined determined 28e. Piece of Injury - At home, ferm, street, fectory, office | 25. Wes case referred to medical exeminer? 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) |

29c. Licansa number

02-8998

29d. Data signed (Month, Day, Year)

Nov 27 96

State

Registrar

31. Deta filed (Month, Dey, Year)

29b. Signatura and titla of certifier

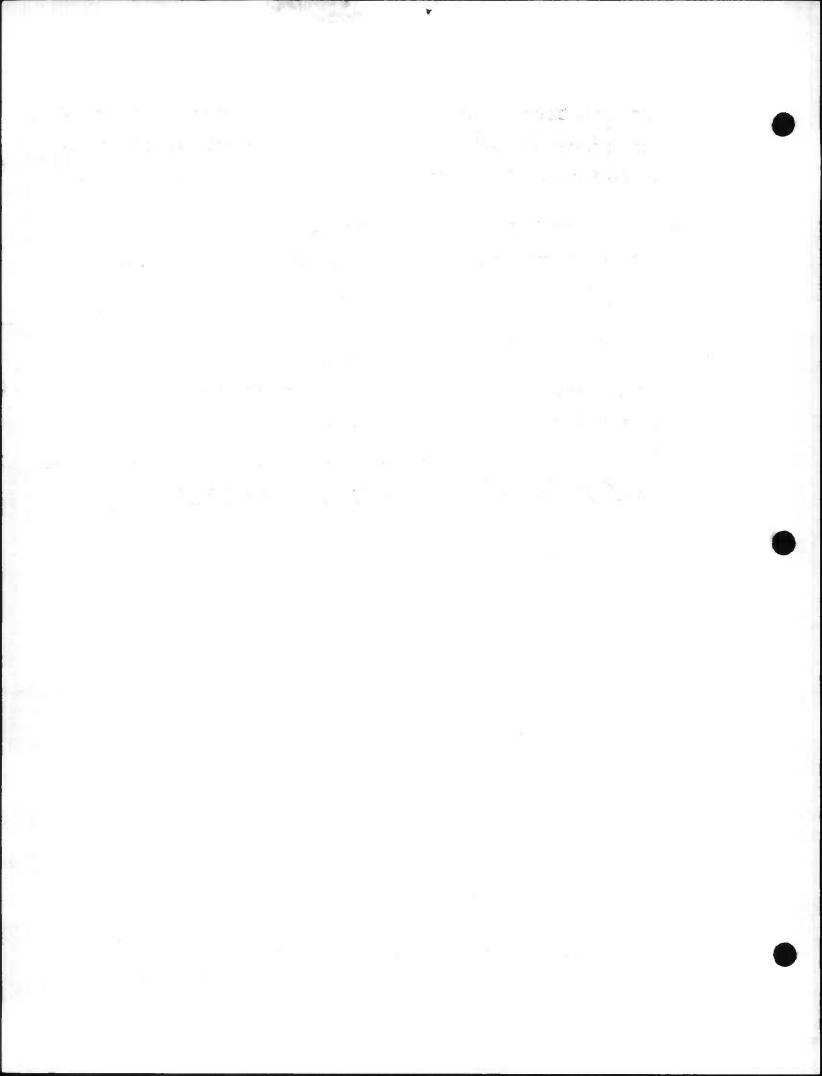
NOV 25



State of Maryland / Department of Health and Mental Hygiene

ne 96

| | | | | | | Cert | ificate o | f Death | 7 | | Reg. No. | | |
|--------------------|--|----------------|---|--|--------------------------|--------------------|------------------------------------|-------------------------------|---------------------------|--------------------------------|-------------------------|-----------------------------|--|
| | 2 | | 1. Decedent's Neme (First, Middle, La | ist) | | | | | | 2. Dete of D | | 40.00 | 3. Time of Death |
| | Physic | | DITENDENU TI | ENE TOD | DAN | | | | | Month | Dey | Yeer 01199 | |
| | /Medi Exami | | ELIZABETH II 4e. Facility Neme (If not institution, git | Ve street end number | DAN | | | 4b. City, To | own, or Lo | cation of Dee | | nty of Deeth | |
| | EXCITII | iei | FORT WASHING | TON HOS | PITAL | | | | | | | | |
| | | | 5. Social Security Number 8. | STON ROA | D ge (In yrs. lesi | t hirtholous | If Under 1 Yes | FOR if Linder | T WA | SHING | TON PI | RINCE | GEORGE'S |
| | Funeral | | | 1□M 25√F | | Yrs. | Months Dey | | Min. | 8. Dete of B (Month, L | | | place (Stete or Foreign intry) |
| L. | Director | | 411-60-4200 Usuei Residence of Decedent | A | 59 | | | | I | FEB.9 | ,1937 | TEI | IN. |
| | and ** | | 10a. Stete 10b. County | | 10c, City, T | Town or Loc | ation | | | | | | 10d. Inside City Limits |
| | Aarylan Show | 5 | | | | | | | | | | | 1 ☐ Yes 2 ☐ No |
| | Pe N | Director | MARYLAND PRIN | ICE GEOR | GE | | ACCOK | | | | 10.00 | | Λ. |
| | Vith Vith | | 20 200 200 200 | | | | 10f. Zip Code | | | | 10g. Citizen o | it What Cou | intry? |
| | eth , 23 | 'a | 16110 LIVINGS | | | | | 0607 | | | U.S | | |
| | within 72 hours efter deeth with the Maryland lene. Than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at | Funeral | 11. Meritei Stetus | 12. Wes Deceden Armed Forces | ? | 13. W | es Decedent of Yes, specify Co | f Hispanic Or uban, Mexica | rigin? (Spe in, Puerto | ecify Yes or N Rican, etc.) | | ece - Ameri leck, Whita, | |
| 20 | or le | | 1 Never Merried 2 Married | 1 Yes 24 | No | 11 | □ Yes 2□N | lo Specify | 7 | | Spec | olfu: | |
| 21215-0020 | Pre . | d by | 3 Widowed 4 Divorced | Yeer or Detes | | | XX | -,, | | | Open | - | HITE |
| 5-1 | 72 h | Completed | 15. Decedent's E (Specify only highest gro | ducation ade completed) | 1 | 16a. Decede | ent's Usual Occ and of work don | cupation | st of worki | lna | 16b. Kind of | Busineas/Ir | ndustry |
| 21 | within ene. | d | Eiementery/Secondery (0-12) | Coilege (1-4or | 5+) | life. Di | O NOT use reti | ired) | 3. 0. 170.71. | 9 | | | |
| | | 00 | 12 | | | | HOMEM | AKER | | | OWN | ном | 7 |
| pu | e filed el Hygi other vent, i | Be | 17. Fether's Neme (First, Middle, Last |) | | | | | er's Neme | (First, Middl | e, Meiden Sum | | |
| <u>a</u> | should by and Mente marked matic av | 10 | EUGENE HANEY | 7 | | | | E | STEE | TLEN | JE DAV | TS | |
| Maryland | and Menidia marke | | 19e. Informent's Neme/Reletionship | Type, Print) | | 19b. Meiling | Address (Stre | | | | ber, City or Tox | | p Code) |
| Σ | | | GENE JORDAN | | | SAM | E AS | #10 | | | | | |
| a, | f Heelth Item 27 other tr | | 20a. Method of Disposition | | 20b. Piec | a of Disposi | ition (Neme of | | | Dete | 20c. Locatio | n - City or T | own, State |
| 9 | | | 1 Buriai 2 □ Cremetion 3 □ | | 9 | | etory or other p | | | | | | |
| altimore, | permit. Page Department of Important: If any injury or once. | | 4 Donation 5 Other (Special | | TRINI | | | | | -5-96 | WALDO | RF, MP | ARYLAND |
| Bal | mpo mpo mny le | | 21. Signeture of Funeral Service Lica | nsee | | | Neme end Add | | | 0.00 | | | |
| _ | 005 e 0 | | Mulant | Som | | | AYMONI A PLA | | | | | | |
| 1 | | | 23a. Pert1. Enter the disease, or com- shock, or heart feilure. List only | pilcation that cause | ed the deeth. I | Do not enter | the mode of d | ying, such es | cardiac o | r respiretory | arrest, | | Approximete Interval Between |
| 4 | Physician | | | | | | | , | , | | | i | Onset end Deeth |
| a | /Medical | | immediete Cause (Finei diseese or condition | | 1 voni | · K | 2- LIV | tare | I | 11/11 | Ve | 1 | 1 glar |
| п | Examiner | | resulting in deeth) | e | Dun to for a | | 200 | 7 | 1-1- | 00 7 00 | , , , | - | -1 |
| | | je. | | al | 1 [ma | a d | ence et: | 1. M | 1-+ | 1/11/07 | tivo | 1 | |
| | per i | 声 | | b. UM | | | 1 | u 04 | 05/ | 1000 | 104 | <u> </u> | |
| _6 | ertificate be executed fing physician and se as the burial-transit | Examiner | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events | | Due to (or es | s e consequ | ence or): | 7/ | | | Di | | zyrs! |
| 68760, | be buri | | Cause (Disease or injury | c | | | J | MM | ena | ay | 1/50 | ase | Zyos. |
| 387 | phys the | Medical | resulting in death) Last | | Due to (or es | e conseque | ence of): | | | | | | |
| × | nding use as | | | d | | | | | | 7 | | i | |
| 8 | eath cer ettendir for use | lan | | | | | | | | | | i | |
| | The lew requires that the death ate been signed by the etter page 2 should be deteched for a | Physician | Pert II. Other significant conditions of | contributing to death | but not resultir | ng in the und | derlying cause | given in Pert | i. | 23b. Dld | d tobacco use | contribute t | to the causs of death? |
| P.0 | at th | Ph | Armakelsine | Em Ister | sem | 1. 7 | inhot | - sil | 1 | 16 | ₩88 2□ No | 3 □ Pro | obably 4 Unknow |
| | signed del | by | 1189/183118 | chilod | | 1 16 | no pres | /over | 7 | | | | |
| D | been si | P | heat fail | 12 1-2 0 | ne m | 716. | | | | | s en eutopsy formed? | 24b. W | Vere autopsy findings vailable prior to |
| 00 | w requ | olet | pears / allo | ive, a | 112 111 | 700 | | | | por | TOTTINGO ! | C | ompletion of cause f deeth? |
| Re | The lew ate has page 2 | Completed | | , | | | | | | | W | | |
| Vital Records, | | | Or Man and a desired to | | | | | | | | Yes 2 ₽1Ño | 1 | Yes 2 No |
| \rightarrow | iclar certif recto | Be | 25. Wes case referred to medical examiner? | Hospitel: | / | | 10 | | e of Deeth | (Check only | one) | | |
| o | 0 0 | 5 | 1 Yes 2 No | 14 Inpat | | /Outpatient | 3LI DOA | | | | sidenca 8 🗆 🤇 | | ify) |
| | | Certification: | 27. Menner of Death 1. □ Natural 5 □ Pending | 28e. Dete of Inj (Month, D | | Bb. Time of injury | 28c. in | jury et fork? | 1 | 28d. Describe | how injury occ | urred | |
| 000 | death. ctor: A y the fu | at | 2 ☐ Accident investigatio | | | | M 1 | ☐ Yes 2☐ | No | | | | |
| Division | er de | tille | 3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined | 289. Piece of it | ijury - At home | e, ferm, stree | et, fectory, offic | ee | | 28f. Location | (Street and Nut | nber or Rur | ral Route Number, |
| | S at a b | Se | | ounding, o | no. (opeony) | | | | | ony or | own, ototo, | | |
| | Sepit hour mera ly fills | le | 29e. Certifler 1☐ Certifying Ph | yelclan: To the best | of my knowle | dge, deeth o | occurred at the | time, dete er | nd pieca, e | end due to the | e cause(s) and | manner as | stated. |
| | P Ho P Fu | edical | (Check only 2 Medical Examone) | niner: On the basis of end menner s | of examinetion teted. | end/or inve | stigetion, in my | y opinion, dee | eth occurre | ed at the time | , dete and plec | a, and due t | to the cause(s) |
| | To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | Me | 29b. Signeture and title of certifier | 0 - | | | 29c. Lice | nse number | | MD | 29d. Date sig | ned (Month | , Dey, Year) |
| | ->-0 | | RILL | 117/11 | 5 | mi | D | 12: | 237 | 7 | 17_ | 11/0 | 6 |
| | | | 1 Julari | 4.10 | ison! | 11/ | 1 | 0 = 0 | _ / | | 17 | 1/7 | |
| | | | 30. Nema and address of person who | h | death (Item 23 | Ba) (Type, P | rint) | +1 | 71 1 | 7 111 | ach | min | 21 411 |
| | | | Michard H. Fa | rson III | 1/28 | 250 | ILTOY | ~'J /1. | d T | 0.00 | 271., | - LV | 20149 |
| | Sta | 11.1 | 31. Dete filed (Month, Dey, Year) | | rer's Signeture | | 7 | | | | | | |
| | Registr | ar | DEC 0 & | । विश्वव | Julia other | robort | ardall | | | | | | |
| | | | | | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** Month RUTH MICHAUX JONES 20, 1996 Nov. 12:05 a.m /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□ M 2□√F Days Hours Country) Virginia 88 Yrs. 1907 Director 144-22-8042 Usuel Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner transit be notified at No Yes 2□ No Directo Washington, D.C. 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 238 1712 R Street N.W. 20009 U.S.A. Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indian, Bleck, White, etc. 14. Reca -1 ☐ Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ONO Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced 'natural', Black Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry al Hygiane. Elementery/Secondery (0-12) College (1-4or 5+) 12th Private Domestic permit. Peges 1 and 2 should be file Department of Health and Mantal Hy, Important: If flem 27 is marked othe any injury or other traumatic event, pince. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Henry Michaux Blanche Rhome 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Van P. Jones (Son) 1634 Gales St., N.E. WDC 20002 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 11/25/96 Pleasant Shade Cem. Newport News, Va. 21. Signeture of Funeral Service Licensee 22, Name end Address of Fecility Johnson & Jenkins Inc. N.W. Wash. D.C. 20011 716 Kennedy St., 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medical ARTERIOSCLEROTIC HEART DISEASE 10 yrs Examiner Due to (or as e consequença of) The law requires that the death cartificets be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest and the bunal-tran Due to (or es e consequença of): Box 68760 attending physiclan Physician/Medicai Due to (or es e consequenca of): signed by tha at Id be datached fo Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3 Probably 4 ₹ Unknown à Compieted paga 2 should 24e. Wea en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of death? peen cartificate hes 1 Yes 3€ No 1 ☐ Yes 2 ☐ No or Attending Physicien: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1™ Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Aftar 5 Pending investigetion 1 Neturel Injury daath. 1 ☐ Yes 2 ☐ No 2 Accident after death 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 2 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital To the Hospital
within 24 hours a 1 Certifying Phylaclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

Under the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) 29e. Certifier Medicai pletely (Check only one) end menner steted. 29b. Signeture end title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) November 26, 1996 D20391 D person who completed cause of deeth (Item 23e) (Type, Print) 30. Neme end eddres 6525 Belcrest Rd 20782 Jeffre MD Kelman Hyattsville 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Talla Studior Randall Registrar

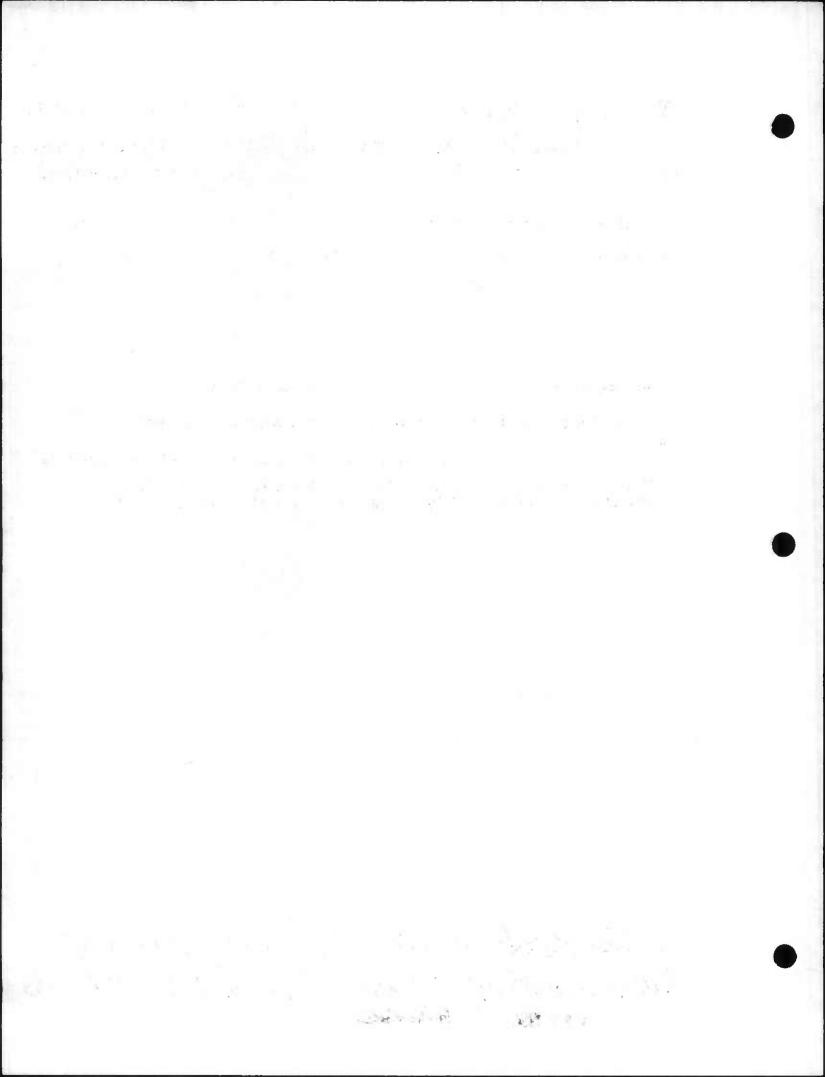
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96 37432

| | | | State of Marylan | Certificate of Death | Reg. | 30 0140E | |
|---------------------|--|--------------------------|--|--|---|--|--|
| | Physic | an | 1. Decedent's Neme (First, Middla, Last) | | 2. Data of Death Month | 3. Time of Deeth | |
| | /Medi | | ta. Facility Nama (If not institution, give street and number) | 4h City Town | , or Location of Death | 1110 1110 | |
| | Examir | ier | Larkin-Chase Nursing | 11 0. | | 4c. County of Death | |
| | Funeral | | 5. Sociel Security Number 8. Sex 7. Age (In yes) | last birthday If Undar 1 Year If Undar 24 | Hrs. 8. Data of Birth | Prince Georges | |
| | permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hypiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic avant, the Medical Examinar must be notified at 2005. | Director | 203 14 0746 1□ M XIX F 71 | Yrs. Months Days Hours | Hrs. 8. Data of Birth (Month, Day, Ye Aug. 9, | 9. Birthplaca (Stata or Poraign Country) 1925 Pennsylvania | |
| | | | 10e. Stete 10b. County 10c. City | y, Town or Location | | 10d. Inside City Limits | |
| | | | | tsville | | 1∏ Yas 2 No | |
| | | al Dir | 10e.Street and Number 11453 Cherry Hill Road | 10f. Zip Code 20705 | | Citizen of What Country? nited States | |
| 5-0020 | | by Funeral | 11. Maritai Status 1 Nevar Married 2 Merried 3 Widowed 4 Divorced 12. Wes Decedent Evar in U, Armed Forcas? 1 Yes, Sive Yaer or Detas: | S. 13. Was Decedent of Hispenic Origin if Yas, specify Cuban, Mexican, P 1 ☐ Yes 2 ☒ No Specify: | 7 (Specify Yas or No- querto Rican, etc.) | 14. Race - American indian, Black, White, atc. Specify: White | |
| | | To Be Completed | 15. Decedent's Education (Specify only highast grada completed) | 18a. Decedent's Usual Occupation (Giva kind of work dona during most of life. DO NOT use retired) | 168 | p. Kind of Businass/Industry | |
| 121 | | | Elementary/Secondary (0-12) College (1-4or 5+) Sales Person | | working | Retail | |
| Maryland 21215-0020 | | | 17. Fathar's Nama (First, Middle, Last) | | Neme (First, Middle, Mei | | |
| | | | Joseph Chatburn | | na Norris | uen ounieme) | |
| | | | 19e. informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) | | | | |
| | | | Craft/Givnish-Funeral Director 1801 Old York Rd. Abington Pa. 19001 | | | | |
| Baltimore, | | | 1 Burial 2 Cremetion 3 DRemovel from State | lace of Disposition (Neme of emetary, cramatory or other place) rthwood Cemetery 11/2 | | b. Location - City or Town, State hil. Pennsylvania | |
| | | | 21. Signatura of Funarei Service Licensee 22. Nama and Addrass of Facility Robert E. Evans Funeral Home, P.A. | | | | |
| 0 | | | 23a. Part 1. Entar tha diseesa, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heert feilura. List only one cause on each line. Approximate interval Between | | | | |
| Box 68760, | Physician Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Medical Due to (or es e consequence of): | | | | | Interval Between Onset and Death Vost 648 | |
| | To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after death. To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit | n/Medical Examiner | . Metasta | | roma of | Liver Fewany | |
| | | | resulting in deeth) Lest | | | | |
| | | sicia | Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death | | | | |
| Records, P.O. | | Completed by Physician/N | The state of the s | | 1 □ Yes | 2 No 3 Probably 4 Unknown | |
| | | | | | 24a. Was an a | utopsy 24b. Wera autopsy tindings eveileble prior to completion of causa of death? | |
| æ | | | | | 1 □ Yes | 200 1 Yes 2 No | |
| Vital | | Bec | 25. Was case reterred to medical | 28. Place of | Deeth (Check only one) | | |
| 1 | | To | exeminer? 1 Yes 2 No Hospital: 1 Inpatient 2 I | Others | | | |
| Division of | | edicai Certification: | 27. Menner of Deeth 1 Raturei 5 Pending (Month, Day Year) 2 Accident | 28b. Time of Injury Work? M 28c. Injury et Work? 1 Yes 2 No | 28d. Dascribe how | injury occurred | |
| | | | 3 ☐ Sulcida 6 ☐ Could not be determined 28e. Place of injury - At ho building, etc. (Specify | 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) | | | |
| | | edicai | 29e. Certifier (Check only one) 10 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the ceuse(s) and menner as steted. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) and menner steted. | | | | |
| | | M | 29b. Signature and title of certifier And Andrews Andr | Sec. License number | 108 290. | Dete signed (Month, Day, Year) | |
| (| 10) | | 30 Stame and address of person who completes cause of deeth (item 23a) (Type, Print) | | | | |
| | Sta Registr | | 31. Data filad (Month, Dey, Year) 32. Registrar's Signet | ura when Reveall | un DO | Mob I was (1) | |

DHMH 16 Rev 6/95



| | | | | | State of M | larylan | | artment of rtificate or | Health and f Death | | giene S | 96 3 | 37433 |
|---------------|---|--------------------|---|---|--|--------------|--|--|---|---|--------------------------------|--------------------------------|--|
| | Physic /Medi Examir | cal | Decedent's Nam 4e. Fecility Nama (/ | 7 | _ | SERARI | D , | K02/04 | SK; 4b. City, Town, or | 2. Data of Da Month | Day | Year 1996 of Deeth | 3. Time of Death 2/40 |
| | Funeral Director | | PENINSULA 5. Social Security N 218-48-4 | umber 6. S | AL MEDICAL Sex 7. A | | CER last birthday) Yrs. | If Under 1 Yea Months Dey | | 8. Data of Bir | | 9. Birthple Countr MARYL | ce (Stete or Foreign |
| | he Maryland 8a-f show ordined at | Director | Usual Residance of 10a. Stata MD | 10b. County SOMERSET | <u>C</u> | | y, Town or Lo | TATION | | | | | d. Insida City Limits 1 ☐ Yes 2 🌠 No |
| 0 | d within 72 hours effer deeth with the Maryland jiena. r than "natural", or Itema 23a or 28a-f show the Mexical Examiner must be notified at the Mexical Examiner must be notified at | Funeral Dir | 11. Marital Status | K SHELLTO | 12. Wes Decedent Armed Forces' 1 X Yes 2 | ? | | | 38 Hispanic Origin? (s ben, Maxican, Puar | Specify Yes or No to Rican, atc.) | USA 14. Rac Bla | 200 | n Indian, |
| 21215-0020 | ithin 72 hours e ia. ian "natural", o i Mesical Exan | Completed by | 3 Widowed (Spec | 15. Decedant's Ecilfy only highast gra | | | 16a. Dece (Giva lifa. | DO NOT usa retir | upation a during most of we | rking | Specify 16b. Kind of B | W usinass/Indu | |
| Maryland 21 | be filed ntal Hygind other event, I | To Be Con | | MAS KOZLO | OWSKI | | CONSU | LTANT | | ma (First, Middla, | | | ENUE |
| altimore, Mar | Pages 1 and 2 and 1 ent of Health er nt: If Rem 27 is ry or other trau | | 20a. Mathod of Disp 1 M Buriai 2 (4 □ Donation | KOZLOWSKI position Cremation 3 5 Othar (Specifi | /WIFE | 0 | 4155 Place of Disposementery, crain | BACK SH esition (Name of matory or other p | et end Number or R ELLTOWN E (ace) VET.CEM | Deta MAI | | ATION, | MD 21838 m, State |
| m | Departm Departm Importar any Injures | | 21. Signature of Pu 23a. Pari1. Entar It shock, or had | raid k | pications that cause one ceuse on aech i | d tha daeth | 7 Z | 212 OLD | NERAL HON | Y RD., | SALISBUE | RY, MD | 21802 Approximata ntarval Between Onsat and Death |
| | /Medical Examiner | iner | tmmedieta Causa (diseasa or condition rasulting in death) | Final | a. Ver | Due to (0 | ulav or as a consec | quance of): | year | dia | | 1 | 1/23/94 |
| ox 68760, | eeth certificate be executed attending physician and for use as the buriel-transit | n/Medical Examiner | Sequantially list coif any, leading to im cause. Enter Unda Cause (Disaase or that initiated avants rasuiting in death) I | injury | c | | r as a consec | | 1 | | | | |
| s, P.O. Box | res thet the deeth signed by the atte I be detached for | y Physician/M | Part II. Other signifi | cant conditions o | ontributing to death t | out not ras | uiting in tha u | ndarlying ceuse (| givan In Pert I. | | tobacco use co Yes 2□ No | ontribute to t | the cause of death? |
| Records, | g Physician: The law requires tretuires trest this certificate has been signed retal director, page 2 should be dieral director, page 2 should be dieral director. To Be Completed by | | | | | | | | | 24a. Was perfo | an autopsy rmed? | com of de | e sutopsy findings labla prior to plation of ceuse sath? |
| n of Vital | | | 25. Was casa rafarraxeminar? 1 | No | Hospital: 1 D Inpati | ury | ER/Outpatier 28b. Time o Injury | 28c. Inj | ork? | eth (Check only o | one) | nar (Specify) | |
| Division of | To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completaly filled in by the lune | Certification: | 2 ☐ Accident 3 ☐ Suicide 4 ☐ Hornicida | Invastigation 8 | | jury - At ho | oma, farm, str | M 1[| Yas 2 No | 28f. Location (City or To | Street and Numb vn, State) | ber or Rural | Route Number, |
| | To the Hospi within 24 hou To the Funer completely fil | Medicai | 29a. Certifier (Check only one) 29b. Signature end | 2 ☐ Medical Exam | ystcian: To the best stner: On the basis o and manner st | of examinet | wledga, daati tion end/or In | vastigation, in my | time, dete and plac opinion, death occ nsa number | e, end due to tha urred at the time, | cause(s) and medete end place, | and dua to t | ha causa(s) |
| | | | 30. Nama and eddre Benjamin | ges of person who of Meyer | complated cause of a 403 QUII | death (Item | (Type, | Print) 94/58V/Y | mo 318 | | 11/2 | 5/94 | |

State Registrar

Benjamin Meyer

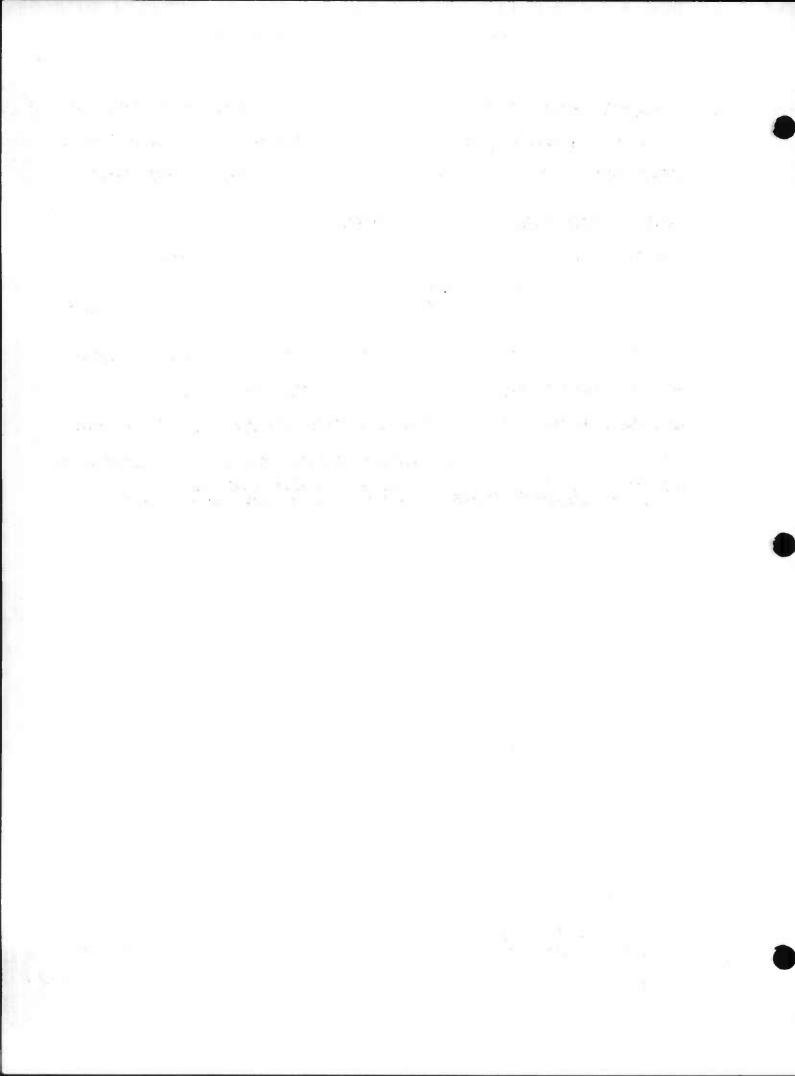
31. Data filed (Month, Day, Year)

SALISBURY, MO 32. Registrar's Signatura
Shin dhucken Radall

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37434

| | | | | | | Cei | tificate of | Death | | Reg. No. | • | 7 10 1 | | |
|------------|--|---|--|--|---------------------------------------|----------------------------------|---|--|---|---|-------------------------------------|--|--|--|
| п | Physic | ian | Decedant's Neme (First, Middle, I | | | | | | 2. Date of Dec | eth Day | | . Tima of Death | | |
| | /Medi | | Benjamin Thom | as KIDWEL | .L | | | | Novemb | er 26, | 1996 | 4:10 AM | | |
| | Exami | | 4a. Facility Nema (If not institution, g | | | | | 4b. City, Town, or L | | | | | | |
| | | | Doctors Commu | | | | | Lanhan | | | ce Geor | | | |
| | Funeral Director | | 218-20-1384 | Sex 7 | 7. Age (In yrs. 7 (| | If Under 1 Yeer Months Days | If Under 24 Hrs. Hours Min. | 8. Dete of Birt (Month, Da DEC. 26 | h, Year) | 9. Birthplace Country) MARYLA | (State or Foreign | | |
| | and ** | | Usual Rasidance of Decedant 10a. State 10b. County | | 10c. Cit | y, Town or Lo | cation | | | | 10d. | Inside City Limits | | |
| | with the Maryland a or 28a-1 show Libe notified at | ō | MARYLAND PRINCE | GENRGE'S | | | ATTSVILLE | | | | | 1 ☐ Yas 2 No | | |
| | the 1 | Director | 10e. Straat and Number | GLUNGE 3 | | 1117 | 10f. Zip Coda | • | | 10g. Citizan of \ | | | | |
| | With Po of | | 5010 54TH PLACE | | | | | 781 | | UNITED | | | | |
| | ter death with thems 23m | Funeral | 11. Marital Status | 12. Wes Deced | | ,S. 13. 1 | | lispanic Origin? (Sp en, Maxican, Puerto | | | a - Amarican I | ndian, | | |
| 020 | within 72 hours efter death with the Manyland ene. than "naturel", or items 23s or 28s-f show the Modical Evantine, must be notified at | by Fur | 1 ☐ Nevar Married 2 ☑ Merried | Armed Ford 1 Yas 2 If Yas, Giva Yaar or Dat | □ No 194 | 14- | f Yes, specify Cubo 1 ☐ Yas 2 🔏 No | | Rican, atc.) | Specify Specify | ck, Whita, etc. | ITE | | |
| 21215-0020 | thin 72 hours eft e. an "naturel", or Medical Exami | Completed | 15. Decedant's (Specify only highast g | Education grada complated) | | (Giva | ient's Usuel Occup | during most of worl | king | 16b. Kind ot B | ot Business/Industry | | | |
| 12 | i withir liene. r than | E D | Elementery/Secondary (0-12) | College (1-4 | 4or 5+) | ma. a | PARTS | • | | 11 6 60 | VEDNME | ALT | | |
| | Hygin Hygin | | 17. Fathar's Nama (First, Middla, La | | | | PARIS | | U.S. GOVERNMENT s Nama (First, Middle, Maldan Sumama) | | | | | |
| lan | Mental Mental arked o | To Be | BENJAMIN HOWARD | | | | | | | (First, Middle, Maldan Surnama) TH BOSWELL | | | | |
| Maryland | d 2 should th end Men 7 is marke traumatic | - | | | 19b. Mailir | ng Addrass (Street | | | | Stata, Zip Coo | de) | | | |
| | | | 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, MARY LOUISE KIDWELL - WIFE 5010 54TH PLACE, HYATTSVILLE, MARYLAND | | | | | | | | | | | |
| ore, | of Heal of Heal of Item 2 r other | | 20e. Method of Disposition | | 20b. P | lace of Dispo | sition (Nama of | T | Data | | | to the same of the | | |
| Baltimore, | ag and ag | MARY LOUISE KIDWELL - WIFE 5010 54TH PLACE, HYATTSVILLE, MARYLAND | | | | | | | | | LTENHAL | M, MD | | |
| Bal | Departme Departme importan any injur | | MGB MARK G. BROH | Bucka | 00053 | | | FUNERAL I | | , INC. MARYLAND 20604 | | | | |
| | | | 23a. Part1. Enter the disaesa, or co shock, or haart failura. List on | mplications that car ly one causa on aa | usad tha daati ch lina. | h. Do not ant | er the moda of dylr | ng, such as cardiac | or raspiratory ar | rrast, | Ap | proximate erval Between sat and Death | | |
| | Physician /Medicai | | Immediata Causa (Finai disaasa or condition | CA | RIM | MYOR | PATHY | | | | | | | |
| В | Examiner | | resulting In deeth) | a | | or es a consac | | | | | | YRS | | |
| | ₽ # | ner | | D | | | MELC | ITUS | | | | YRS | | |
| | and trans | Examiner | Saquantially list conditions, | D | | r as a conseq | P | | | | | | | |
| 90, | oe exe | | Saquantially list conditions, if eny, laeding to immediate cause. Enter Undarlying Causa (Disaasa or Injury | C | | | | | | | | | | |
| 68760, | nificate be executed ng physician and as the burial-transit | dlea | that Initiated evants resulting in death) Last | 0. | | r as a conseq | · · | ~ | | | | | | |
| | | Physician/Medical | | d. EN |) STA | GE 1 | RENAL | DISEA | SE | | 7 | ONE YR. | | |
| Box | atte ente for | clar | | | | | | | | | | | | |
| P.O. | that the death ed by the etter detached for o | Jys | Part II. Other significant conditions | | | | | | | | | cause of death? | | |
| S, D | that ned to | by P | PERIPHE | FRAL | VASC | NCAN | MSE | ASE | 10 | Yes 2 No | 3 Probabi | ly 4 Unknow | | |
| Records | law requires that as been signed b 2 should be deta | Completed b | | | | | | | | an autopsy med? | evallat | autopsy tindings ole prior to etion of cause th? | | |
| R | 0 - | E | | | | | | | 101 | ras 2 No | | as 2 No | | |
| Vital | ician: The certificate rector, pag | BeC | 25. Was casa rafarred to medical | T - | | | | 26. Placa ot Dea | | | | | | |
| > | O 00 | To B | examinar? 1 ☐ Yas 2/2 No | Hospitei: | patient 2 | ER/Outpatier | t 3 DOA Oth | AC. | | | er (Specify) | | | |
| ion of | Ing Witter | Certification: | 27. Menner ot Death 1. Natural 5 ☐ Panding 2 ☐ Accidant Invastigati | | Injury , Day Year) | 28b. Time of Injury | Wor | A Nursing Homa 5 Rasidanca 6 Other (Specify) | | | | | | |
| Division | i or Attendii after deeth. Director: A d in by the fu | ertific | 3 Suicida 6 Could not detarmine | d 28a. Place o | of Injury - At ho g, atc. (Specify | ome, term, str. | aat, tactory, office | | 28f. Location (S City or Tox | Street and Numb vn, Stata) | per or Rural Ro | uta Number, | | |
| _ | To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th | edical Ce | 29a. Cartifier (Check only one) 1 Certifying F | Phyalcian: To the baminer: On the bes | is of axaminal | wledge, daath tion and/or Inv | occurred at tha tir rastigation, in my o | me, deta and place, pinion, daath occur | and dua to tha | causa(s) end madata and place, | annar es stated and due to the | d. cause(s) | | |
| | o the | Me | 29b. Signature and title of cedifier | | \ | | 29c. Licans | | | 29d. Data signe | d (Month, Day | Year) | | |
| | - s - ö | | Matil | w-M | | | D | 2312 | | | 26 - 9 | | | |
| | | | 30. Nama and address ot person wh | o completed seven | of death (item | 23a) /Tune | Drint\ | | | | | | | |
| | | | MANGAI KATI | KINFOL | 1 65 | -011 V | (5,1111)0 | PTH ANG | RIVE | RDALF | = M.D. | 20737 | | |

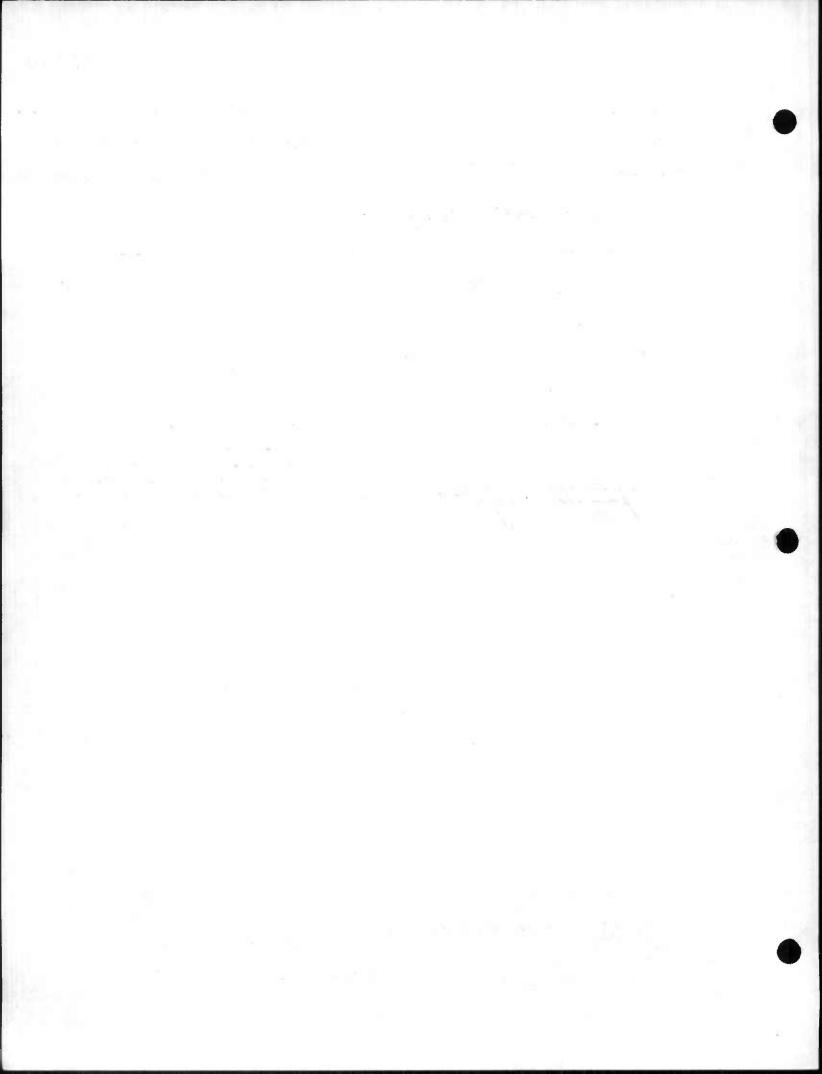
State Registrar 31. Data tiled (Month, Day, Year)
DEC 0 3 1996



State of Maryland / Department of Health and Mental Hygiene

371,35

| | | | | | Certificat | e of | Death | | F | leg. No. | , 0 | 31433 |
|---|-----------------|--|---|----------------------------------|-----------------------------------|------------------|-----------------------------|------------|--|---------------------------|--------------------------------------|--|
| Dhuai | | Decedant's Nama (First, Middle, La | ast) | | | | | | 2. Data of Das Month | | Yaar | 3. Tima of Death |
| Physi /Med | | Willie W. Kilgor | | | | | | | Novembe | | | 12:05 P.M. |
| Exam | iner | 4a. Facility Nama (If not institution, gi | ve street end number) | | | | 4b. City, To | own, or Lo | cation of Death | 4c. County | of Death | |
| | | 35A Ridge Road 5. Social Sacurity Number 6. | Sau 7 Ann //n | a last blate | dev) If Unda | 1 Vaa | Green r If Under | | | Pri | | eorge's |
| Funera Directo | _ | | Sax 7. Aga (In yr 1□ M 🌠 F 77 | | Months | Days | | Min. | 8. Data of Birth (Month, De) April | Year) 11,1919 | 9. Birthi Coul 9 SOU | place (Stete or Foreign ntry) 1th Carolina |
| ylend | | 10e. Stata 10b. County | | City, Town | or Location | | | | | | T | 10d. Insida City Limits |
| e Mar | ctor | Maryland Prince G | eorge's C | amp S | prings | | | | | | | 1 ☐ Yes 2 No |
| th with th | ai Director | 10e. Street and Number 5007 Thuman Driv | е | | 10f. Zip 20 | Code 748 | | | | I0g. Citizan of V | What Cour | |
| Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Marylend th and Mental Hygiene. 7 is marked other than "naturel", or items 23e or 28e-f show traumatic event, it a Madical Examiner must be notified at | by Funeral | 11. Marital Status 1 Navar Marriad 2 Marriad 3 Widowad 4 Divorced | 12. Was Decedant Evar in Armed Forcas? 1 ☐ Yes ②○○○ If Yas, Giva Yaar or Datas: | U,S. | 13. Was Daced If Yes, special Yas | city Cu | ban, Maxicai | n, Puarto | acify Yes or No- Rican, atc.) | Bla | ce - Amaric ck, Whita, by: Whi | |
| 5-0 72 ho | Completed | 15. Dacedant's E (Specify only highest gr | ducation | 16a. D | ecedant's Usua Give kind of wo | al Occu | pation | t of worki | ina | 16b. Kind of B | usinass/în | dustry |
| Vithin Per | mpje | Elamantary/Sacondary (0-12) | Collaga (1-4or 5+) | - '7 | ifa. DO NOT u | se retir | ed) | i or work | ng | | | |
| d Z | | 12th 17. Fethar's Nama (First, Middle, Last | N/A | Hom | emaker | | 18 Moths | ar's Name | (First, Middle, | Hon Malden Suman | | |
| ld be entail | To Be | Kinard Whitman | | | | | | Ethel | | | 10) | |
| shou and M | - | 19a. Informant's Name/Ralationship (| | 19b. N | Mailing Addrass | (Stree | | | I Route Numbe | | Stete, Zir. | Code) |
| ≥ p € 5 5 | | Dennis H. Kilgo | ore (Son) | 5 | 007 Thu | man | Drive | e Can | p Sprin | igs, Mar | rylan | d 20748 |
| | | 20a. Mathod of Disposition | | Place of E cam <i>etery</i> , | Disposition (Ner cremetory or o | ne of ther pl | eca) No | ov. 2 | 9 1996 | 20c. Location - | City or To | own, Steta |
| Baltimor permit. Peges Department of I Important: If its any Injury or o | | 20a. Mathod of Disposition 1 Burial 2 Crametion 3 Ramovel from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Neme of cametery, cremetory or other placa) Nov. 29,1996 Maryland State Veterans Cem. | | | | | | | | | | |
| Departiment Indiana | | 21. Signatura of Funaral Sarvica Lica | nsaa | | | | | | Funera | | | |
| - 401 *** | | X | a. 4888 | _ | | | | | _ | | ınton | , Md20735 |
| Discontinuo | | 23e. Pert1. Enter tha diseese, or com- shock, or haart failura. List only | ona cause on each line. | eth. Do no | t antar the mod | a of dy | ing, such as | cardiac d | or raspiratory an | ast, | 1 | Approximate Intervel Batwaan Onset and Death |
| Physician /Medical | | Immediete Ceusa (Final | MARRO | Mx. | | Oi | mo A | CA | na ano | | | |
| Examine | | disease or condition resulting in death) | a. Dua to | (or as a co | C 5 | 100 | 1/4/ | -7/ | ANCH! IL | | | 5 YEARS. |
| D 4 | ine | _ | 2NX | RALI | ABIL. | | PAI | N | | | 1 | 6 marines |
| and -trans | xam | Sequentially list conditions, | | | nsequance of): | | | | | | | 0 1010/11/ |
| oo rou, ficate be executed physician and as the buriel-transit | edical Examiner | Sequentially list conditions, if eny, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants | c | | | | | | | | | |
| K 6 1 8 | 3 | resulting in death) Last | d | (or as a cor | nsequence of): | | | | | | | |
| death c | icia | Part II. Other significant conditions of | contribution to death but not re | esulting in t | ha undarlying c | BIICO A | iven in Part f | | 23h Did to | hacco uma co | ntribute t | o the cause of death? |
| at the Dy the stacke | Physician | 177 | | outing in t | na arraarrywig o | ausa y | ivair iii t ait i | • | | es 2 No | | 1.4 |
| s the se | by | | | | | | | | | | | ^ |
| law requires that the death est been signed by the etter 2 should be detached for | Completed | | • | | | | | | 24a. Was a perfor | | av co | ara autopsy findings eilabla prior to empletion of causa daath? |
| The I | E O | | | | | | | | 1 □ Y | es 2 No | 1[| Yas 20 No |
| vital nec sicien: The law certificate hes t lirector, page 2 s | Be | 25. Was case rafarred to medical axaminar? | | | | | 26. Place | of Death | (Check only or | (6) | | |
| 2 5 5 6 | 2 | 1 ☐ Yas 2 No | | □ ER/Outp | | A | | rsing Hor | | ence 6 Oth | | y) |
| al or Attending P s effer deeth. i Director: After of od in by the funer | Certification: | 27. Mannar of Death 1 Natural 5 Panding 27 Accident Invastigation | 28a. Data of Injury (Month, Dey Year) | 28b. Tin Inju | ne of 2 | Bc. Inju | ıryat ork?]Yas 2 □ : | | 28d. Dascribe h | ow injury occur | red | |
| Tor Attending letter deeth. Director: After din by the fune | fica | 3 Sulcida 6 Could not b | 0 000 0000 011000 011 | homa, farm | | | | | 28f. Location (Si | reet end Numb | er or Rure | al Route Number, |
| d in Diagram | Certi | 4 Homicida determined 288. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) | | | | | | | n, Stete) | | | |
| To the Hospital or Attending I within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer | edicai (| | | | | | | | | innar as si and dua to | lated.) the cause(s) | |
| To the To the | Me | 29b. Signature and etail of certifier DING DING (Month | | | | | | | | | | |
| | | Maria | | 1/4 | -11/10 | | O A | 17/19 | 5 | 11.26 | 96. | |
| | | 30. Wina and address of person who | complated causa of death (Ita | am 23a) (Ty | rpe, Print) | FF | NBER | (> | md 20 | סללי | | |
| St Regist | ate rar | 31. Data filed (Month, Day, Year) DEC 0 3 | 32. Ragistrar's Slor | natura Lucker | Randa II. | | | | | | | |
| | | DE O O | 1000 | | Adama | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | Certific | cate of | Death | Re | eg. No. | | 01400 | |
|---|------------------|---|---|-------------------------|---------------------------------|-------------------|---|---------------------------------------|--------------------------|-------------------------------------|--|--|
| Physic | ian | 1. Decedent's Nama (First, Middle, L. Samuel Herr LEF) | | | | | | 2. Data of Deet Month | | Yaer | 3. Time of Death | |
| /Medi | | | | | | | | November | | 996 | 5:30 PM | |
| Exami | ner | 4a. Fecility Nama (If not institution, gi | | | | | 4b. City, Town, or I | | 4c. County | | | |
| | | Ravenwood Luthe | | | | aday 4 Va sa | Hagerst | | | ningt | | |
| Funeral Director | | | Sax 7. Aga (| 'In yrs. last bir 98 | Yrs. Mont | ths Days | if Undar 24 Hrs. Hours Min. | 8. Data of Birth (Month, Day, July 9, | | | placa (State or Foreign ntry) yland | |
| yland | | 10a. Stata 10b. County | 1 | 0c. City, Tow | n or Location | | | | | 1 | 10d. Insida City Limits | |
| n the Maryland r 28a-f show | Director | Maryland Washing | gton | Hagen | stown | | | | | | ¥∰Yas 2□No | |
| ath with t | | 10e. Streat and Number 1126 Luther Drive | 2 | | 10f. | . Zip Coda 217 | 740 | 10 | Og. Citizan of N U.S. | | ntry? | |
| Maryiand Z I Z I 3-00Z0 Id 2 should be filed within 72 hours after death with the Maryland It end Mental Hygiene. It is marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Exercine must be nutified at | by Funeral | 11. Maritel Stetus 1 ☐ Naver Marriad 2 ☐ Marriad 3 ☑ Widowad 4 ☐ Divorced | 12. Was Dacedent Eve Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas: | er In U,S. | If Yes, | specify Cub | Hispanic Origin? (Span, Maxican, Puarto Specify: | pecify Yes or No- p Rican, atc.) | Bled | ce - Amaric ck, Whita, y: Wh: | | |
| 72 h 72 h netu | etec | 15. Decedant's E (Spacify only highast gro | ducation | 16a. | Decedent's L | Jsuel Occup | pation | kina | 16b. Kind of B | usinass/in | dustry | |
| vid be filed within Mental Hygiene. srked other than " | Completed | Elementery/Secondery (0-12) | Collage (1-4or 5+) | | | Tusa ratire | during most of work | ang . | | | | |
| e filed | | 17. Father's Neme (First, Middla, Last | | | cniei | г сте | | na (First, Middla, M | | road | | |
| d be d be cod or | o Be | Benjamin (| | | | | To. Mothar's Man | Jeanette | | | er | |
| should bud Menta | 2 | 19a. Informant's Name/Ralationship (| | 19h | Mailing Add | race /Strop | and Number or Ru | | | | | |
| IVIO Inther 27 is r treu | | Mr. James B.H. Le | | | | | ll Drive, | | | | | |
| Them other | | 20a. Mathod of Disposition | | 20b. Placa of | Disposition (| (Nama of | 1 | | Oc. Location - | | | |
| permit. Pages 1 and 2 should by Department of Health and Menta Important: If Item 27 is marked any Injury or other treumstic evens. | | 1 □ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Special | | | y, crama <i>tory</i> i Haven | | | 2-4-96 H | ageret | OFT | Maryland | |
| mit. | | 21. Signatura of Funaral Sarviçe Lice | | Rese | 1 | | | Minnich I | | | | |
| Pem Depa | | Scott Ph | | | 415 H | East V | | | | | ryland 217 | |
| Physician | | 23a. Part1. Enter the disease, or com shock, or heart feilure. List only | plications that causad the ona ceusa on each line. | a deeth. Do r | not antar tha r | moda of dyl | ng, such es cardiac | or raspiratory arra | st, | | Approximata Interval Batwaen Onsat and Death | |
| /Medical Examiner | | Immedieta Causa (Finel disaesa or condition | ATHE | ROSP | IFRI | nTIP. | CARDI | DVACCE | i an E | Di CGA | KE IDAY | |
| CABITITIES | | rasulting in death) | | a to (or es e | | | | - 1.13.00 | | | 7-1 | |
| ed isit | 흗 | | DEN1E | | | | | | | 1 | 2 years | |
| end end Fran | xan | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury | Du | a to (or es a c | onsequence | of): | | | | | | |
| be a burie | le le | cause. Enter Undarlying Causa (Disaase or Injury that Initieted avants | c | X | | | | | | i | | |
| eeth certificete be axecuted ethending physician end for use es the bunel-transit | Medical Examiner | rasulting in death) Last | Due | a to (or as a c | onsequence (| of): | | | | | | |
| that the death cert ed by the ettendin detached for use | Physician/ | | d | | | | | | | i | | |
| · 10 m 0 | ysic | Part II. Other eignificant conditions of | ontributing to death but n | ot resulting in | tha undarlyin | ng causa giv | van in Pert I. | 23b. Dld tot | Dacco use co | ntribute to | the cause of death? | |
| es thet the igned by be detact | by Ph | | nne | | | | | 1 🗆 Ye | 8 2□ No | 3 Prol | bably 4 Unknown | |
| aw requir | Completed b | | | | | | | 24a. Was an perform | autopsy ed? | av. | ere autopsy findings allabla prior to implation of cause death? | |
| ysician: The law is certificate has b director, page 2 s | Con | | | | | | | 1 □ Yas | s 210 No | 1(| □Yas 2/10 | |
| slan: artific ctor. | Be | 25. Was casa rafarred to medical axaminar? | | | | | 26. Placa of Deal | th (Check only one |) | | | |
| hysic his co | L _o | 1 Yas 2 No | Hospitel: 1 ☐ Inpatient | 2 ☐ ER/Out | patient 3 | DOA Oth | nar: 4 Nursing Ho | oma 5 Rasidar | nce 6 DOth | ar (Specif | y) | |
| Attending Physician: or death. ector: After this certific by the funeral director. | atlon: | | | | | | | | w injury occuri | red | | |
| l or Attending I efter death. Director: After d in by the fune | Certification: | 3 Suicida 4 Homicide 6 Could not be datarminad 28a. Piaca of Injury - At homa, farm, street, fectory, offica building, atc. (Specify) | | | | | | | eat and Numb Stata) | er or Rura | al Route Number, | |
| To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completaly filled in by the funeral | Medical C | | | | | | | | use(s) and ma | nner as st | lated. o the cause(s) | |
| ithin ; | Mec | one) and manner stated. 29b. Signatura and titla of certifiar 29c. License number | | | | | | | d. Data signed | | | |
| F 3 F 8 | | L. UMANIA. | 9 heal | 4 | | | -8365 | 29 | 12 /1 | - | oug, rodij | |
| | - | 30. Nama and address of person who | completed causa of great |) h (Item 23a) / | Type, Print) | | | | | ,,,, | | |
| | | MANZAR JIHA | FI 368 UM | TILL S | TREE | TH | AUERST | own r | 70 | 217 | 40. | |
| Sta Registr | - 1 | 31. Dete filed (Month, Dey, Year) DEC 0 2 1 | 32. Pegistrass | Signatura | what! | | | | | | | |

a steam transfer State of Maryland / Department of Health and Mental Hygiene O.C.

| Decedent's Neme (First, Middle, Last) | | |
|--|--|---|
| | 2. Dete of Deeth Month Dey | 3. Time of Deeth |
| Medical LICANOR T. NEL MATTINEUS | tetion of Death 4c. County | 1996 9:30 An |
| Examiner 46. Fedinity Name (if not institution, give street end number) 46. City, Town, or Let | PRIN | (// |
| Funeral Director 217 -28 -8444 7 7. Aga (In yrs. last birthdis) If Under 1 Yaer If Under 24 Hrs. Months Days Hours Min. | 8. Date of Birth (Month, Dey, Year) | 9. Birthplace (State of Earligh Country) WASHINGTON, D.C |
| Usual Residence of Decedent | | 10d. Insida City Limits |
| MARYLAND CHARLES LA PLATA | | 1 ☐ Yas XXNo |
| MARYLAND CHARLES 106. City, Town or Location LA PLATA 107. Zip Coda 20646 | 10g. Citizan of V | What Country? |
| The state of this panic Origin? (Specific Specific | e - American Indien, |
| No Specify: 1 ☐ Yes 2 No Specify: 1 ☐ Yes 2 No Specify: | Specify | ck, White, atc. WHITE |
| | 16b. Kind of B | usiness/industry |
| Etamantery/Secondary (0-12) Coilega (1-4or 5+) RESTAURANTEUR 16. DO NOT use retired) RESTAURANTEUR | OWNER-O | DEDATOD |
| 9 A 17. Fether's Nema (First, Middle, Last) 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nema 18. Mothar's Nema | (First, Middle, Malden Sumen | |
| RANDOLPH HOMER CHESTER 19a. Informant's Neme/Reletionship (Type, Print) 19b. Maiting Address (Street and Number or Rura | PEARL CANTWE | LL |
| SHARON G. SEMLER / FRIEND 4410 LADY TRISHA CT., | | |
| 20a. Method of Disposition 1 XBurial 2 Cramation 3 Remove from Stete 4 Donation 5 Other (Specify) 20b. Plece of Disposition (Name of cemetary, crematory or other piece) SACRED HEART CEMETERY 12 22. Name and Address of Facility | 2/02/96 LA PLA | City or Town, State |
| n agesa | HOME, INC. | |
| 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart feilure. List only one cause on each line. | | Approximeta |
| Physician A | / | Interval Between Onset and Death |
| /Medical Immediate Cause (Final disease or condition Examiner resulting in death) a. // Massure upper 67-1./6 | usline | 244 |
| Due tel (or as a consequence of): | | 211 |
| Sequentially list conditions, if any, lading to immadiate cause. Enter Indexivity and the construction of the cause in the construction of the cause in the cause | | 242 |
| | n | 1100 |
| Due to (or es a consequence of resulting in deeth) Last | | |
| | | |
| Pert II. Other algnificant conditions contributing to death but not rasulting in the underlying causa given in Pert I. | 23h Did tohacco use co | ntribute to the cause of death? |
| The state of the s | 1 ☐ Yee 2 ☑ No | 3 □ Probably 4 □ Unknown |
| requires that requires that hould be determined by Presenting the present of the | | |
| law requires the requires the requires the requires the requires the requires the requires the requires the requires the requires the requirement of the requirement | 24a. Was an autopsy performed? | 24b. Wara autopsy findings available prior to completion of causa |
| 2 2 2 DE DE DE DE DE DE DE DE DE DE DE DE DE | | of death? |
| 26. Plece of Deeth warming? 1. See See See See See See See See See Se | 1 Yes 2 No | 1 ☐ Yes 2 ☐ No |
| examiner? Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hore Company of Peeth 28a Detect injury 28b Time of 28c Injury et Company of Peeth 28a Detect injury 28b Time of 28c Injury et Company of Peeth | na 5 Residence 8 Oth | er (Specify) |
| 27. Mennar of Deeth 28a. Date of Injury 28b. Time of 28c. Injury et 28c. Injury et Work? | 28d. Dascribe how injury occur | red |
| 1 Metural 5 Pending (Month, Day Year) Injury Work? 1 Vestigation 3 Sulcide 4 Homlcide Sulcide 4 Homlcide Sulcide 4 Homlcide Sulcide 4 Homlcide Sulcide Sulcide 4 Homlcide Sulcide 8f. Location (Street end Numb | per or Rural Routa Mumber |
| 28a. Date of Injury Work? I Matural 5 Pending Investigation See 1 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 2 Pending Investigation See 3 Pendi | City or Town, Stata) | or right rious a right por, |
| 25. Was case referred to medical examiner? 1 | and due to the cause(s) end me and at the time, date and place, | anner as steted. and due to the cause(s) |
| 29b. Signafura and title of certifiar 29c. License number | 29d. Dete signe | d (Month, Day, Year) |
| 1)-245: | 35 11. | 28.96 |
| 30. Name and addrass of person who completed cause of death (item 23a) (Type, Print) | 1 / 11 | BRUAM |
| State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature | MAMI | ERWA M |
| State 31. Determed (Month, Dey, Year) 32. Hegistrer's Signature | | |

12496 Beissued OCHD FCB (Elizabeth Bishard Miller) Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** NOVEMBER 24 1996 3:25 PM BETTY BISHARD MILLER /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ANNE ARUNDEL MEDICAL CENTER ANNE ARUNDEL ANNAPOLIS 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) OCT 18, 1917 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country)
 IOWA **Funeral** Deys Months Hours 481-18-7933 1 M 2 XF Yrs. Director 79 Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f shov other traumatic event, the Medical Exactiner insist be notified at 1 Yes & No Maryland Anne Arundel West River Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 20778 or items 23a 332 Owensville Road death Funerai 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Dates: 11. Maritel Stetus Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No White þ 3 Widowed 4 Divorced "natural". Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7; Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than "na any injury or other traumatic event, the Medis. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Surneme) Be Elizabeth Allen Bishard Frank Bishard 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)
332 Owensville Road West River, Maryland 20778 19e. informent's Name/Reletionship (Type, Print) Christopher B. Miller (Son) 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other pleca) Dete 20c. Location - City or Town, State 1 Bunal 2 ☐ Cremetion 3 ☐ Removel from State 11-29-96 Suitland, MD Cedar Hill Cemetery 4 □ Donation 5 □ Other (Specify) 21. Signature of Fungral Service Licenses 22. Name end Address of Fecility
J.H. Eberwein Mortuary
4433 White Pls La White Pls., MD 20695 M00173 regula nter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, rheart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** 8-20-95 Immediete Cause (Finel diseese or condition resulting in deeth) METASTATIC BREAST CANCER /Medical Examiner Due to (or es e consequença of) Examiner that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Lest pue Due to (or es e consequença of) physician er s the burief-t Box 68760. Physician/Medical Due to (or es a consequence of) 88 for use es use P.O. ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributa to the cause of death? signed by t d be detech 1 Yss 2 No 3 Probably 4 Unknown PERFORATED DUODENUM ULCER Records, Completed by The lew requires been si 24b. Wera autopsy findings aveileble prior to completion of cause of death? 24e. Wes an autopsy performed? page 2 1 ☐ Yes 20 No 1 Tyes 2 No Division of Vital or Attending Physician: director, Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospitel: Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2/☐ No 1 Ninpatient 2 ER/Outpatient 3 DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred After 1 Neturel 5 Pending death. Investigetion 1 ☐ Yes 2 ☐ No 2 Accident after deat n 24 hours after des Ne Funeral Director pletely filled in by the 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and manner es steted.

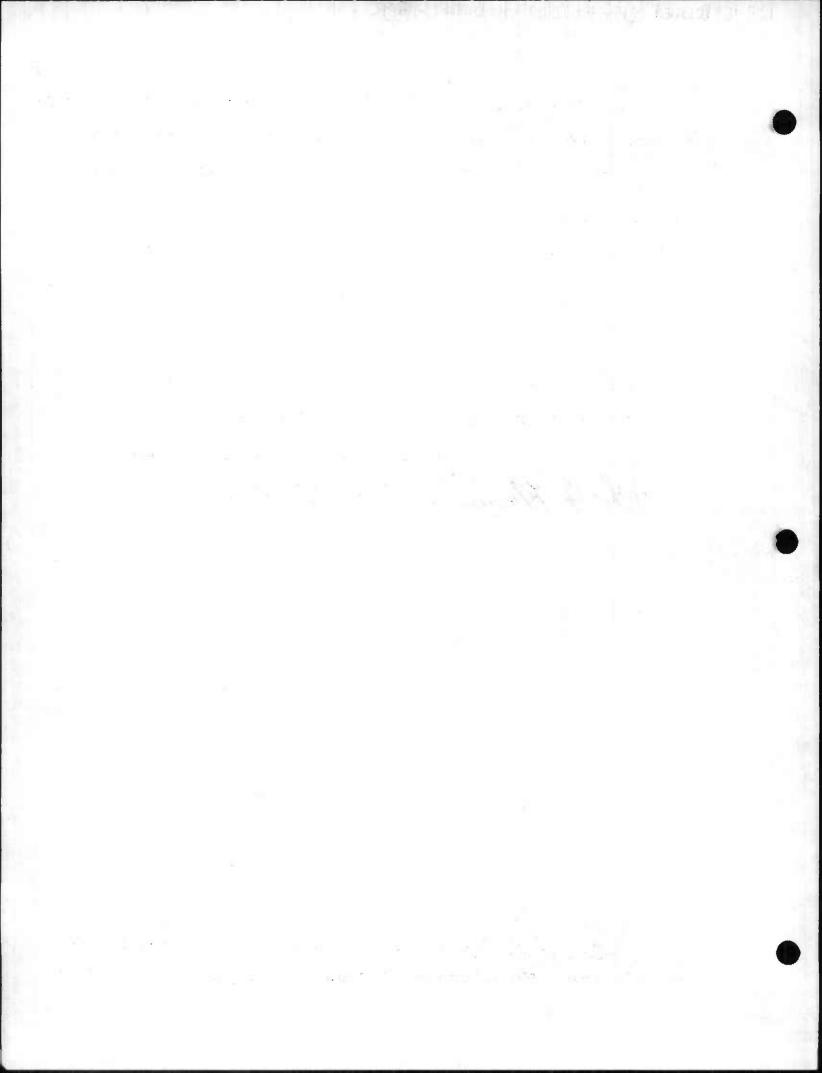
Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. Medical To the Hosp within 24 ho To the Fund completely f (Check only one) 29b. Signature and title 9 29c. License number 29d. Date signed (Month, Dey, Year) November 25, 1996 D 16364 30. Neme and eddress of person who completed cause of geeth (Item 23e) (Type, Print)

Peter R. Grace MD 900 Bestgate Road #300 Annapolis, Maryland 32. Registrar's Signeture

0°4 1996

State Registrar

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 0 C

271.20

| | | Certificate | of Death | Re | g. No. | 3/433 |
|---|----------------------------|--------------------------------|--------------------|----------------------|---------------------|-----------------------------|
| 1. Decedent's Name (First, Middle LIVIO | AUGUST | MORALES | JR. | 2. Date of Death | ER 14, 199 | 3. Time of Death 6 12:14 PM |
| 4e. Fecility Name (If not institution | n, give street and number) | | 4b. City, Town, | or Location of Death | 4c. County of Death | |
| WASHINGTON C | OUNTY HOSPIT | | HAGERS | | WASHINGT | ON |
| 5. Social Security Number | 6. Sex 7. Age (In | yrs. last birthday) If Under 1 | Year If Under 24 H | rs. 8. Date of Birth | 9. Birthp | lace (State or Foreign |

10f. Zip Code

Days

Yrs.

HAGERSTOWN

10c. City, Town or Location

3

Funeral

Physician

/Medical **Examiner**

10e, State

MARYLAND

10e. Street and Number

Director

069-82-3014

Usual Residence of Decedent

10b. County

WASHINGTON

X□M 2□F

Director 23a or 28a-f ahow at be notified at

| × | 23a | a | 110 SOUTH LOCU | ST STREET | 21740 |) | | U.S. | Α. |
|---|--|-------------------|---|--|--|---|---|------------------------------------|---|
| .0020 hours after death | , or items 23a | by Funeral | 11. Marital Stetus)(Never Merried 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give | If Yes, specify C | of Hispanic Origin? (Scuben, Mexican, Puel No Specify: H | to Ricen, etc.) | | e - Americen Indian, k, White, etc. |
| 1215- within 72 | then "natural", or the Medical Exami | Completed b | 15. Decedent's E (Specify only highest gr Elementary/Secondery (0-12) | Year or Dates: ducation ade completed) College (1-4or 5+) | 16a, Decedent's Usual Oc | cupation one during most of wo | 1 | 6b. Kind of Bu | siness/Industry |
| 0 | at a | | 17. Fether's Neme (First, Middle, Last |) | 0.1.2.20 | 18. Mother's Na | me (First, Middle, M | laiden Sumem | e) |
| and pe | marked c | To Be | LIVIO AUGUST | MORALES SF | ₹. | AURA | BELKIS | | |
| Maryland | 7 ls trau | - | 19e. Informant'a Name/Relationship (| Type, Print) | 19b. Mailing Address (Str. 110 SOUTH LO | | | | |
| altimore, N | f Item | | 20a. Method of Disposition 1 Burial 2 Cremation 3 C 4 Donetion 5 Other (Specia | 20b. Pie cer | ce of Disposition (Name of metery, cremetory or other THSBURG CREMA | place) | Date 2 | Oc. Location - | City or Town, State JRG, MARYLAND |
| Balti. | Important: I any injury o | | 21. Signeture of Funeral Service Lice | | 22. Name and Ad | | FUNERAL | HOME. | INC. |
| /N | ysician fedicai aminer | | 23a. Part1. Enter the disease, or comshock, or heart feilure. List only Immediate Cause (Final disease or condition resulting in death) | one cause on each line. | | | | | Approximate Intervel Between Onset and Death |
| 00, e executed | sician and buriel-trensit | Examiner | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury | b | as a consequence of): | | | | |
| . Box 68760, death certificete be executed | ettending physic I for use es the b | Physician/Medical | resulting in death) Last | Due to (or e | s a consequence of): | | | | |
| E the | by the techex | | Pert II. Other significant conditions of | ontributing to death but not result | Ing In the underlying ceuse | given in Pert t. | | s 29 No | atribute to the cause of dea |
| Hecords, P | has been sign ge 2 should be | Completed by | | | | | 24a. Was an perform | eutopsy ed? | 24b. Were eutopsy finding available prior to completion of ceuse of death? |
| = = | certificate ha | | OS Was assessed to made at | | | | | s 2 No | 1 PYea 2□ No |
| OT VITA Physician: | certi | To Be | 25. Wes case referred to medical examiner? N Yes 2 No | Hospitel: 1 ☐ Inpatient 20 E | B/Outcotions 20 DOA | | eth (Check only one | | (0. 4) |
| SION OT anding Phys | or: After this | ation: | 27. Manner of Deeth 1 □ Nature! 5 □ Pending 2 ➡ Accident Investigation | 28a. Date of Injury (Month, Day Year) | 8b. Time of 28c. in this land the second sec | Other: 4 Nursing I | 28d. Describe how | w injury occurre | |
| DIVIS | To the Funeral Director: After the completely filled in by the funeral | Certific | 3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined | building etc (Specify) | e, ferm, street, factory, offic | Ce | 28f. Location (Stre City or Town, | eet and Number Stete) Locust | er or Aural Aoute Number, - St //agars/ |
| he Hospi | he Funer pletely fil. | edical | 29e. Certifier (Check only one) 1 ☐ Certifying Ph | ysictan: To the best of my knowled niner: On the basis of examinetion and manner stated. | edge, death occurred at the n end/or Investigation, in m | e time, dete and place by opinion, death occur | e, and due to the car urred et the time, dat | use(s) and mar te and piece, e | nner as steted. and due to the cause(s) |
| Tot | Tot | Σ | 29b. Signeture end title of certifier | Mel. | | ense number | | | (Month, Day, Year) |
| | | | 9 | 7/1 | 00 | CME | NC | VEMBE | R 14, 1996 |

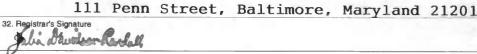
 Birthplace (State or Foreign Country)
 NEW YORK 10d. Inside City Limits 1 Nes 2 No 10g. Citizen of What Country? U.S.A. Race - Americen Indian, Black, White, etc. cify: WHITE Business/Industry TO vn, Stete, Zip Code) , MD. 21740 n - City or Town, State BURG, MARYLAND INC. TOWN, MD. 21740 Approximate Intervel Between Onset and Death contribute to the cause of death? 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 1 ☐ Yea 2 ☐ No ther (Specify) urred amal in bath mber or Rural Route Number, 11 St Hagerston manner as steted. e, end due to the cause(s) ned (Month, Day, Year)

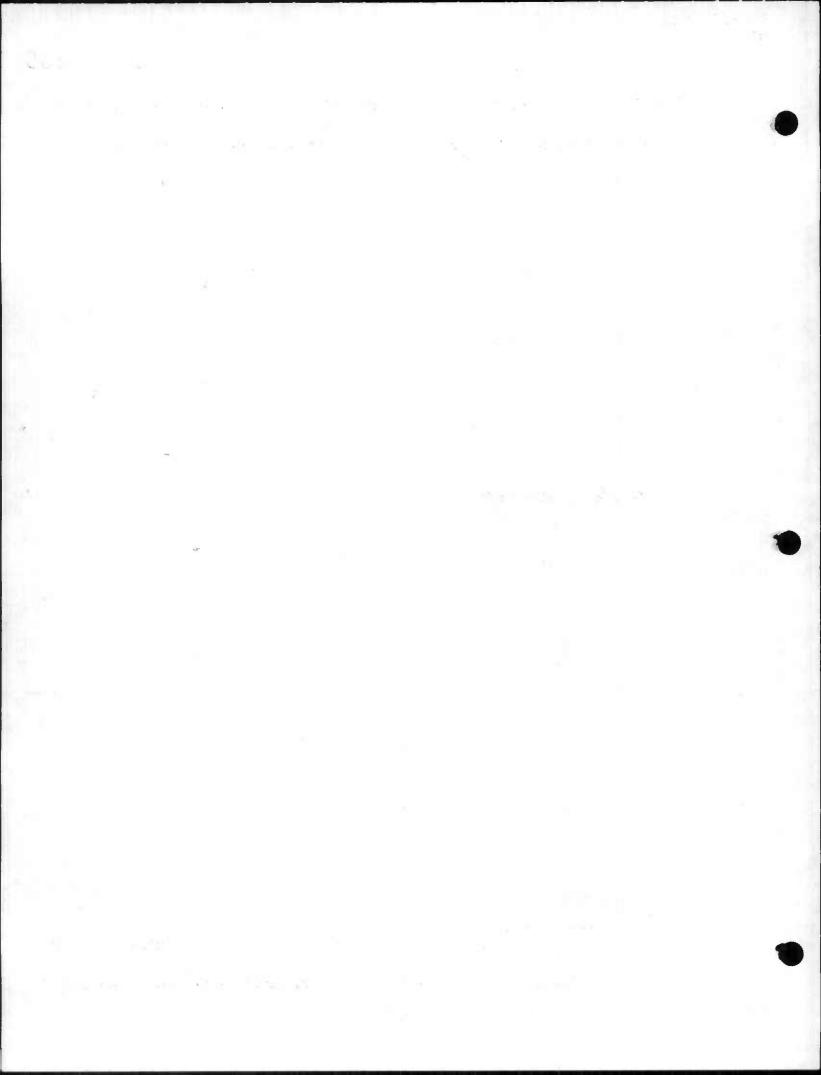
State Registrar 31. Date filed (Month, Day, Year)

Durid

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Forler



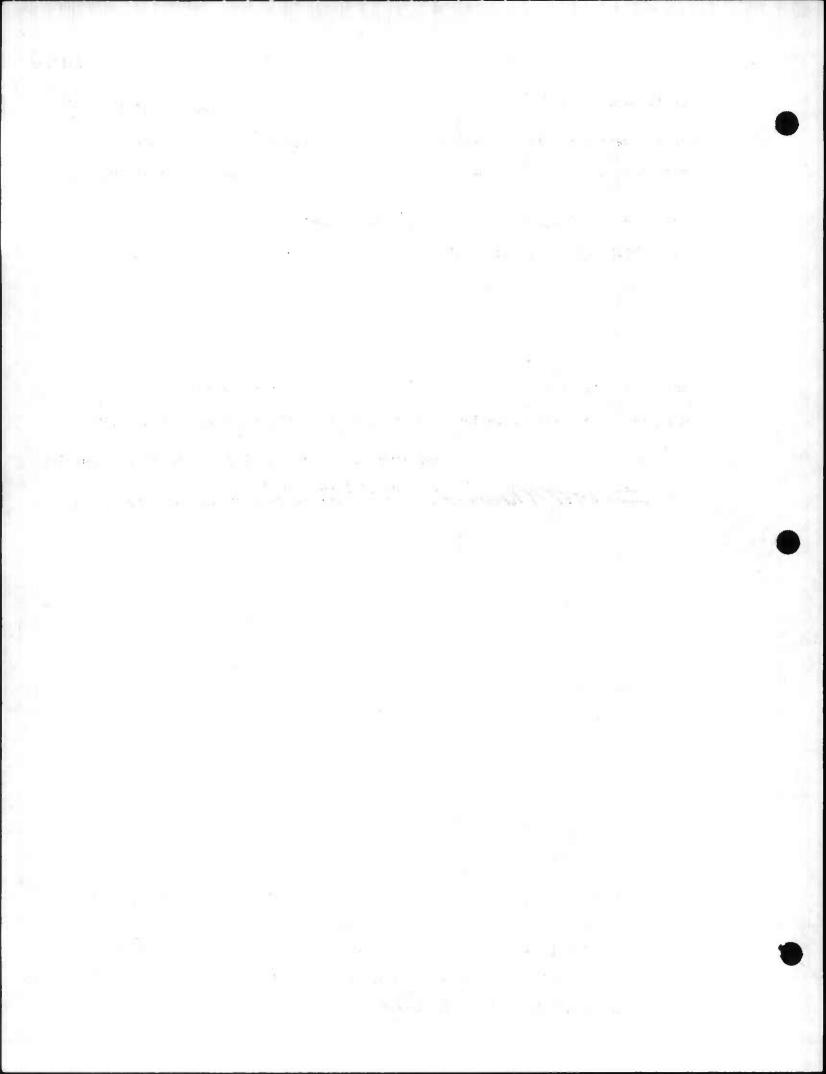


State of Maryland / Department of Health and Mental Hygiene

| | | | | | | 00, | rtificate of | Doutin | H | eg. No. | | | |
|--|--|--|--|---|--|--|---|--|---|---|--|--|--|
| Physici /Media | | 1. Decedent's Name (Harry Elme | | | | | | | 2. Dete of Deer Month December | Dey | Yeer 996 | 3. Time (| |
| Examir | | 4e. Fecility Neme (If no | ot institution, gi | ve street end numb | ber) | | | 4b. City, Town, or L | ocation of Deeth | 4c. County | of Deeth | | |
| | | 11 W. Wash | | | | | | Hagerstow | m | Washi | ngtor | n , | d. |
| unerai irector | | 5. Social Security Num 213-18-851 | L6 | 437 14 0 7 | Age (In yrs. la 84 | ast birthday) Yrs. | if Under 1 Yeer Months Deys | | 8. Date of Birth (Month, Dey, April | Year) | 9. Birthp Count 2 Ma | elece (Stete etry) arylar | |
| 3_ | | Usuel Residence of De 10e. State | Ob. County | | 10c City | , Town or Lo | cation | | | - | - | 0d. inslde (| Titue & Small |
| a or 28a-f show be notfilled at | ŏ | Maryland | Washir | acton | , | | Hagerst | OTTO | | | | 1 🔀 Yes | |
| 289 | Director | 10e. Street and Number | | igcon | | | 10f. Zip Code | .OWII | | 0g. Citizen of V | Mhat Cour | | |
| xant be | | 11 W. Wash | ington | St., Apt | . 523 | | 1011 2119 0000 | 21740 | | US | | iu y r | |
| "natural", or items 2 solical Examiner ovu | by Funeral | 11. Maritel Status 1 ☐ Never Merried 3 ☑ Widowed 4 [| | 12. Was Decade Armed Force 1 Yes 2 if Yes, Give Year or Date | es? ⊠No | | Was Decadent of I f Yes, specify Cub | Hispenic Origin? (Spen, Mexican, Puerto | ecify Yes or No- Rican, etc.) | 14. Rec | a - Americ ck, White, | etc. | |
| calE | | | 5. Decedent's E | | | 16a. Deced | lent's Usuei Occup | nation | | 16b. Kind of Bu | reinace/Inc | dustry | |
| - 48 | Completed | (Specify | only highest gr | ede completed) | | (Give I | kind of work done OO NOT use retire | during most of work | ing | . SD. TWING OF DO | 201103341110 | Juouy | |
| | E O | Elementery/Seconda 8 | ary (0-12) | College (1-4 | or 5+) | | older | | | foun | dry | | |
| a de | Be C | 17. Fether's Neme (Fir | rst, Middle, Last | | | | | 18. Mother's Nam | e (First, Middle, M | | | | |
| | OB | Samuel E. | Miller | | | • | | Cora unknown | | | | | |
| EE | - | 19e. Informent's Name | | 19b. Meilin | g Address (Street | | | | Stete, Zip | Code) | | | |
| CI b | | Margaret R | rgaret Ruth - sister-in-la | | | | | s (Street end Number or Rural Route Number, City or Town, Stete, Zip Code, rbern Road, Hagerstown, Md. 21740 | | | | | |
| item 2 | | 20e. Method of Dispos | | | 20b. Ple | eca of Dispos | sition (Neme of netory or other ple | cel | Dete | 20c. Location - | City or To | wn, Stete | |
| Important: If ite any injury or ot once. | | 1 ⊠ Buriai 2 □ C 4 □ Donetion 5 [| | Removei from Sta | ven Ceme | | -6-96 | Hagerst | own. | Mary | 1an | | |
| Inju | | 21. Signeture of Funer | | | | 22. | . Name end Addre | ess of Fecility | | | | iiuz j | |
| any li | | 1 5 | alt. | mi | | M | INNICH F | UNERAL HO | ME | | | | |
| | | | 0111 | | | / / | MINNICH FUNERAL HOME 415 E. Wilson Blvd.,Hagerstown, Md. 21740 | | | | | | |
| | | 23a. Pert1. Enter the | diseese, or com | policetions that cau | sed the deeth. | Do not ente | 15 E. Wil | .1son Blvd | . , Hagers | stown, | Md. 2 | | ite |
| ician | | 23a. Pert1. Enter the c shock, or heart for | diseese, or com eilure. List only | plicetions that cau | sed the deeth. th line. | Do not ente | 15 E. Wil er the mode of dyin | .1son B1vd ng, such es cardiec | . , Hagers | stown, | Md. 2 | Approxime Intervel Be | tween |
| | | Immediate Cause (Fin | | 1 | | . Do not ente | er the mode of dyl | ng, such es cardiec | ., Hagers | stown, | Md. 2 | Approxime | tween |
| dical | | | | 1 | hemi. | Do not ente | food - | 1son B1vd | ., Hagers | stown, | Md. 2 | Approxime Intervel Be | tween |
| dical iiner | ler | Immediate Cause (Fin | | 1 | hemi. | . Do not ente | food - | ng, such es cardiec | ., Hagers | stown, | Md. 2 | Approxime Intervel Be | tween |
| dical niner | ıminer | Immediate Cause (Fin disease or condition resulting in deeth) | nel | 1 | Due to (or | es e consequ | feethe mode of dyi | ng, such es cardiec | ., Hagers | stown, | Md. 2 | Approxime Intervel Be | tween |
| dical niner | Examiner | Immediate Cause (Fin disease or condition resulting in deeth) | nel | 1 | Due to (or | Do not ente | feethe mode of dyi | ng, such es cardiec | ., Hagers | stown, | Md . 2 | Approxime Intervel Be | tween |
| dical niner | | Immediate Cause (Fin disease or condition resulting in death) Sequentially list condit if any, iseding to imme cause. Enter Underlyit Cause (Disease or injusted inflieted events | tions, ediete ing | 1 | Due to (or | es e conseques es e conseque | uence of): | ng, such es cardiec | ., Hagers | stown, | Md. 2 | Approxime Intervel Be | tween |
| dical and he prijetransit | | Immediate Cause (Fin disease or condition resulting in deeth) Sequentially list condit if any, leading to imme cause. Enter Underlyic Cause (Disease or injure Cause) | tions, ediete ing | 1 | Due to (or | es e consequ | uence of): | ng, such es cardiec | ., Hagers | stown, | Md. 2 | Approxime Intervel Be | tween |
| iner tisual-transit | Medicai | Immediate Cause (Fin disease or condition resulting in death) Sequentially list condit if any, iseding to imme cause. Enter Underlyit Cause (Disease or injusted inflieted events | tions, ediete ing | 1 | Due to (or | es e conseques es e conseque | uence of): | ng, such es cardiec | ., Hagers | stown, | Md. 2 | Approxime Intervel Be | tween |
| od busselen and asset the buriel-transit | Medicai | Immediate Cause (Fin disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter Underlyit Cause (Disease or injuthet initiated events resulting in death) Less | tions, edicte ing ury | b | Due to (or other t | es e conseques es e conseques es e conseques es e conseques es e conseques es e conseques es e conseques es es es es es es es es es es es es e | uenca of): uenca of): uenca of): | ng, such es cardiec | . Hagers | est, | | Approxime Intervel Be Onset end | tween Deeth |
| og physician and as the buriel-transit | Medicai | Immediate Cause (Fin disease or condition resulting in death) Sequentially list condit if any, iseding to imme cause. Enter Underlyii Cause (Disease or injuthet initiated events resulting in death) Lest | tions, ediete ing ury | bdd | Due to (or or or or or or or or or or or or or o | es e conseques e conseques e conseques e conseques e conseques e conseques es e c | uenca of): uenca of): uenca of): | ng, such es cardiec | or respiretory error | bacco use cor | atribute to | Approxime intervel Be Onset end | of deat |
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| igned by the attending physician and be deteched for use as the buriel-transit by the particular and buriel-transit buriel-transit by the particular and buriel-transit by the particular and buriel-transit by the particular and buriel-transit by the particular and buriel-transit by the particular and buriel-transit by the particular and buriel-transit by the particular and buriel-transit by the particular and buriel | by Physician/Medical | Immediate Cause (Fin disease or condition resulting in death) Sequentially list condit if any, iseding to imme cause. Enter Underlyii Cause (Disease or injuthet initialed events resulting in death) Lest | tions, ediete ing ury | bdd | Due to (or or or or or or or or or or or or or o | es e conseques e conseques e conseques e conseques e conseques e conseques es e c | uenca of): uenca of): uenca of): | ng, such es cardiec | or respiretory error | becco use cor | 24b. We eve | Approxime Intervel Be Onset end Onset end the cause bably 4 per autopsy sliable prior mpletion of | of deat Unkno |
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| he Funeral Director: After this certificate has pletely filled in by the funeral director, page 2. | edical Certification: To Be Completed by Physician/Medical | Immediate Cause (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the cause. Enter Underlying Cause (Disease or injusted in thicked events resulting in death) Less resulting in death) Less resulting in death) Less resulting in death) Less resulting in death) Less resulting in death) Less resulting in death) Less resulting in death (Cause of the cause ns, adjete ing large and the large and th | b | Due to (or or or or or or or or or or or or or o | es e conseques es e c | uenca of): uenca | 28. Plece of Deetl 28. Plece of Deetl 19: 4 Nursing Ho 19: 4 No | 23b. Did to 1 Ye 24e. Wes el perform 1 Ye 1 Check only one me 5 Preside 28d. Describe ho 28f. Location (Str. City or Town end due to the ce ed at the time, de | bacco use cor s 2 No n eutopsy ned? s 2 No e) unca 6 Other w injury occurr reet end Numb, , Stete) | 24b. We ever cor of a series of the series o | Approxime intervel Be Onset end the cause with the cause with the cause with the cause with the cause of the | of death Of death Unknownian Of death Of death Of death Of death Of death Of death |

State Registrar 31. Dete filed (Month, Dev. Year)
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32. Resistrert Signature

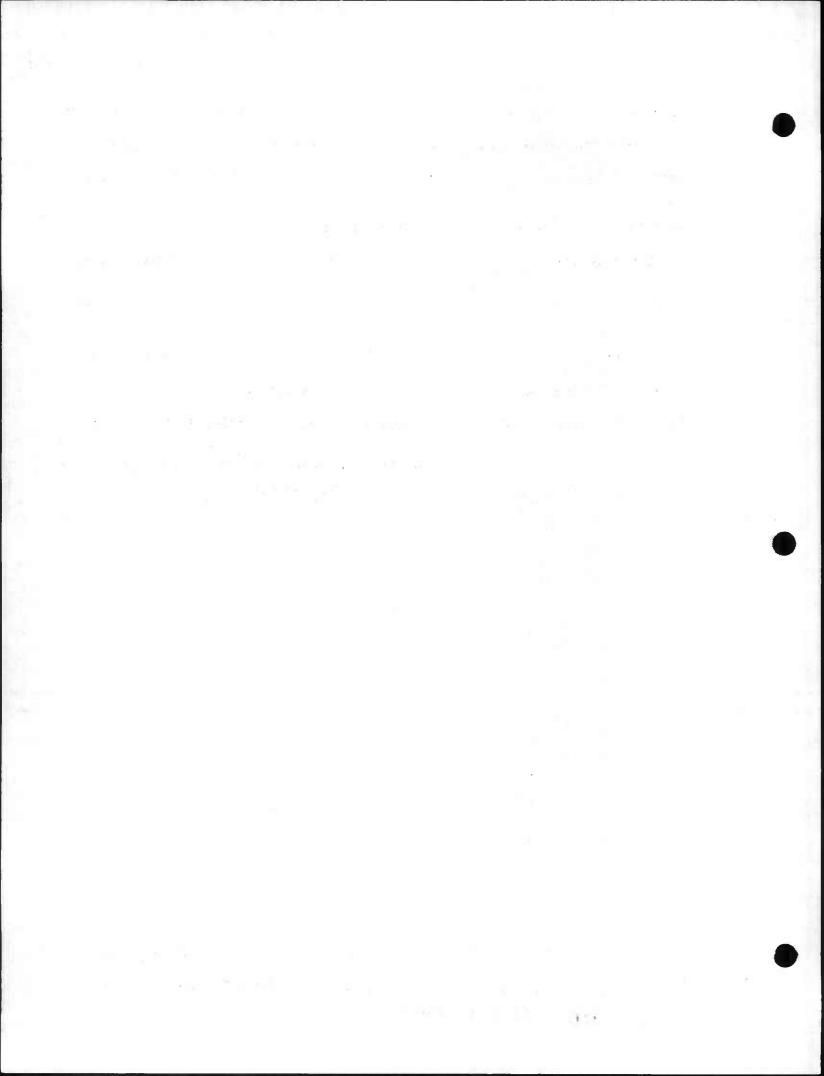


State of Maryland / Department of Health and Mental Hygiene

37441

| | | | | | | | Cen | tificate d | of L | Death | | | Reg. No. | | | |
|---------------------|---|----------------|--|---|-----------------------|--|-------------|---|--------|------------------------------|-----------------|----------------|-----------------------|----------|-------------|--|
| | A Plant | | 1. Decedent's Nama (First, Mi | ddle, Last) | | | | | | | | 2. Dete of D | | | | 3. Time of 5 = th |
| | Physic | | Vothern T | W-W- | | | | | | | | Month | Day | | Year | 10:30 mm |
| Л | /Medi | | Kathryn T. | McKinney | | | | | | L Ch. T | | Novemb | | | 996 | 10.30.11 |
| | Exami | ner | 4e. Facility Name (If not Institu | rion, give street and r | number) | | | | 4 | b. City, 10 | own, or L | ocation of Dea | 4C. | County | of Death | |
| | | | Calvert Manor | Health Ca | are | Center | | | | Risir | ng Si | ın | | Ce | cil | |
| | Funeral | | 5. Sociel Security Number | 6. Sex | | e (In yrs. last bir | thday) | If Under 1 Y | ear | If Under | 24 Hrs. | 8. Dete of B | irth | | | piece (Steta or Foreign |
| | Director | | 217-36-4648 | 1□M 2⊠F | 1 | 84 | Yrs. | Months De | ays | Houra | Min. | June | | 12 | | |
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| | and w | | 10a. Stata 10b. Cour | nty | | 10c. City, Tow | n or Loc | ation | | | | | | | 1 | 0d. Inside City Limits |
| | anylar | 7 | | | | | | | | | | | | | | 1 ☐ Yas 2 ☑ No |
| | 0 P | ctc | Maryland | Cecil | | | Noi | cth Eas | st | | | | | | | TE TO ESTITO |
| | 4 2 2 | Director | 10e. Street and Number | | | | | 10f. Zip Cod | de | | | | 10g. Citl | zen of V | Whet Coun | itry? |
| | W S | | 49 Sparkler I | ane | | | | 21 | 190 | 1 | | | Uni | ted | Sta | tec |
| | deat and | Funeral | 11. Marital Status | 12. Was De | ecedanf | Evar In U,S. | 13. W | as Decedent | of Hi | spenic Or | igln? (Sp | ecify Yes or N | | | | an Indian, |
| | To He | 2 | 1 Never Merried 2 M | | Forces? | No | lf. | Yas, specify (| Cuba | n, Maxice | n, Puarto | Ricen, atc.) | | Blac | ck, White, | atc. |
| 20 | 72 hours after death with the Maryland nature!', or fterns 23a or 28a-f show Aftel Examine must be notified at | by | 3⊠ Widowed 4 □ Divord | If Yes | Give | | 1 | ☐ Yes 2፟፟፟⊠ | No | Specify | : | | 2 | Specify | <i>/</i> : | White |
| 9 | hou | | | | Dotas. | 1.00 | District to | 1 O | | | | | 101 101 | | | |
| 5 | | ete | | lent'a Education hes <i>t grade complete</i> | d) | 186. | (Give k | ent's Usuel Or aind of work de O NOT usa re | ona a | ition Ju <i>ring m</i> os | st of work | ing | 160. KI | nd of Bi | uainess/Ind | Juatry |
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| S | | Completed | 12 | | | | Home | emaker | | Her own Home | | | | me | | |
| bu | al Hygid | | 17. Fathar's Nema (First, Middle, Last) 18. Mother's Nem | | | | | | | er's Nem | e (First, Middl | e, Meiden | Suman | 10) | | |
| <u></u> | should be nd Mental marked o matic ave | To | Corbin W. John | son, Sr. | | | | | | Ste | 11a 1 | Neal | | | | |
| 5 | d 2 should be filed h and Mental Hyg 7 is marked othe treumatic avent, | - | 19e. Informent's Neme/Reletic | | | 19b | . Mellino | Address (St | reat e | | | al Route Num | ber. City o | r Town. | State Zin | Code) |
| Maryland 21215-0020 | d 2 is | | John L. McKinn | | 02 | | | | | | | astle, | | | | |
| | 1 and Heelth em 27 | | | ey, J1./5 | OH | | | | | | ew C | | _ | | | |
| 0 | 50 5 | | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetic | n 3 DRemoval from | m State | cemata | y, crem | ition (Neme o atory or other | plac | e) | 1, | Dete Dec. 1 | 20c. Lo | cation - | City or To | wn, Stete |
| E | permit. Peges Department of Important: If Ite eny Injury or of | | 4 □ Donetion 5 □ Other | | in State | Bould | en's | Chape | 1 | Ceme | | | E1k | ton. | Mar | yland |
| Baltimore, | | | 21. Signature of Funeral Sarvi | ce Licensee | | 10000 | | Nama and A | | | | 1000 | 22.10 | COLL | HALL | Jiunu |
| ä | | | 11/02/ | . (/ | | | | couch I | | | | | | | | |
| _ | | | Volet 0 | ws- | | | | | | | | eet, No | | East | , MD | |
| | | | 23a. Part1. Enter the disease, shock, or heart feilure. L | or complications the lst <i>onl</i> y one cause or | t causac n eech li | the deeth. Do i | not ente | r the mode of | dyln | g, such es | cardiac | or respiretory | errest, | | | Approximete Intarvel Batween |
| | Physician | | | | | | | | | | | | | | i | Onset and Death |
| a | /Medical | | Immediate Cause (Fine) disaese or condition | 0 | A | 7 | | | | | | | | | 1 | |
| | Examiner | | resulting in death) | 0. | , , | Dua to (or es a | 2000000 | enno of): | | | | | | | | |
| | 1100 | 9 | | 7 | . [| A all | consequ | rence ory. | . / | - (| 7 | 00 | 0 - | | 1 | |
| | pet isu | Examiner | | b . | 10 | usecu | 4 | الله (| V 7 | | 00 | ale | per | 24 | - | |
| | end end | Xai | Sequentially list conditions, if any, leeding to immediate | 7 | | Due to (or es a | consequ | ience of): | | | | | V | | į | |
| 90 | o e e | | cause. Enter Underlying Ceuse (Disease or injury | | See | uel | 101 | | | | | | | | i | |
| 68760, | certificate be executed ding physician and se as the burlel-transit | Medical | that initiated events resulting in death) Last | | | Dua to (or as a c | onsequ | ance of): | | | | | | | i | |
| 9 | as po | Ae l | | | | | | | | | | | | | - 1 | |
| X | | | | d | | | | | | | | | | | | |
| m | requires that the death of search seen signed by the attentionald be detached for u | Physician | Don'll Other des Manual and | 7A1 | 4 t. | Z . 154 - 2 - 1 146 - 7 T | 45. | | 0.00 | | | 001 01 | A A DE LOCATION | | | M |
| 0 | by the de | 1ys | Part II. Other significant cond | MONE CONTIDUCING TO | death b | ut not rasulting if | 1 trie un | derlying caus | e give | en in Pert | 1. | | | | | the cause of death? |
| 0 | het t | | | | | | | | | | | 10 | Yee 2 | □No | 3 Prol | bebly 40 Unknow |
| Ś | es thet igned be be det | by | | | | · | | | | | | | | | | |
| 5 | been si | 8 | | | | | | | | | | | s en eutop formed? | osy | ev | era autopsy findings alleble prior to |
| Records, | 20 00 | Completed | | | | | | | | | | - | | | CO | mpletion of cause death? |
| Re | 0 - 6 | E | | | | | | | | | | | | EA | | |
| | | | | | | | | | | | | 1 | Yes 2 | No No | 11 | Yes 2□No |
| of Vital | Physician: The this certificata ral director, par | Be | 25. Wes case referred to medi examiner? | - | | | - | | | | e of Deet | h (Check only | one) | | | |
| = | \$ 000 | 2 | 1 ☐ Yas 2 ₺ No | Hospitel: | ☐ Inpatie | ont 2□ER/Ou | tpatient | 3□ DOA | Othe | N THE IN | ursing Ho | ma 5□Res | sidence (| 6 □Oth | ar (Specif | y) |
| | g Ph er th | | 27. Menner of Deeth | 28a. Det | te of Inju | | rime of | 28c. | Injury | at | | 28d. Describe | how injur | y occur | red | |
| Ö | th.: After e funer | at | 1 ☑ Neturel 5 ☐ Pen 2 ☐ Accident inve | stigetion | J. 101, 20 | , , , , , , | i ijui y | | | Yes 2□ | No | | | | | |
| Division | or Attending effer death. Director: After I in by the fune | Certification: | 3 ☐ Sulcide 6 ☐ Cou | ld not be | ce of Ini | ury - At home, fe | rm. stre | et, fectory, of | fice | | | 28f. Location | (Straet an | d Numb | er or Rure | al Route Number, |
| \leq | or A effer Direct | 로 | 4 Homicide | buil | lding, at | c. (Specify) | , | o., , , | | | | | own, Stete | | | |
| | ie is is | | | | | | | | | | | | | | | |
| | t ho | edical | 29e. Certifier 152 Certif | ying Phyelcian: To the al Examiner: On the | he best of | of my knowledge | death | occurred of the | na tim | e, dete er | nd plece, | end due to the | e cause(s) | end ma | anner es a | teted. |
| | he h | 8 | one) | end me | enner ste | eted. | | ootigotion, iii | , 0, | | | | , 0010 0110 | , piood, | | 7 1110 Oa 00 O(a) |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After th completely filled in by the funeral | Σ | 29b. Signeture and title of certi | fier | | 0 | | 29c. Lic | cense | number | | | 29d. Dat | te signe | d (Month, | Dey, Year) |
| | | | 1 | 000 | _ | V ~ | w . A | , Nº | V | 102 | | | 10 |)_/ |) al | |
| | , | | rwx | all | 0 | Lew | M | 7 77 | Y | 7185 | > | } | 10 | 0 | 1-14 | , |
| | 6 | | 30. Name and address of pers | on who completed ca | | | | riot) | | 17- | 14-1 | nel | 01.0 | | IGN | , |
| | | | 11),SACNOE | V 322 | G | AST COC er's Signeture Son-Manda | 1 | HU. | 7 | LOK | ME | Ast, | MO | 2 | 1701 | |
| | Sta | 1010 | 31. Date filed (Month, Dey, Ye. | ar) 32. | Registr | er's Signeture | 00 | | | | | • | | | | |
| | Regist | ar | DEC 0 3 199 | 6 quia | wid | Valv-Navior | | | | | | | | | | |

DEC 03 1996



| A | i a i a | _ | Decedent's Name (First, Middle, La | | | Department of Certificate | | Health and M Death | , , | eg. No. | 6 Year | 37442 3. Time of Death |
|--|-----------------|----|---|--|-------------------------------------|--|---------------|--|--|------------------------------------|--------------------------|---|
| Phys /Me | ıcıan dicai | | KENNETH PAUL | MURDO | CK | | | | NOV. 2 | 6,1996 | | 0139 A |
| Exam | | | 4a. Fecility Name (If not institution, giv | e street end number |) | | | 4b. City, Town, or Lo | cation of Deeth | 4c. County | of Death | |
| 100 | | | 2232 SNYDERSB | JRG RD. | | | | WESTMINS | TER | CARR | OLL | |
| Funer. Directo | _ | | 214-24-1912 | ex 7. A □ M 2□ F | ge (In yrs. last birt | hday) If Under 1 Months E | Year | Hours Min. | 8. Dete of Birth (Month, Day MAR 4 | . Yeer) 1929 | | place (State or Foreign htry) VIRGINIA |
| death with the Maryland ms 23a or 28a-f show | tor | | Usual Residenca of Decedent 10a. State 10b. County MARYLAND CARRO | OLL | 10c. City, Town | or Location | W | ESTMINSTER | 37.5110 | | | 0d. Inside City Limits 1 ☐ Yes 2 ☒ No |
| or 28 | Director | | 10e. Street and Number | | | 10f. Zip Co | ode | | 1 | 0g. Citizen of V | What Cour | ntry? |
| th wil | a | | 2232 SNYDERSBURG | ROAD | | | | 21157 | | | USA | |
| or the | by Funeral | | 11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Divorcad | 12. Was Decedent Armed Forces' 15 Yes 2 If Yes, Give Year or Dates: | ? | 13. Was Deceden If Yes, specify | | dispanic Origin? (Spe an, Mexican, Puerto F Specify: | cify Yes or No- Rican, etc.) | | ck, White, | ean Indian, etc. |
| 72 hours "natural", | Completed | | 15. Decadent's Ed (Specify only highest gre | lucation de com <i>pleted)</i> | 16a. | Decadent's Usual C (Give kind of work of | occup done | pation during most of workind) | ng | 16b. Klnd of Bi | usiness/in | dustry |
| within ene. than " | dH | | Elementery/Secondary (0-12) | College (1-4or | 5+) | | | | | r moons | aiio | LION |
| Hygie ther | ပိ | - | 17. Father's Name (First, Middle, Last, | | Ed | LECTRICAL | El | 18. Mother's Name | (First Middle I | WEST | | USE |
| ld be ental ked o | To Be | | JOHN CLARK | | | | | MYRTLE | | | ,,, | |
| should ind Men | - | | 19e. Informant's Name/Reletionship (| Type, Print) | 19b. | Mailing Address (S | treet | end Number or Rura | | | Stete, Zip | Code) |
| alth a | | | CAROL REDMAN, FR | IEND | | | | BURG RD, W | | | | |
| permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Injury or other traumatic event the Mental Injury or ot | | 2 | 20a. Method of Disposition 1 □ Burlal 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specification) | | 20b. Place of cemeter) | Disposition (Neme o, cremetory or other LUTHERAN | of or ple | се) | | 20c. Location - | City or To | own, State |
| permit. Departn Importa any Injt | Suce | | 21. Signature of Through Servica Licar | soo WE | line | 22. Name and A | Addre | | INE FUN | ERAL HO | OME | , , , , |
| Physicial /Medica Examine | il er | | 23a. Pert1. Enter the disease, or com- shock, or heart feiture. List only Immediate Ceuse (Final disease or condition resulting in deeth) | | | rterios | | ng, such as cardiec of | | | ar D | Approximate Interval Between Onset and Death |
| be executed iclan and burial-transit | ai Examiner | 13 | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury | C | Due to (or as a c | onsequence of): | | | | | | |
| leeth certificate b attending physic of for use es the b | Physician/Medic | | that Initiated events resulting in deeth) Last | d | Due to (or as a co | onsequenca of): | | | | | | |
| that the deeth ed by the atter detached for | hysicia | F | Part II. Other significant conditions of | | out not resulting in | the underlying caus | se giv | ven in Part I. | | bacco use co | ntribute to | o the cause of death? |
| | by F | - | BLADDER CANC | EK | | | _ | | | | | , , |
| law requires es been sign s 2 should be | Completed by | - | | | | | | | 24a. Was a perform | ned? | COL | ere autopsy findings eileble prior to mpletion of cause deeth? |
| 0 5 0 | E | | | | | | | | | CTION | | |
| Iclan: The certificate rector, pag | | 2 | 25. Was case referred to medical | | | | | | | s 2 No | 11 | Yes XXNo |
| | o Be | 1. | examiner? | Hospitel: 1 ☐ inpatie | a | | Oth | 26. Place of Death | | | | |
| After fune | ation: To | | 17. Menner of Death 1 Netural 5 Pending 2 Accident Investigation | 28e. Date of Inju | | | Injur Wor | 4LI Nursing Hom | 8d. Describe ho | | | v) |
| 2250 | Certification: | | 3 ☐ Sulcide 6 ☐ Could not be determined | 28e. Place of in | ury - At home, fari c. (Specify) | m, street, factory, of | ffice | 2 | 8f. Location (St City or Town | reet end Numb n, State) | er or Rura | I Route Number, |
| To the Hospital o within 24 hours at To the Funeral D completely filled I | edicai C | 2 | 29a. Certifier (Check only one) 1□ Certifying Phy one) 1□ Certifying Phy one | rsician: To the best Iner: On the basis o end mannes | f examination and | death occurred et the | he tin | ne, date and piace, ar pinlon, death occurre | nd due to the ca d at the time, da | tuse(s) and ma ate and piace, (| nner as st end due to | eted. the cause(s) |
| To the Ho within 24 I To the Fu completely | X | 2 | 9b. Signature end title of certifier | 11 | , | 29c. Li | cens | e number | 2: | 9d. Date signed | d (Month, i | Dey, Year) |

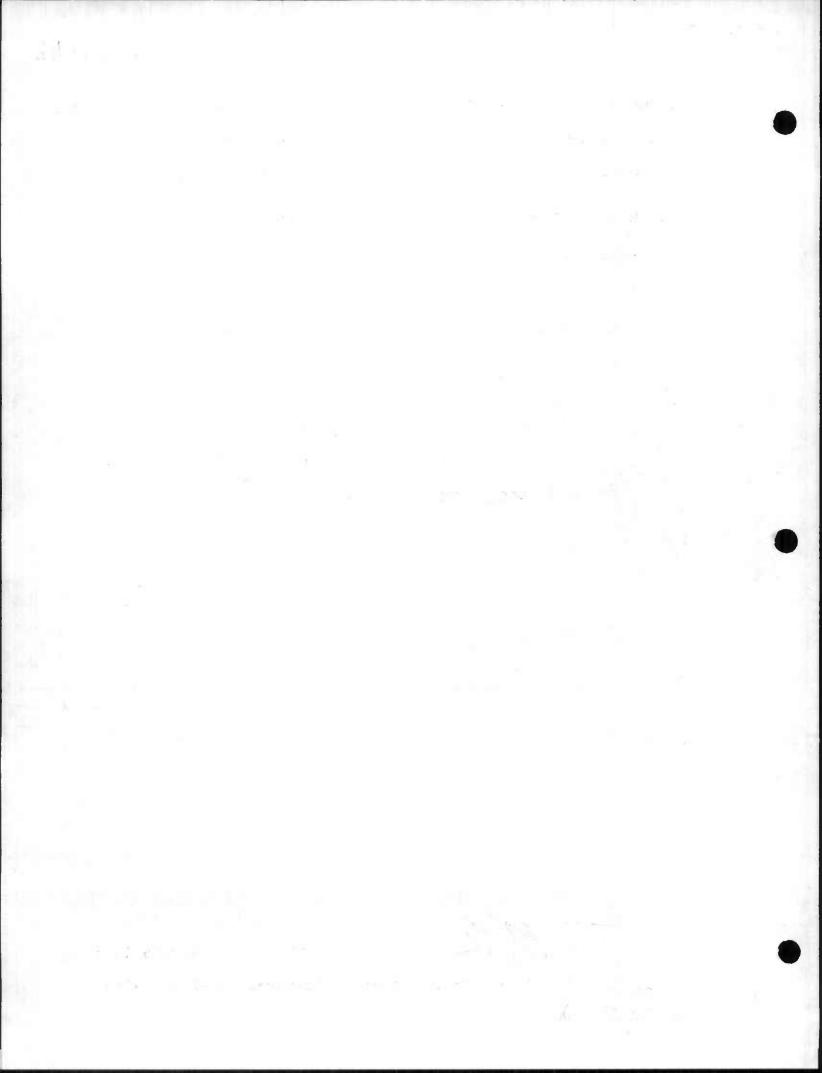
State Registrar DAVID FOWLER M.D.
31. Dete filed (Month, Dey, Yeer) DEC 0 & 1996

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201
32. Registrer: Signature

OCME

NOV.26,1996



State of Maryland / Department of Health and Mental Hygiene

ne 96

37443

| | | | | Certificat | e of Death | | Reg. No. | | |
|---|--------------------|---|---|--|--|---------------------------------------|---|---|--|
| Physici Medid | | 1. Decedent's Nama (First, Middia, La | Medit: | 7 | | 2. Date of Dec Month | | 996 5 | Time of Death |
| Examir Examir uneral rector | | 4a. Facility Nama (If not Institution gives 1.5. Social Security Number 0.5. Social Residence of Decedant | rase Nurs | ing Centary if Under Months | Pr Boy | Location of Deeth | Prince th y, Year) | of Death G | CDY 9 C (State or Foreign a |
| Fed at | tor | 10a. Steta 10b. County | Goerge's Bow | Town or Location | | | | | nsida City Limits |
| 23a or 28a-f ust be notifie | al Director | 10e. Street and Number 12508 Kilbourne l | Lane | 10f. Zip | 20715 | | 10g. Chizan of V United | Whet Country? | 3 |
| al', or items | by Funeral | 11. Meritel Stetus 1 Never Merried 2 Married XX Widowed 4 Divorced | 12. Wes Dacedant Ever in U,S Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Detes: | 13. Was Daced If Yes, special 1 Yes | dant of Hispanic Origin? (cify Cuben, Maxicen, Pua 2 ^H No <i>Specify</i> : | Specify Yes or No rto Ricen, atc.) | | e - Amaricen Inck, Whita, atc. Whit | |
| other than "natural", rent, the Medical Exa | Completed | 15. Decedent's Ec (Specify only highest gra Elamantary/Secondary (0-12) | ducetion ida complated) Collaga (1-4or 5+) | 16a. Decedant's Usur (Giva kind of wo lifa. DO NOT us Homemak | rk dona during most of was retired) | orking | | usinass/industry | |
| tem 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Medical Examiner must be notified at | To Be C | 17. Father's Name (First, Middla, Last, Frank Kropf | | 40L Mallin Add | Joseph | ine Oswa | Maidan Sumem 1d | 10) | |
| ant: If item 27 is n ury or other traur | | 19a. Informant's Neme/Raiationship (Ann M. Scheffer 20a. Mathod of Disposition 1□ Burial 2 ☑ Cremation 3 □ 4□ Donation 5□ Othar (Specification of the content of the c | Daughter 20b. Pic Ce Ramovai from State | | othar place) | | aryland 20c. Location - | 20715 | Stete |
| important: If i | | 21. Signature of Funaral Sarvice Licer **Light Communication** 23a. Part1. Enter the disease, or communication shock, or heart failure. List only | Discations that coused the death. | Robert 16000 | nd Address of Fecility E. Evans F Annapolis R de of dying, such as cerdia | d. Bowie | Md. 207 | 15 App | roximata rval Batween et end Deeth |
| edical miner | er | fmmediata Causa (Final disaasa or condition rasulting in daath) | a. End sta | as a consequence of): | stic Anen | · . | | on | year |
| attending physician and for use as the burist-transit car. Medical Examiner | | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that infliated evants resulting in daeth) Last | | | | | | | |
| d by the attending pheteched for use as the Physician/Med | ysiciai | Part II. Other significant conditions c | ontributing to death but not rasul | eusa givan in Part f. | | | | | |
| ed by the deteche | | | | | 24a. Was an autopsy performed? 24b. Were autopsy findings evelleble prior to complation of ceusa | | | | |
| es been signed by the a 2 should be deteched f | þ | | | | | 24a. Was | an autopsy | 24b. Were as | utopsy findings e prior to ion of ceusa |
| certificate hes been s rector, page 2 should | o Be Completed by | 25. Wes casa rafarred to medical axaminar? | Hospitel: | P/Outrelies 2/ D | Other | 24a. Was perfo | an autopsy med? Yas 2 No | 24b. Were as evelleble complat of death | utopsy findings e prior to ion of ceusa ? |
| ter this certificate hes been s neral director, page 2 should | To Be Completed by | axeminar? 1 Yas 2 No 27. Manner of Death 1 Actural 5 Pending investigation 2 Accidant investigation 3 Suicida 6 Could not be | 28a. Data of Injury (Month, Day Year) | М | OA Other: 4 Nursing 28c. Injury et Work? 1 Yas 2 No | 24a. Was perfo | an autopsy rmed? Yas 2 ⊠No ona) dence 6 □Oth now injury occum | 24b. Were as evelleble completed of death 1 □ Yas | utopsy findings e prior to ion of ceusa ? |
| After this certificate hes been s funeral director, page 2 should | o Be Completed by | axaminar? 1 | 28a. Data of Injury (Month, Day Year) | 28b. Time of Injury M na, farm, street, factory | OA Other: 4 Nursing 28c. Injury et Work? 1 Yas 2 No y, office | 24a. Was perfo | an autopsy med? Yas 2 No ona) dence 6 Oth now injury occur Street and Numb vn, Stata) | 24b. Were as evelleble complaint of death 1 Yas | utopsy findings e prior to ion of ceusa ? : 2 No |

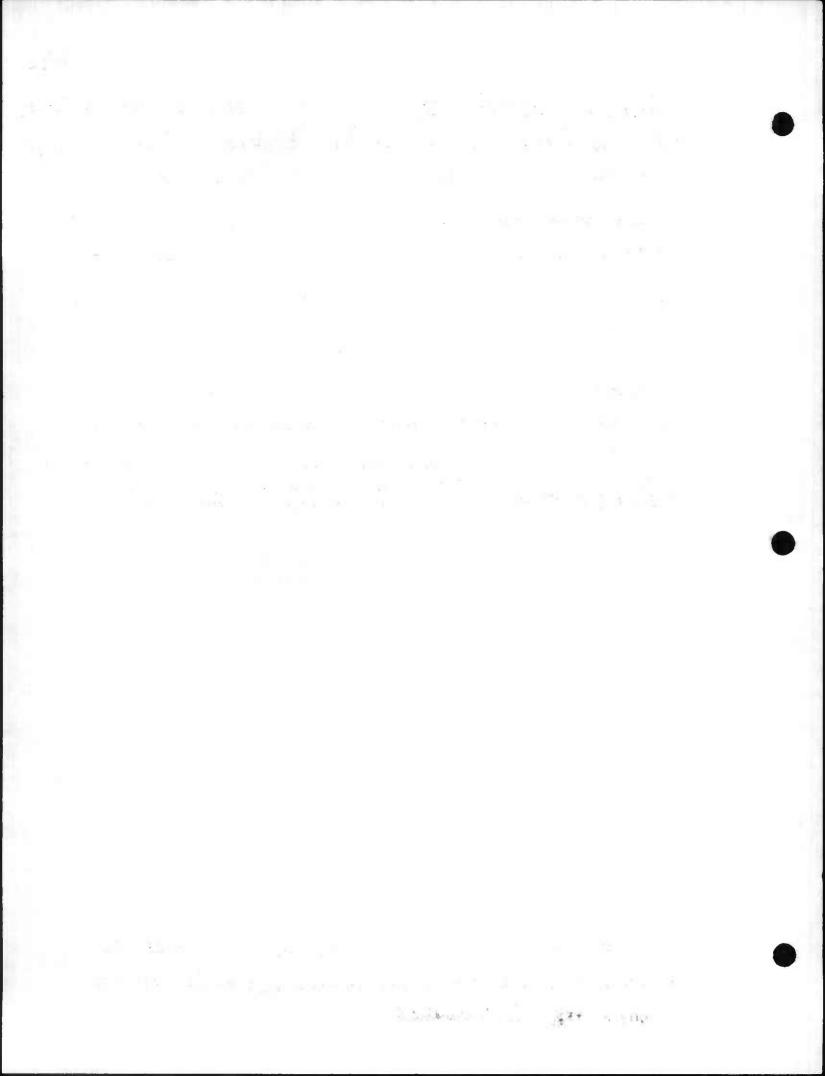
DHMH 16 Rav 6/95

State

Registrar

31. Data filed (Month, Day, Year)

NOV 27 1996

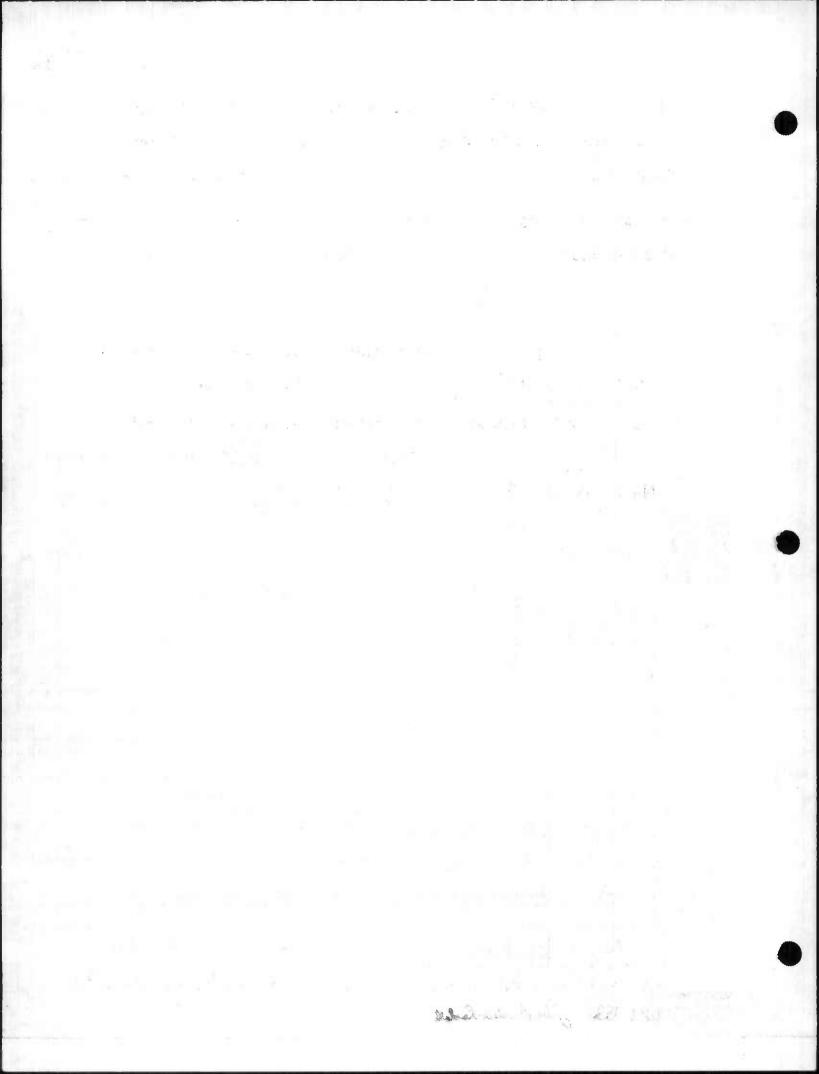


State of Maryland / Department of Health and Mental Hygiene

37444 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month DOLORES VIRGINIA McLAUGHLIN 1996 11 9:03 AM /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince George's Hospital Center Cheverly Prince George's If Under 1 Year If Under 24 Hrs. Hours Min. Birthplace (State or Foreign Country) 5. Social Security Number 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funerai** Days Months 1 ☐ M 2 💢 F Director 577-42-1810 03 20 1932 Washington, DC Usuei Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Mudical Examiner must be notified at 1X Yes 2 □ No Maryland Prince George's Directo Glenarden 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Herns 23a 3100 Polk Court 20706 U.S.A. Funeral filed within 72 hours efter deeth 12. Wes Decedent Ever in U.S. Armed Forces? 11. Marital Status Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 🖔 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ☒ No Specify: Black Specify. à 3 ☐ Widowed 4 ☑ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pemit. Peges 1 and 2 should be filed within Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event. If any injury or other traumatic event. Elementary/Secondery (0-12) College (1-4or 5+) Government Psychiatric Social Worker years 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Samue1 Westfield Gertrude Barmore 2 19a. Informant's Neme/Retationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3007 Walters Lane, Forestville, Maryland 20747 William W. W. McLaughlin/Son 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Burlal 2 □ Cremetion 3 □ Removel from State Brentwood, Maryland Fort Lincoln Cemetery 1996 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
J. B. JENKINS FUNERAL HOME A Percentre Nance 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. **Physician** /Medicai Immediate Ceuse (Final Heavy diseese or condition resulting in deeth) Examiner The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate ceuse: Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last pue Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. physician Physician/Medical Due to (or as e consequence of) for use es ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 20 No 3 Probably 4 ☐ Unknown 1 Yes signed t by should should 24b. Were sutopsy findings available prior to completion of ceuse of death? Completed 24a. Was en eutopsy performed? page 2 s certificate 1 Yes 2 No 1 Yes 2 No i or Attending Physician: efter death. director Be 25. Wes cese referred to medical 26. Place of Deeth (Check only one) 2 1 Yes Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 1 Tnpatient 2 ER/Outpetient 3 DOA this. funeral Medical Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After Naturel 5 Pending Investigation 1 Yes 2 No To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu 2 Accident 3 Suicide 6 Could not be 28e. Piaca of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ritifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner as steted.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) 29a. Certifier end manner stated. 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) 40970 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Nonth 31. Date filed (Month, Day, Year) 32. Registrar's Signature State NUV 26 1996 ala diwater Re Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 37445

| | | | | | Certific | cate of | Death | ······································ | Reg. No. | 0 3 | 141 | 40 |
|--|--|--|--|---|---|--------------------------------|---|--|-------------------------------|--|---|---------------------|
| Physiciar | _ | 1. Decedant's Nama (First, Middla, L. | ast) | | | | | 2. Data of De Month | ath Day | Yaar | 3. Tima o | of Death |
| /Medica | | MARY | | MORG | AN | | | 11 | | 96 | 7:35 | 5 AM |
| Examine | er | 4a. Facility Nama (If not institution, gi | |) | | | 4b. City, Town, or | | | | | |
| | | 1804 Allendale P | | | | la das d Vais | Landov | | Princ | e Geor | - Y | |
| Funeral Director | | | Sax 7. Ag 1 ☐ M 2 🖾 F | ga (In yrs. 69 | Mo | Indar 1 Yaar hths Days | | | 23, 192 | 9. Birthple Country 7 SOUT | ca (Stata d | or Foreign rolir |
| All Mand | | 10a. Stata 10b. County | | 10c. Cit | y, Town or Location | | | | | 100 | d. fnsida C | City Limits |
| Man Filed | io | Maryland Prince | George's | | | Lan | dover | | | | 1 🖾 Yas | 2 🗆 No |
| after death with the Marylar or Items 23a or 28a-f show miner must be notified at | Funeral Director | 10e. Street and Number 1804 Allendale | Place | | 10 | f. Zip Coda | 20785 | | 10g. Citizan of | What Country USA | y? | 75 |
| Ours after des | 6 | 11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced | 12. Was Decedant Armed Forcas' 1 ☐ Yas 2次0 If Yas, Giva Yaar or Datas: | ? | | ecedant of specify Cub | Hispanic Origin? (Span, Maxican, Puar Specify: | Specify Yas or No rto Rican, atc.) | 14. Rad Bla Specif | ca - Amaricer ck, Whita, at y: Bla | c. | |
| Maryland 21215-0020 of 2 should be fised within 72 hours at this and Mental Hygiene. Tris marked other than "natural", or traumatic event, the Medical Exam To Re Commissed by | Completed | 15. Decedant's E (Specify only highast gr Elemantary/Secondary (0-12) | | 5+) | 16a. Decedant's (Giva kind e lifa. DO N | of work dona OT use ratire | during most of wo | orking | 16b. Kind of B | | | |
| Hygin Hygin | ပ္သ | 12th 17. Fathar's Nama (First, Middla, Las | ") | | | Driv | 7 | ma (First, Middla | | Privat | .e | |
| dd be and d be contained on the containe | o Be | | | | | | | | | | | |
| A Mary | = | | | | 19b. Melling Ad | dress (Stree | t and Number or R | | | | | |
| M Page 1 | 19a. Informant's Name/Ralationship (Type, Print) Daisy Fleming/Sister 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, Steta, Zipe 685 Gates Avenue, Brooklyn, New York, NY 20a. Mathod of Disposition 20b. Place of Disposition (Nama of Data 20c. Location - City or Town) | | | | | | | | | | | |
| ore, not the sit its its its its its its its its its | Pressley Davis Pressley Davis Hattle McCloud | | | | | | | | | | | |
| Page Intention | | Pressley Davis Pressley Davis Hattie McCloud | | | | | | | | | | |
| Dallimore, pemit. Pages 1 ar Department of Hea Important: if item 2 any Injury or other | Ì | 21. Signatura of Funarai Sarvice Lice | 2 + 4 | | 22. Nan | a and Addr | ass of Facility | nous I Ha | m.o. | | | |
| | - | 23a. Part1. Entar tha disaasa, or con shock, or haart failura. List only | plications that cause | d tha daat | h. Do not entar tha | 4 Lan | dover Ro | ad, Land | over, M | D 2078 | 35 Approximat | ıta |
| Physician /Medicai Examiner | Je | Immediata Causa (Final disassa or condition resulting in deeth) | | con | dial i | | | | | N | ntarval Bet Onsat and | Death |
| as the buriel-transit | | Sequentially list conditions, if any, laading to Immediate cause. Enter Underlying | | | | | | | | | | |
| death certificate be executed death certificate be executed at for use as the bunk-transit stellar/Medical Examiliary | Cause (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): | | | | | | | | | 1 | | |
| hat the death certing of by the attending detached for use a | 2 | | d | | | | | | | | | |
| the a | Sic | Part II. Other significant conditions | contributing to death b | out not ras | ulting in tha undarly | ing ceusa gi | van în Part I. | 23b. Did | tobacco use co | ntribute to t | he cause | of death? |
| EXT | | | | | | | | 10 | Yss 2 No | 3 Probe | bly 4 🖸 | Únknowi |
| requir been s should | | | | | | | | 24a. Was | an autopsy ormed? | avail | a autopsy t able prior t pletion of c ath? | to |
| The law ate has page 2 | E | | | | | | | 10 | Yas 2 No | | Yas 2□ | |
| sector, page inector, page of Be Col | | 25. Was casa rafarred to medical | | | | | 28. Place of De | eath (Check only) | 123 | | | |
| - K 50 D | 0 | axaminar? 1 ☐ Yas 2 ☑ No | Hospitel: | ant 2 | ER/Outpatient 3[| DOA Ot | hor | Homa 5 Rasi | | ner (Specify) | | |
| ding Phys h. After this funeral di | | | | | | | | Y | how injury occur | | | |
| Attending or death. ector: After by the fune file | 1 2 Netural 5 Pending (Month, Day Year) Injury Work? 2 Accidant Invastigation M 1 Year 1 Injury Work? 3 Suicida 6 Could not be | | | | | | | | | | | |
| lal or Attending is after death. In Director: After ed in by the fune Certification | 4 Homicide datarmined 28a. Place of injury - At noma, farm, street, factory, office building, atc. (Specify) | | | | | | | | Street and Numl wn, State) | ber or Rural I | Routa Num | n <i>ber</i> , |
| To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the tr | edicai | 29e. Cartifiar (Check only one) | rred at the ti ation, in my | me, dete end plac opinion, daath occ | e, and due to the urred at tha tima, | ceusa(s) and modata and place, | enner as stat and dua to t | led. ha cause(s | s) | | | |
| To the the the the the the the the the the | | 29b. Signatura and titla of certifiar | 1.1 | | 29c, Lican | | | 29d. Data signe | d (Month, De | ay, Year) | | |
| 6 | | - | prof | | | 02 | 4283 | | 11/21 | 196 | | |
| (5) | r | 30. Nama and addrass of person who | complated causa of c | death (Itan | 23a) (Type: Print) | 0 | & law | rol n | 0.2072 | 24 | | |
| | | 11 10 301 | 1-10- 1 | 1 | MANGE | Non | 1 | | / / / | 6 | | |

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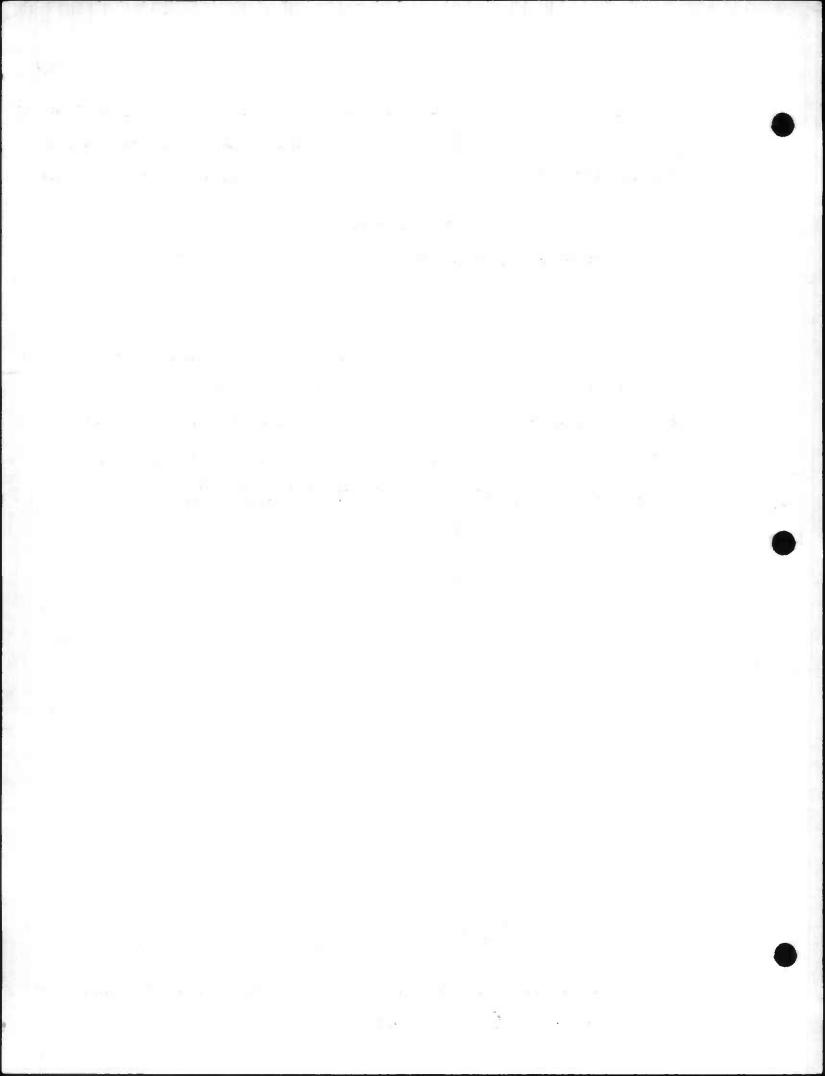
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| | | | | | | Ce | rtificate c | of Dea | th | | Reg. No. | | | | |
|---|---|----------------|---|-----------------------|----------------|------------------------|--|-----------------|--------------|--|--|------------------------------|--|--|--|
| П | Physic | ian | 1. Decedent's Name (First, Middle | | | | | | | 2. Date of D Month | | Year | 3. Time of Death | | |
| 4 | /Medi | | | Paulir | ne M | argaret | Navarra | | | | ber 24 | | 8:30AM | | |
|); | Exami | | 4a. Facility Name (If not institution | , give street and n | um <i>ber)</i> | | | 4b. City | , Town, or L | ocation of Dea | | ounty of Death | | | |
| | | | 5509 Joan Lane | | | | | Temp | ole Hi | .11s | Pri | nce Ge | orge's | | |
| | Funeral | | 5. Social Security Number | 6. Sex 1 ☐ M 2 ☒ F | | In yrs. last birthday) | If Under 1 Ye Months Da | | der 24 Hrs. | 8. Date of B | lirth | 9. Birth | place (State or Foreign intry) nsylvania | | |
| | Director | | 189-05-3279 | тым гфг | 87 | Yrs. | | | | March | 15,19 | 09 Pen | nsylvania | | |
| | pu * | | Usuel Residence of Decedent 10e. State 10b. County | | 1/ | Oc. City, Town or Lo | nontion | | | | | | 1011 11 01 11 | | |
| | 15-0020 72 hours after death with the Marylar "natural", or fierrs 28s or 28s-f show softs! Examiner must be notified at | 2 | | | | | | | | | | | 10d. Inside City Limits | | |
| | he N | Directo | Pennsylvania Luz | erne | | Wilkes Ba | | | | | | | 1 Yes 2 □ No | | |
| | A S | | 10e. Street and Number | | | | 10f. Zip Code | | | | | of What Cou | intry? | | |
| | s 23 | Funeral | 80 E. Northamp | | | | 1870 | | | | | SA | | | |
| | them Mem | un. | 11. Marital Stetus | 12. Was Dec | orces? | er in U,S. 13. | in U,S. 13. Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puerto | | | Specify Yes or No- 14. Re rto Rican, etc.) BI | | Race - Ameri Black, White | | | |
| 20 | rs af | by F | 1 ☐ Never Merried 2 ☐ Marr 3X7Widowed 4 ☐ Divorced | if Yes, G | | | 1□ Yes 2 1 1 | No Spe | oify: | | Sp | ecity: Whit | to | | |
| 21215-0020 d within 72 hours after death with the Maryland | hou | | 15. Decedent | | | 16a Dece | 16a. Decedent's Usuat Occupation | | | | 1 | | | | |
| 15 | | jet | (Specify only highes | t grade completed, | | (GIVe | kind of work do | ne dunna i | nost of work | dng | TOD. KING | of Business/Ir | idustry | | |
| 212 | filed within Hygiene. ther than out, tre Ma | Completed | Eiementary/Secondary (0-12) | Coltege | (1-4or 5+) | | fice Wo | | | | Prope | erty As | ssessment | | |
| D | | | 17. Father's Name (First, Middle, | Last) | | | | | other's Nem | e (First, Middl | - | | 30000mene | | |
| lan | | o Be | Philip Marli | no | | | | | lary | Spagne | | , | | | |
| ary | d 2 should b th end Ments 7 is marked traumatic e | - | 19a. Informent's Name/Retations | nlp (Type, Print) | | 19b. Maiii | ng Address (Stre | | - | | | own State 7 | in Code) | | |
| 2 | 200 | | Robert Navarra | 1 0 | | | | | | | | | , , | | |
| re, | e He He | | 20a. Method of Disposition | 0011 | 1 | 20b. Place of Dispo | Joan La | | mple | Date Date | 20c. Locat | lon - City or T | own, State | | |
| 30 | age ant of t: If i | | 1 Burial 2 Cremation 4 Donation | | State | St. Mary | matory or other | | 11/ | 27/96 | Hanove | er Two | . Penn, | | |
| altimore, | 2662 | | 21. Signature of Funeral Service I | | 1 | | 2. Name and Ad | | | | | · · P · | | | |
| ä | Deparimon any in | | 140 | Klas | 4 4 | Ge | orge P. | Kala | s Fun | eral Ho | ome | | | | |
| | _ | | 23e Part 1. Driter the disease, or | odmnijestions that | 1 | 61 | 60 Oxon | Hill | Rd. | Oxon H | 177. Mc | 1. 2074 | | | |
| | Dhusisian | | 23e and Enter the disease, or hock or heart feilure. List | only one ceuse | ech line. | o death. Do not en | ter the mode of C | rywig, suci | as cardiac | orrespiratory | arrest, | 1 | Approximate Interval Between Onset and Deeth | | |
| | Physician /Medical | | Immediete Cause (Finei | | | | | | | | | | | | |
| | Examiner | | disease or condition resulting in death) | e. M.17 | TASTO | 175 Bi | linny | CAR | CINON | 11 | | | & MENTAS | | |
| | | ē | | | Due | e to (or as a consec | quenca of): | | | | | | | | |
| | icete be executed physicien end s the burial-transit | Examiner | Sequentially list conditions. Due to (or as a consequence of): | | | | | | | | | <u> </u> | | | |
| ć | exec in en ral-tr | EXa | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury | | Due | a to (or as a consec | quence or): | | | | | | | | |
| 68760, | certificete be executed ding physicien end se es the burial-transit | cai | triat initiated events | c | Due | to for as a conseque | | | | | | - | | | |
| | g phy g phy es th | /Medical | | | | | | | | | | | | | |
| XO | E 3 | | | | | | | | | | | | | | |
| Ď | The law requires that the deeth ate has been signed by the etten page 2 should be detached for u | Physician | Part II. Other significant condition | se contributing to d | leath but n | at reculting in the u | adarhina agusa | nhuan In D | | OSP Die | l tabasan un | | - Abo | | |
| P.O. | by the | hys | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa | | | | | | 271 1. | | 23b. Did tobacco use contribute to the cause of deal | | | | |
| | med med | by P | | | | | | | | | 1108 201 | 10 3 PIO | Dably 4 Offichown | | |
| Ď | v require been sig should b | 8 | | | | | | | | | s an autopsy | 24b. W | /ere autopsy findings | | |
| ပ္ပ | w re | Siet | | | | | | | | peri | formed? | CC | vallable prior to ompletion of cause death? | | |
| Re | e has | Completed | | | | | | | | | IVes OTTS | | | | |
| Division of Vital Records, | | Be C | 25. Was case referred to medical | | | | | 00.0 | non of Death | | Yes 2011 | 11 | ☐ Yes 2☐ No | | |
| 5 | Physician: r this certificated director, | To B | examiner? 1 ☐ Yes 2 No | Hospital: | Innations | 2 ER/Outpatien | nt 3□ DOA | | | h (Check only ome 5 Res | | 10th / (0n) | M. J. | | |
| 0 | | | 27. Menner of Death | 28a. Dete | of Injury | 28b. Time of | IL SEL DOA | 4 | | 28d. Describe | | | <i>'y)</i> | | |
| 5 | th. After fune | tio | 1) Netural 5 Pending 2 Accident investig | | nth, Day Ye | ear) Injury | | /ork? ∐Yes 2 | | | | | | | |
| 18 | or Attending efter death. Director: After in by the fune | fica | 3 Suicide 6 ☐ Could n | ot be | a of Injury - | At home, farm, str | | | | 28f. Location | (Street and N | um <i>ber</i> or Run | al Route Number, | | |
| á | or A effer Direct | Certification: | 4 Homicide | build | ling, etc. (S | ipecify) | ,,, | | | City or To | wn, Stete) | | | | |
| | o the Hospital or Attending Philmin 24 hours effer death. In the Funeral Director: Affer the properties filled in by the funeral | | 29a. Certifier 1 Certifying | Physician: To the | best of m | y knowledge, death | occurred at the | time date | and niace | and due to the | causa(s) and | d manner as e | stated | | |
| | P Fur | edicai | (Check only 2 Medical E | xaminer; On the b | asis of exa | mination end/or inv | estigation, in my | y opinion, | death occurr | red at the time | , date and ple | ce, and due t | o the ceuse(s) | | |
| | d d d | Me | 29b. Signature and title of certifier | 20 | | | 29c. Lice | nse numb | er | | 29d. Dete si | gned (Month, | Day, Year) | | |
| . (| - |) | 1 mm | Mal | | | | | | 1.1 | 11/25 | | | | |
| / | 20 | / | 30. Name and address of person w | 9024 | KP. | (ltom 00-) (T | | 734 | 4 | | 11/43 | 7 90 | | | |
| (| LU/ | | Robert M. Nedzl | ala. M.D | . 117 | 'Ol Livin | eston Ro | 1. #1 | 01 Ft | Washi | noton | Md 2 | 0744 | | |
| | Sta | te | 31. Dete filed (Month, Dey, Year) | | | | | - · // L | - A - L- | · HUSHI | g com, | 114. 4 | V/ TT | | |
| | Sta Registr | | NOV 26 1 | 996 | in ditw | Signature Review | 4 | | | | | | | | |
| | | | 1101 60 1 | 000 | | | | | | | | | | | |

DHMH 16 Rev 6/95

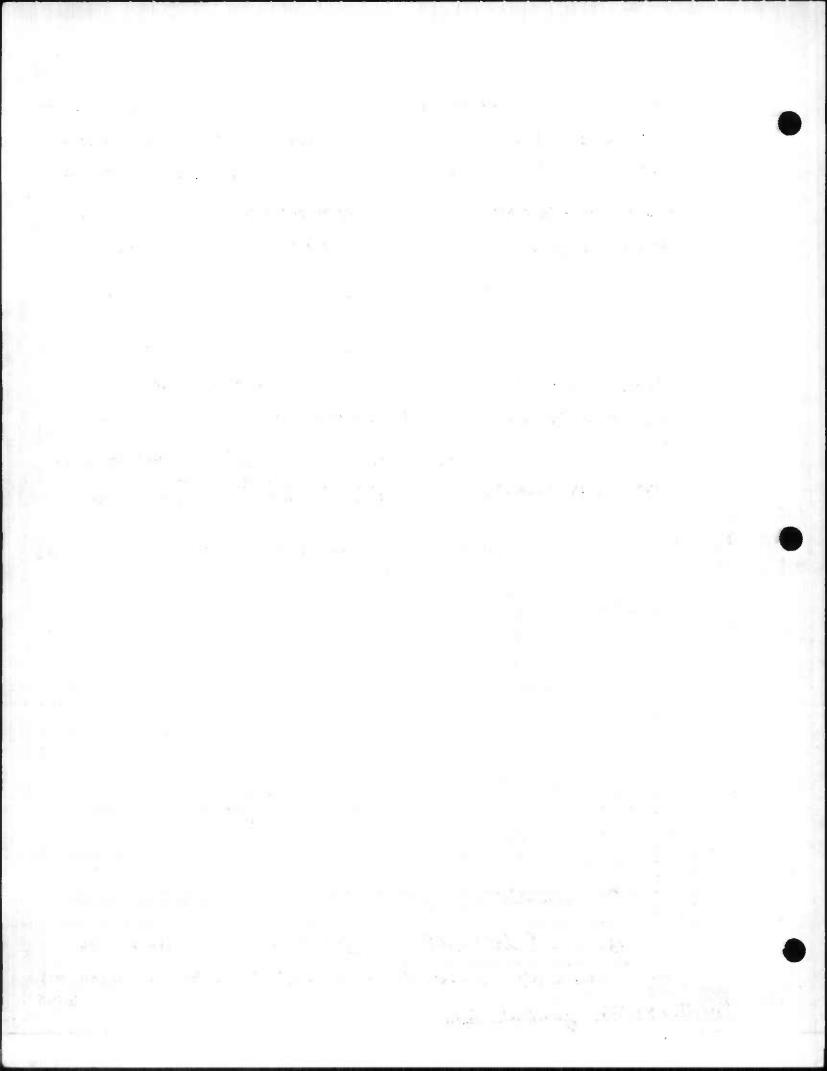
State of Maryland / Department of Health and Mental Hygiene 0 C

| _ | | | | | | Certifica | te of Deat | h | Reg. No. | 0 3 | 1441 |
|---------------------|---|------------------|---|---|-----------------------------------|--|--|--|---|------------------------------------|----------------------------------|
| П | Physic | ian | 1. Decedent's Neme (First, Middle, La | est) | | | | 2. Dete | | Yeer 3 | 3. Tima of Deeth |
| | /Medi | | LUTHER | | NEL | SON, S | | Nove | mber20, | 1996 | 9:50 PM |
| | Exami | ner | 4e. Facility Neme (If not institution, gi | re street and number) | | | 1111 | Town, or Location of | (1) | | |
| ۰ | | | Manor Care 5. Social Security Number 6.5 | Sex 7. Aq | e (In yrs. last bi | inthotoxy) If Und | Lar | go er 24 Hrs. 8. Dete | | ce Geo | |
| L | Funeral Director | | | 1 M 2 □ F | 69 | Yrs. Month | | Min. (Mont | h, Dey, Year) ch 23192" | 7Salut | e (State or Foreign |
| | show | | 10a. Stete 10b. County | | 10c. City, Tow | n or Location | | | | 10d. | tnside City Limits |
| | Me I | ctor | D.C. | | Wash | ingtor | 1 | | | | Yes 2 No |
| | 4 th | Oire. | 10e. Street and Number | | | | ip Code | | 10g. Citizen of | What Country? | , |
| | 9th w | rai | 1221 M Street | | | | 005 | | U.S.A. | • | |
| | er de | Funeral Director | 11. Meritel Status | 12. Wes Decedent Armed Forces? | | 13. Wes Dec | edent of Hispanic (ecify Cuban, Mexic | Origin? (Specify Yes c can, Puerto Rican, etc | or No- 14. Red | ce - Americen I ck, White, etc. | |
| 020 | in 72 hours efter death with the Meryland "natural", or items 23a or 28a-f show edical Examiner must be notified at | by | 1 ☐ Never Merried 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced | X□ Yes 2 □ I If Yes, Give Yeer or Detes: | No | 1□ Yes | 2 No Speci | fy: | Specif | Black | |
| Maryland 21215-0020 | 72 ho | eted | 15. Decedent's E | ducation | 16e | Decedent's Us | uel Occupation work done during m | act of working | 16b. Kind of B | usiness/Indust | ry |
| | d 2 should be filled within h end Mental Hygiene. 7 is marked other than "trsumatic event, one Mes | Completed | Elementery/Secondery (0-12) | College (1-4or 5 | | life. DO NOT | use retired) | ost of working | | | |
| d 2 | Hygie ther ther | | 17. Fether's Nema (First, Middle, Last | 4+ yr | S. | Mail C | | ther's Neme (First, M | | | Service |
| lan | d be ental ked o | To Be | Lewis Nelson | | | | | e Crough | | ,,,, | |
| ary | shound M | - | 19e. Informent's Neme/Reletionship (| Type, Print) | 198 | b. Mailing Addre | | nber or Rural Route N | | , Stete, Zip Co | de) |
| | C = 20 - | | Beulah Nelson- | Wife | | | | , Oxon H | | | |
| ore, | of Healt of Healt fitem 2 r other | | 20e. Method of Disposition | | 20b. Place o | of Disposition (N | eme of other plece) | Dete | 20c. Location | - City or Town, | Stete |
| Ē | Peges nent of it int: if its ury or or | | 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special | | | | | Cem11-25 | Suitlar | nd, Md | |
| Baltimore, | permit. Peges Department of Important: If it any injury or o | | 21. Signeture of Funerel Service Lice | nsee | | 22. Neme | end Address of Fed | uneral F | Iome Inc | 7 | |
| Z. | 205 2 3 | | 9, P. m | awhell. | | | | N.W., W | | | .1 |
| | | | 23a. Panty. Entar the disease, or com- shock, or heart feilure. List only | plications that caused one cause on each lin | the death. Do | not enter the me | ode of dying, such | es cardiec or respiret | ory errest, | Ap | proximete erval Between |
| | Physician /Medical | | Important Course (Steel | | | | | | | On | nset end Deeth |
| 1 | Examiner | | Immedieta Causa (Finei diseese or condition resulting in deeth) | Brain T | umor | | | | | | |
| | | ē | | | Due to (or as a | consequence of | f): | | | | |
| | icate be executed physician and s the burial-transit | Examiner | Sequentially list conditions | b | Due to (or es e | consequence of | T): | | | 1 | |
| o, | e exectant and an articular. | | Sequentielly list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury | | (0. 27) | | ,. | | | | |
| 68760, | hysic the b | edical | thet initiated events resulting In deeth) Lest | C | Due to (or es e | consequence of |): | | • | | |
| | 5 D 6 | 2 | | | | | | | | | |
| Box | ath | Physician/ | | | | | | | | | |
| 0 | thet the de ned by the a detached | hysi | Pert II. Other significant conditions of | ontributing to death be | ut not resulting i | n the underlying | ceuse given In Pe | n I. 23b. | Did tobacco use co | | |
| 0, | es thet igned b | by P | Malnutrition | | | | | | 1 ☐ Yes 2 ☐ No | 3 Probabi | ly 4替Unknown |
| rds | lew requires thet the as been signed by the 2 should be detache | | Anemia | | | | | 24e. | Wes an eutopsy | 24b. Were a | autopsy findings ble prior to |
| 900 | s bec | piet | | | | | | | performed? | | etion of ceuse |
| E. | 0 - 8 | Completed | | | | | | | 1□Yes 2,□No | 1 □ Ye | es 2 No |
| of Vital Records, | | Be | 25. Wes cese referred to medicel axaminer? | | | | 26. Pla | ica of Death (Check of | only ona) | | |
|) t | F 10 Ti | P | 1 ☐ Yes 2 ☐ No | Hospitel: 1 Inpatle | | - | | Nursing Home 5 🗆 | | | |
| | | ion: | 27. Mannar of Deeth 1 ☐ Netural 5 ☐ Pending | 28a. Date of Injui (Month, De) | Year) 28b. | Time of Injury | 28c. Injury at Work? | | ribe how Injury occur | rred | |
| Division | Attending ir death. ector: Afte by the fune | cat | 2 Accident investigation 3 Sulcide 6 Could not b | 9 One Diese of Inju | inc. At home for | M | 1 ☐ Yes 2 | | ion (Street end Numl | har or Rural Ro | nuda Alumbar |
| <u>S</u> | al or Attendest s after deat if Director: od in by the | Certification: | 4 Homicide datermined | building, etc | . (Specify) | iiii, stieet, lecto | ny, omce | City o | r Town, Stata) | oor or marar me | iate ivaniber, |
| | To the Hospital or Atwithin 24 hours after of To the Funeral Direct completely filled in by | edicai (| 29e. Certifier (Check only one) | ysician: To the best on niner: On the basis of end manner sta | of my knowledge examinetion en | e, daath occurre d/or Investigation | d et tha time, dete n, in my oplnion, d | end plece, end due to seth occurred at the t | o the ceuse(s) end maine, dete end plece, | anner as stated and due to the | d. ceuse(s) |
| | To the within 2 To the comple | X | 29b. Signeture end title of certifier | \$ 0 | 1 | 2 | 9c. License numbe | r | 29d. Date signe | ed (Month, Dey | , Year) |
| | | | | Any | 3/ | | D46478 | | 11/2 | 2/96 | |
| (| 5) | | 30. Neme and eddress of person who | complated ceuse of de | aeth (Itam 23a) | (Type, Print) | | | | | |
| | | | Suresh A. Pate | el, M.D. | 7501 | Surra | tts Road | d, Suite | 302, Cl | inton | , MD2073 |
| | Sta Registr | | 31. Dete filed (Month, Day, Year) | 32. Registre | er's Signeture | 2 | | | | | |
| DH | MH 16 Rev 6/9 | | NOV 27 19 | 96 Selvino | Thurston A | artall | | | | | |
| 1 10 | | | | | | | | | | | |



| Physicl | o in | 1. Decedent's Name (First, Middle, La | ast) | | ertificate of | | 2. Date of De | Reg. No. | 3. Time of De | | |
|--|---|--|--|--|--|---|--|---|--|--|--|
| | | NELLIE | NI | CHOLS | | | Month 1 1 | 20 19 | 996 6:00 | | |
| /Medio Examir | | 4a. Facility Name (If not Institution, give | | | F | 4b. City, Town, or I | Location of Deat | | | | |
| | | 11227 Ketterin | g Place | | | Upper M | arlboro | Princ | e George's | | |
| uneral irector | | 069-32-8630 | Sax 7. A 1 □ M 2 🖾 F | ge (In yrs. last birthdi 57 Yrs | Months Days | | 8. Date of Bi (Month, Do | | 9. Birthpleca (Stete or F Country) Virginia | | |
| 24 | | Usual Residence of Decedent 10a. Slate 10b. County | | 10c. City, Town or | Location | | | | 10d. Inside City I | | |
| Hygiene. ther than "natural", or Items 23s or 28s-f show ent, the Medical Examinat must be notified at | 0 | Maryland Prince | George's | | | er Marlb | oro | | 1 (X) Yas 2 | | |
| | Funeral Director | 10e. Street and Number 11227 Kettering | Place | | 10f. Zip Code | 20774 | | 10g. Citizan of V | What Country? | | |
| al', or Items 2 Examiner mu | by | 11. Marital Status 1 □ Nevar Married 2 ☐ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates: | ed Forces? If Yes, specify Cuban, Mexican, Puerto Rican, etc.) B Yes 2 ☑ No I ☐ Yes 2 ☑ No Specify: Sner Sner | | | ace - American Indian, lack, White, etc. city: Black | | | | |
| Tre Me | Completed | 15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12) 12th | ducation ade completed) College (1-4or | 5+) (G | cedent's Usual Occup ive kind of work done b. DO NOT use retire Omemaker | during most of wor | king | | 16b. KInd of Business/Industry Private | | |
| 0 2 | Be C | 17. Father's Name (First, Middle, Last, |) | | 10memano. | 18. Mother's Nar | ne (First, Middle | | | | |
| 0 . | TOE | Henry Edward | Lewis | | | E | lizabet | n Taylor | | | |
| E S | | 19a. Informant's Name/Relationship (| | | ailing Address (Stree | | | | | | |
| | | George Nichols/H | usband | | | ing Plac | e, Uppe | r Marlbo | ro, MD 2077 | | |
| 20 | | 20a. Melhod of Disposition 1 🖾 Burlal 2 🗆 Cremation 3 🗆 | | cemetery, o | sposition (Neme of remetory or other pla | 1 | Date 11/26 | | City or Town, Slale | | |
| njury | | 4 Donation 5 Other (Spacif | | Harmon | y Memori | al Park | 1996 | Landove | er, Maryland | | |
| Important: If any injury or once. | | 21. Signature of Funerel Servica Licer | . 1 1 | | 22. Name and Addre | lenkins F | uneral | Home | | | |
| 74.1 | | 7474 Landover Road, Landover, MD | | | | | | | | | |
| | | 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heert feilure. List only one ceuse on each line. | | | | | | | | | |
| sician edical miner | | Immediate Cause (Final disease or condition resulting In death) | a. M | etasta | tic Bro | east Co | | | Onset and Dec | | |
| | | | | Due to (or as a con: | | -051 0 | 1001 | | 101100101 | | |
| - 1 | ner | _ | | Due to (or as a con- | | | | | (0)100701 | | |
| in end nal-transit | Examiner | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying | b | Due to (or as a cons | sequence of): | | | | (0 11-01-0 | | |
| ysician end ne burial-transit | | Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury thel initieted events | b | Due to (or as a cons | sequence of): | | 910021 | | | | |
| ng physician end s as the bunal-transit | edical | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thel initieted events resulting in death) Last | b | | sequence of): | | | | | | |
| 0 0 | edical | thei initiated events | b | Due to (or as a cons | sequence of): | | | | | | |
| 0 0 | edical | thei initiated events | | Due to (or as a cons | sequence of): sequence of): | | | tobacco uee co | | | |
| 0 0 | Physician/Medical | resulting in death) Last | | Due to (or as a cons | sequence of): sequence of): | | 23b. Dld | tobacco uee cor Yae 2 kNo | ntribute to the cause of c | | |
| igned by the attending be detached for use as | by Physician/Medical | resulting in death) Last | | Due to (or as a cons | sequence of): sequence of): | | 23b. Dld 1 □ | 1 - | available prior to | | |
| ete has been signed by the attending page 2 should be detached for use a: | by Physician/Medical | resulting in death) Last | | Due to (or as a cons | sequence of): sequence of): | | 23b. Dld 1 □ | Yae 2000 an autopsy ormed? | available prior to completion of cause of death? | | |
| artificete has been signed by the attending sctor, page 2 should be detached for use as | Be Completed by Physician/Medical | Part II. Other significant conditions of | ontributing to death b | Due to (or as a cons | sequence of): sequence of): | | 23b. Dld 1 □ 24a. Was perfe | an autopsy rmed? | available prior to completion of cau of death? | | |
| his certificate has been signed by the attending al director, page 2 should be detached for use a | To Be Completed by Physician/Medical | Part II. Other significant conditions of | ontributing to death b | Due to (or as a constitution of the constituti | sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): | ven in Pert I. 26. Piece of Deener: 4 Nursing H | 23b. Did 1 □ 24a. Was performent of the (Check only ome 5) The Rasi | yae 2 No an autopsy med? Yes 2 No one) dance 8 □Oth | ar (Specify) | | |
| his certificate has been signed by the attending al director, page 2 should be detached for use a | To Be Completed by Physician/Medical | Part II. Other significant conditions of the con | ontributing to death b | Due to (or as a constitution of the constituti | sequence of): se | zen In Pert I. 26. Piece of Dee 1er: 4□ Nursing H y at | 23b. Did 1 □ 24a. Was performent of the (Check only ome 5) The Rasi | an autopsy med? Yes 22 No | ntribute to the cause of c 3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yes 2 No | | |
| Director: After this certificete has been signed by the attending in by the funeral director, page 2 should be detached for use as | To Be Completed by Physician/Medical | Part II. Other significant conditions of the same of t | Hospital: 28a. Date of Inju (Month, De | Due to (or as a constitution of the constituti | sequence of): se | ven in Pert I. 26. Piece of Deener: 4 Nursing H | 23b. Did 1 □ 24a. Was perfo | an autopsy prmed? Yes 22No pne) dance 8 Oth-how injury occurr | ar (Specify) | | |
| Director: After this certificete has been signed by the attending in by the funeral director, page 2 should be detached for use as | Certification: To Be Completed by Physician/Medical | Part II. Other significant conditions of the con | Hospital: 1 Inpatial 28a. Date of Inju (Month, De 1) 28e. Placa of Inju building, at | Due to (or as a constitution of my knowledge, definition of the constitution of my knowledge, definition of the constitution o | sequence of): se | zen In Pert I. 26. Piece of Dee ner: 4□ Nursing H y at rk? Yes 2□ No | 23b. Dld 1 □ 24a. Was perfect 1 □ 28th (Check only one 5 Assile 28d. Dascribe 28f. Localion (City or To | yae 2 No an autopsy rmed? Yes 2 No one) dance 8 □Oth how injury occurr Straet end Numb wn, Stete) cause(s) and me | ar (Specify) red | | |
| his certificate has been signed by the attending al director, page 2 should be detached for use a | To Be Completed by Physician/Medical | 25. Was case referred to medical examiner? 1 Yas 2 No 27. Manner of Death 1 Naturel investigation investigation 3 Suicida 4 Homicide 29a. Certifier (Check only 2 Medical Exam | Hospital: 1 Inpatie 28a. Date of Inju (Month, De 28e. Placa of Inju uiding, at | Due to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge). | ient 3DOA Ott of 28c. Injuly street, factory, office eth occurred at the tli investigation, in my c | 26. Plece of Deener: 4 □ Nursing H y at kr? Yes 2 □ No | 23b. Did 1 □ 24a. Was performent of the Check only of the Check on | yas 22No an autopsy pred? Yes 22No one) dance 8 □Oth how injury occurr Straet end Numb wn, Stete) cause(s) and me deta and place, it | ar (Specify) red ar (Specify) red and due to the cause of death? 1 Yes 2 No ar (Specify) red and due to the cause(s) d (Month, Dey, Year) | | |
| Director: After this certificete has been signed by the attending in by the funeral director, page 2 should be detached for use as | edical Certification: To Be Completed by Physician/Medical | Part II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition of the cond | Hospital: 1 Inpatie 28a. Date of Inju (Month, De 28e. Placa of Inju uiding, at | Due to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge). | ient 3DOA Ott of 28c. Injuly street, factory, office eth occurred at the tli investigation, in my c | 26. Plece of Deener: 4 □ Nursing H y at kr? Yes 2 □ No | 23b. Did 1 □ 24a. Was performent of the Check only of the Check on | yas 22No an autopsy pred? Yes 22No one) dance 8 □Oth how injury occurr Straet end Numb wn, Stete) cause(s) and me deta and place, it | ar (Specify) red ar (Specify) red and due to the cause of death? 1 Yes 2 No ar (Specify) red and due to the cause(s) d (Month, Dey, Year) | | |
| Director: After this certificete has been signed by the attending in by the funeral director, page 2 should be detached for use as | Medical Certification: To Be Completed by Physician/Medical | Part II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition of the cond | Hospital: 1 Inpatie 28a. Date of Inju (Month, De 28e. Placa of Inju uiding, at | Due to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge, defined to (or as a constitution of my knowledge). | ient 3DOA Ott of 28c. Injuly street, factory, office eth occurred at the tli investigation, in my c | 26. Plece of Deener: 4 □ Nursing H y at kr? Yes 2 □ No | 23b. Did 1 □ 24a. Was performent of the Check only of the Check on | yas 22No an autopsy pred? Yes 22No one) dance 8 □Oth how injury occurr Straet end Numb wn, Stete) cause(s) and me deta and place, it | ar (Specify) red ntribute to the cause of d 3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yes 2 No ar (Specify) red enner as steted. and due to the cause(s) | | |

DHMH 16 Rev 6/95



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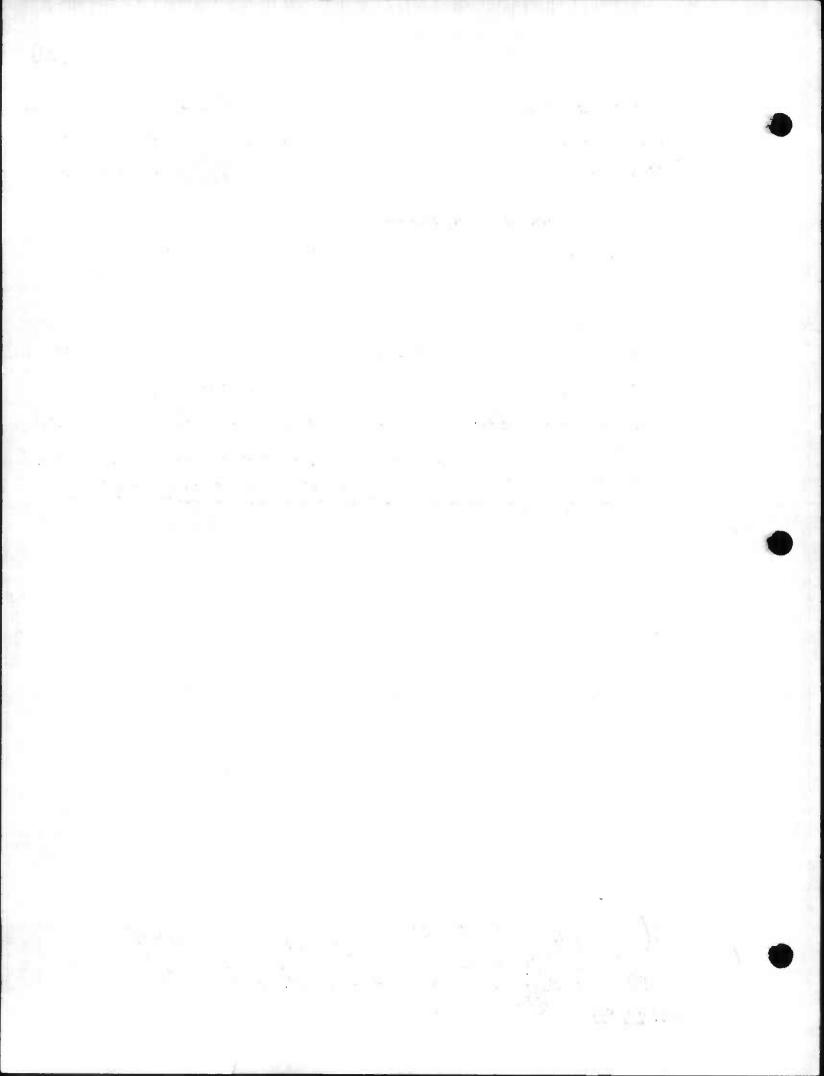
| | | Decedent's Neme (First, Middle, I | f act) | | Certificate of | Death | | g. No. | 0.7010 | |
|--|---|---|--|---|--|--|--|--|---|--|
| sicia edica | _ | NIA | A . | | | OWENS | 2. Dete of Deeth Month NOVEMB | Dey | 3. Time of Deeth 19969:00 AM | |
| mine | _ | 4e. Fecility Name (If not institution, g | give street end number) | | | 4b. City, Town, or L | | 4c. County | | |
| | | ADELPHI ROAD & | BELCREST | STREE | T | HYATTSV: | ILLE | PRINC | CE GEORGES | |
| ral or | | 578-17-7138 | . Sex 7. Ag 1 ☐ M 2 ☒ F | e (In yrs. last birt | hdey) If Under 1 Yea Months Dey | | 8. Dete of Birth (Month, Dey, April 2 | | Birthplece (State or Foreign Country) Washington, D.C. | |
| | - | Usual Residence of Decedent 10e. Stete 10b. County | | 10c. City, Town | or Location | | • | | | |
| | 0 | District of Co | lumbia | | Washingto | 22 | | | 10d. Inside City Limits 1 ☑ Yes 2 ☐ No | |
| 8 | Director | 10e. Street end Number | Idmbia | | 10f. Zip Code | JII | 10 | a. Citizen of V | Whet Country? | |
| | | 904 Jackson Street, N. E. | | | 200 | 012 | | | d States | |
| 3 | Funeral | 11. Meritel Stetus | 12. Wes Decedent Armed Forces? | Ever in U,S. | 13. Wes Decedent of If Yes, specify Cu | | ecify Yes or No- | 14. Rec | e - American Indien, | |
| | P | 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced ☐ Tyes, Give Yeer or Detes: 15. Decedent's Education (Specify only highest grade completed) | | | 1 ☐ Yes 2 ☒ No | | Hican, etc.) | Bleck, White, etc. Specify: African American | | |
| | etec | | | | Decedent's Usuel Occu (Give kind of work done | upetion e during most of work | cina 1 | 16b. Kind of Business/Industry | | |
| | Completed | Elementery/Secondery (0-12) | College (1-4or 5 | | life. DO NOT use retir | ed) | | D 11' | 0.1.1 | |
| | | 17. Fether's Neme (First, Middle, Las | st) | | Stud | T | e (First, Middle, M | | School | |
| | o Be | Rudolph Owens | / | | | | ela Wood | awan sumum | 10/ | |
| 1 | 2 | 19e. Informent's Neme/Reletionship | (Type, Print) | 19h | Meiling Address (Stree | <u> </u> | | City or Town | State, Zip Code) | |
| | | Angela Wood - | | | 04 Jackson | | | | | |
| | | 20e. Method of Disposition | | 20b. Plece of | Disposition (Name of y, cremetory or other pl | | | | City or Town, Stete | |
| | | 1 ☐ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec | | | d National Mer | | 11/26/96 | Laure | el, MD | |
| - Souce | | 234 Part1. Enter the disease, or conneck, or heart feilure. List only | mplications that caused by one ceuse on each lin | the death. Do note. | 4001 Benz ot enter the mode of dy | ning Road, ring, such es cardiac | N. E., W or respiretory erre | ashing st, | Approximete Intervel Between Onset end Death | |
| ı | | Immediate Ceuse (Final disease or condition resulting in death) | θ | STra | ngula | Fion | | | Onset end Death | |
| Cuministrat | Examiner | disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying | b | Due to (or es e c | | Rion | | | Greek et a Deagl | |
| adioni Evenines | edical | disease or condition resulting in death) | b | | onsequence of): | Rion | | | Chest et a Death | |
| Dhusioles Madical Commission | Priysician/Medical | disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events | c | Due to (or es e co | onsequence of): | RioN Iven In Pert I. | 23b, Dld tob | M | ntribute to the cause of death? | |
| hu Dhuelolen Madlool Eumalase | by Physician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest | c | Due to (or es e co | onsequence of): | RioN Iven In Pert I. | | 200 No | ntributa to the cause of death? | |
| by Dhysician Madical | by Physician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest | c | Due to (or es e co | onsequence of): | Ki on I | 1 ☐ Ye | eutopsy ed? | atributa to the cause of death? 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause | |
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| hu Dhusiolan Madical | to be completed by Physician/Medical | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Pert II. Other aignificant conditions 25. Was case referred to medical examiner? 1X Yes 2 No | c | Due to (or es e co | onsequence of): onsequence of): the underlying cause g | 26. Plece of Deet | 1 Verification 1 Veri | eutopsy ed? | atribute to the cause of death? 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? | |
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| al Completion To Be Completed by Dhusinian Madden Economics | Certification: 10 be completed by rhysician/Medical | disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert III. Other significant conditions 25. Was case referred to medical examiner? 127 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending | Hospitel: 1 Inpatie | Due to (or es e control or es | onsequence of): onsequence of): the underlying cause g patient 3□ DOA Original of the limit | 26. Plece of Deet ther: 4 \(\text{Nursing Ho}\) ork? | 24e. Wes en perform Yes h (Check only one ome 5 Residen 28d. Describe hov | eutopsy ed? a 2 No loce 6 Nother Vinjury occurr | available prior to completion of cause of death? 1 Ves 2 No NO DS | |
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| adical Cartification. To Be Completed by Dhusiolan Madded European | redical Certification: 10 be Completed by Physician/Medical | disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Menner of Death 1 Netural 5 Pending investigated investigated investigated investigated investigated in conditions 1 Contifying Parameters in Conditions 1 Contifying Parameters in Conditions | Hospitel: 1 Inpatie 28e. Dete of Injur (Month, De) 28e. Plece of Injur (Month, De) 28e. Plece of Injur (Month) 28e. Plece of Injur (Month) 28e. The control of the best of the basis | Due to (or es e co | patient 3 DOA of the underlying cause gratient 3 DOA of the underlying cause gratient 3 patient | 26. Plece of Deet ther: 4 Nursing Ho try et ork? Yes To No | 24e. Wes en perform Yes h (Check only one 5 Residen 28d. Describe hov 28f. Location (Stre. City or Town, end due to the cau- red et the time, dat | eutopsy ed? 2 No 2 No 2 No 2 No 3 Other injury occurry State) 4 State) 4 State 4 Stat | atribute to the cause of death? 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 1 Ves 2 No er (Specify) WOODS ed Cor Rural Route Number, Planer as steled. | |

111 Penn Street, Baltimore, Maryland 21201

NOV 26 1996

State of Maryland / Department of Health and Mental Hygiene 96

| | | | | | • | Cert | tificate of | f Death | R | eg. No. | 0 (| 11400 |
|---------------------|--|----------------|---|---|--|---|---|--|-------------------------|-------------------------------------|-------------|---|
| | Dhuaia | lan | 1. Decedant's Nema (First, Middla, I | .ast) | | | | | 2. Data of Daa Month | - | Yaar | 3. Time of Death |
| | Physic /Medi | | E. PATRICIA | PARKER | | | | | Novemb | | 1996 | 7:20 am |
| 3 | Exami | | 4a. Fecility Nama (If not institution, g | ive straat and number | r) | | | 4b. City, Town, or | Location of Death | 4c. County of | of Death | |
| | | | 4201 53rd Avenu | | | | | Bladensb | | | e Geo | orge's |
| | Funeral Director | | 218-34-7309 | Sex 7. A | ige (In yrs. last bii 58 | rthdey) Yrs. | Months Dey: | | (Month, Dey | Year) 3, 1938 | Count | iaca (State or Foreign try) y Land |
| | pur * | | Usuel Residence of Dacedant 10a. Stata 10b. County | | 10c. City, Tow | m or Loc | ation | | | | 1 | Od. Insida City Limits |
| | lanyle sho | 5 | | 0 1 | | | | | | | | 1 ☑ Yes 2 ☐ No |
| | the A | Director | MD Prince | George's | Bladen | sbur | g 10f. Zip Code | | | 0g. Citizen of W | Prot Cours | ** |
| | ath with | | 4201 53rd Avenu | | | | 20710 | -1447 | | U.S.A. | | |
| Maryland 21215-0020 | n 72 hours after death with the Manyand "naturel", or items 23s or 28s-f show idical Examiner must be notified at | by Funeral | 11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced | 12. Was Deceden Armed Forces 1 ☐ Yas 2 ₹ If Yas, Giva Yaar or Dates | ?] No | | as Dacedant of Yes, specify Cu ☐ Yes 2 🖾 No | dispenic Origin? (Specify Yas or No- en, Maxican, Puarto Rican, etc.) Specify: 14. Race - American Indier Black, Whita, etc. Specify: White | | | etc. | |
| 2-0 | n 72 ho natur | Completed | 15. Decedant's (Specify only highast of | | 16a | Deceda | int's Usuai Occi | upation a <i>during</i> most of wor | rkino | 16b. Kind of Bus | sinass/Ind | lustry |
| 121 | | ldu | Elamentary/Sacondery (0-12) | Collega (1-4or | | (Giva kind of work dona d lifa. DO NOT usa retired) Draftsman | | ed) | | | | |
| 7 | 0.0 | | 12 | | D | raft | sman | T | | | | rk & Plannin |
| and and | 8 m 8 | Be | 17. Fethar'a Nama (First, Middla, Las | st) | | | | | ma (First, Middla, I | | 1) | |
| 7 | | 10 | David B. Parker | | | | | | G. Curti | | | |
| Jar | V 0 0 | | 19a. Informant'a Name/Ralationship | | | | | et and Number or Ru | | | | |
| | f Health from 27 other tr | | Cynthia A. Park | er - Sister | | | | | | | | |
| Baltimore, | S = E 0 | | 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 | ☐Ramovel from Stet | 20b. Piece o cemata | ry, crama | ition (Nama of atory or other pi | lace) | Data | 20c. Location - 0 | City or To | wn, Stata |
| E | Part: | | 4 ☐ Donation 5 ☐ Othar (Spec | | | | oln Cem | | | | | Maryland |
| ā | permit. Page Department of Important: If any injury or soce. | | 21. Signature of Funaral Sarvice Lice | ansee | | 22. F | Nama end Add | ress of Facility Gasch's S | one Fune | ral Hom | o D | Δ |
| | 205 2 2 | | M.B.G | | | | | timore Av | | | | |
| | | | 23e. Part1. Entar tha disaesa, or co | mplications that cause | od the death. Do | | | | | | | Approximata |
| 5 | Physician | | 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval Batween Crise and Deeth | | | | | | | | | Conset and Deeth |
| Ż. | /Medical | | Immediate Cause (Final disease or condition rasulting in death) Due to (or as a consequence of): | | | | | | | | | 11111 |
| | Examiner | | | | | | | | | | | 11 |
| | | ner | | | 110 | 1 | NA | 1/ | | | / | nonlas |
| | outed | Examiner | Sequentially list conditions | 1 | | | -/- | vy eyvel. | | | | |
| ó | exec an ar rial-ti | EX | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying | | | | | | | | - 1 | |
| 68760, | ysicia ysicia | edical | thet initiated avanta | 0. | Due to (or as a | nonsanue | ence of): | | | | - | |
| | the death certificate be executed y the attending physician and ached for use as the burial-transit | Jed | resulting in death) Lest Due to (or as a consequence of): | | | | | | | | - 1 | |
| ROX | attendir I for use | Ž | d | | | | | | | | - | |
| | that the death ed by the atte detached for | Physician/ | art II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | 23b. Did to | bacco uea con | tribute to | the cause of death? |
| r Ö | | hys | Pair ii. Other significant continuous continuuting to dasin but not resulting in the underly | | | | authrig outdate g | 1 Yee 2 No 3 Probably | | | | |
| | s that ned b | by P | | | | | | | | 20110 | 0 | |
| or Vital Records, | w requires that been signed t should be det | | | | | | | | 24a. Wes a | n autopsy | 24b. We | ere autopsy findings |
| ပ္ပ | S S S S S S S S S S S S S S S S S S S | Set | | | | | | | perfor | med? | con | allable prior to mpletion of causa death? |
| 2 | The law ate has b page 2 s | Completed | | | | | | | 1 🗆 Ya | 07/01 | | |
| Ţ. | iclan: The certificate rector, pay | | 25. Was case refarred to medical | | | | | | | | 11 | Yas 2□ No |
| > | Physician: rthis certific ral director, | o Be | axaminar? | Hospital: | | | -50 | thar: | ath (Check only or | | | |
| ō | Phys raid | . To | 27. Manner of Death | 1 Inpat | | Itpatient | 3LI DOA | 4 LI Nursing H | fome 5 ☑ Reside | | | ") |
| | After funer | 5 | 1 ☑Natural 5 ☐ Pending | 28a. Data of In (Month, D | ay Year) | njury | 28c. Inj W | ork? □ Yes 2 □ No | 200. 0000100 11 | ow injury occurre | 70 | |
| S | Attending ir death. ector: After by the fune | Ca | 3 Suicide 6 Could not | be One Diese of the | sium. At home fee | on atra | | | 28f. Location (Si | treat and Numbe | or or Dura | i Poute Number |
| DIVISION | after deat Director: | Certification: | 4 ☐ Homicide datarmine | building, e | njury - At homa, fa otc. <i>(Specify)</i> | ırıı, strae | at, ractory, onice | | City or Town | n, Stata) | ir or nurai | Houte Mulliber, |
| _ | To the Hospital or Attending Physician: Within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director. | | 29a. Certifier 1 Certifying F | | | | | | | | | |
| | To the Hospital Within 24 hours To the Funeral completely filled | edical | (Check only 2 Medical Exa | hysician: To the basis miner: On the besis and manners | of axamination an | d/or Inva | stigation, in my | opinion, daeth occu | rred at tha tima, d | ause(s) and mer ata and place, a | nd dua to | tha causa(s) |
| | 4 in the | ₩ W | 29b. Signature and title of certifier ∧ | and marrier s | 0//0/ | | 29c Licer | nse number | 2 | 9d. Date signed | -OMonth I | Day Year) |
| | 6 5 6 8 | | 2 (10 /) | 11 | MULLIN | | 20 | 211 00 | | 11/13/ | 91 | engs, s.mary |
| | 10/ | | 71 / 1 | UK | | | 1/2 | njolu/ | - | 1/01/ | | |
| (| 1-/ | | 30. Name and address of pareen who | pompleted cause of | death (Item 23a) | (Type, P | rint) | mal 1 | M1 8 | 1401 | | |
| 3 | | 1, | 21 Date filed (Marth D. V.) | YYVY | UM | 0 | m | 1/rul | 16 | | | |
| | Sta | | 31. Data filed (Month, Day, Year) | 37. Regist | trar's Signature | | | , | | | | |
| | Registr | ar | NOV 25 1996 | and allowers. | mount | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death Day **Physician** DECEMBER 1,1996 9:20PM POOLE WILLIAM JR. GEORGE /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner CHARLES PHYSICIANS MEMORIAL HOSPITAL LAPLATA 7. Aga (In yrs. last birthday) If Under 1 Year Months Days 5. Social Security Number If Undar 24 Hrs. Birthplace (State or Foreign Country) **Funeral** 8. Date of Birth (Month, Day, Year) 1⊠M 2□ F Hours Yrs. Director 026-05-7418 March 16,1920 Massachusetts Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f shov traumetic event, tra Medical Examinar must be notified at 10d. Insida City Limits 1X Yes 2 □ No Directo Maryland Charles Indian Head 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 152 Circle Ave. U.S.A. 14. Raca - American Indian, death 20640 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yas 2 ☐ No If Yes, Give 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 11 Maritai Status Black, White, etc. filed within 72 hours after 1 □ Navar Married 2 □ Married 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: þ 3 ☑ Widowed 4 ☐ Divorced Yea19 4 ages: 1945 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Machinist U.S. Government Baltimore, Maryland 17. Father's Name (First, Middle, Last) Pages 1 end 2 should be file ment of Health and Mental Hy lant: If Item 27 is marked oth jury or other traumatic event 18. Mother's Name (First, Middla, Maiden Sumama) Be George William Poole, Sr. Annie 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Elaine Paradis (Niece) 1106-3 Cedarcreek Dr., Modesto, Calif. 95355 20b. Piace of Disposition (Neme of cemetery, crematory or other place)

December 6, 1996

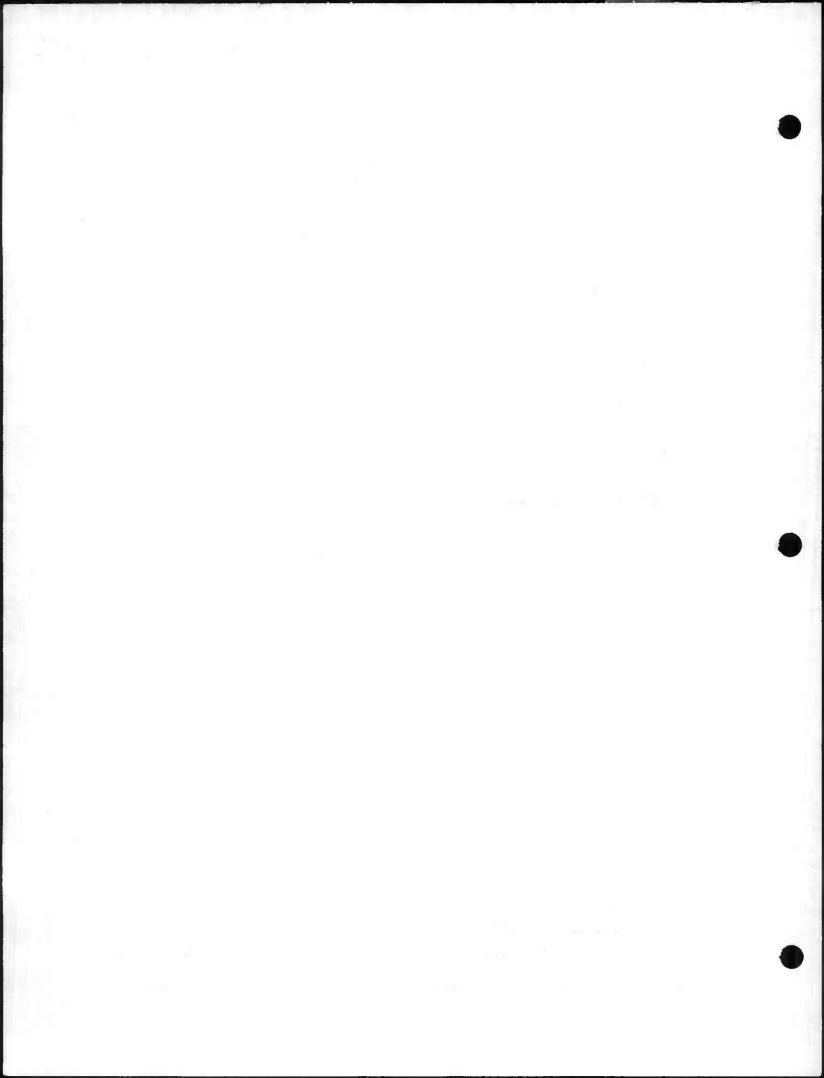
Maryland Veterans Cemetery 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Department of Important: If any Injury or Cheltenham, Maryland 21. Signatura of Funeral Service Licensee 22. Name and Address of Facility
Williams Funeral Home, P.A. mase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, use. List only one cause on each line. 23a. Fart1. Enter the shock, or head **Physician** /Medical Immediate Ceuse (Final disease or condition resulting In death) Cardiac Arrhythmias 1 hour Examiner Due to (or es e conseguença of) Congestive Heart Failure 7 months or Attending Physician: The lew requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): and P.O. Box 68760. ettending physician for use es the burie Hypertensive Cardiovascular Disease 5 years Physician/Medical Due to (or as a consequence of): ber Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Chronic Obstructive Lung Disease Division of Vital Records. P Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peen : Hyperuricemia Hyperglycemia this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28b. Time of 28a. Dete of injury (Month, Day Year) 28c. injury et Work? 28d. Describe how Injury occurred After 5 Pending invastigation 1 Netural death. 1 Yes 2 No after death Director: A d in by the f 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aff To the Funeral Di completely filled is edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) Churcho C. de la faz, M. D. December 02,1996 D-16160 30. Name and address of person who completed cause of death (item 23a) (Type, Print) 20646 MD. 128 ROUTE 6 WEST P.O. BOX 1230 LA PLATA MD. DE LA PAZ AURELIO 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Jalia Stevelson Rardall DEC 0 4 1996 Registrar

DHMH 16 Rev 6/95

and Amilian

| Physic | ian | Decedent's Nema (First, Middle, Last David P. Pennel | • | | Certificate o | Doam | 2. Dete of Deet | ng. No. h BO, 1996 | 3. Tima of Death |
|--|-------------------|---|--|---------------------------------------|--|-----------------------|-------------------------------------|--|---|
| /Medi | cal | 4a. Fecility Neme (If not Institution, give | | | | 4b. City, Town, or L | | 1 | 1012 |
| Exami | ner | Carroll County | | ospital | | | stminster | 4c. County of D | Carroll |
| Funeral | т | Social Sacurity Number 6. Second Security Number 6. Second Security Number 6. Second Sec | | e (in yrs. last t | pirthday) If Undar 1 Yas | or If Undar 24 Hrs. | 8. Deta of Birth | | |
| Director | | 118-60-6088 Usual Residence of Decedent | XM 2□ F | 29 | Yrs. Months Dey | 's Hours Min. | Nov. 20 |), 1967 | Birthpleca (Steta or Foreig Country) New York |
| Se-f show | Director | MD 10b. County Carroll | | 10c. City, To Manch | wn or Location ester | | | | 10d. fnside City Limit 1 ☑ Yes 2 ☐ No |
| 23e or 2 | | 10e. Street end Number 3181 Main Street | = | | 10f. Zip Code 21102 | | 1 | Og. Citizen of What United S | Country? tates |
| ilene. r than "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at | by Funeral | 11. Marital Status 1 □ Nevar Married 2 ☑ Merrled 3 □ Widowed 4 □ Divorced | 12. Was Dacedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Giva Yaar or Datas: | | 13. Was Decedent of ff Yes, specify Cu | | pecify Yas or No- p Rican, etc.) | 14. Réca - A Black, W Specify: | merican Indien, Thite, etc. White |
| | Completed | 15. Decedent's Ed (Specify only highest grad Elamantary/Secondery (0-12) | | | e. Decedent'a Usuel Occ (Give kind of work don life. DO NOT use reti | e during most of wor | king | 16b. Kind of Busine | |
| Hyglena. ther than | 000 | 12 | | | Manager | | | Food In | dustry |
| ave | To Be | 17. Father's Neme (First, Middla, Last) George E. Penne | 11 | | | | na (First, Middla, M ene E. Al | | |
| Ith and IT is m traum | | 19a. informant's Neme/Ralationship (7 George E. Penne: | | | b. Meiling Address (Stre | | | | e, Zip Code) m, NY 12303 |
| ent of Haali it: If Item 2 y or other | | 20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Specify | | | of Disposition (Neme of ery, cremetory or other p | | | 20c. Location - City | |
| Department of Haa Important: If item 2 any injury or other ofice. | | 21. Signeture of Funerel Service Licens | | 101. 70 | 22. Narcial Na 412 Wa | shington F | Home & Ch | apel | MD 21157 |
| nysician | | 23a. Part1. Enter the disease, or comp shock, or heert feilure. List only of | ellcetloris thet caused one cause on each II | d the deeth. Do | o not enter the mode of d | ying, such es cardiac | or respiretory erro | est, | Approximete Interval Between Onset and Deeth |
| Medical xaminer | ler | Immediate Cause (Finel disease or condition resulting in deeth) | e. Tric | Due to (or es | Anhidep e consequence of): | rusant | Inhri | cohen | |
| e attending physician and of for use as the burial-transit | /Medical Examiner | Sequentially list conditions, if eny, leeding to immadlete cause. Entar Undarlying Causa (Disaase or injury that initieted events resulting in death) Last | b | | e consequence of): | | | | |
| the atten | Physician/M | Pert II. Other significant conditions co | ntributing to death b | ut not resulting | In the underlying cause | given in Pert I. | 23b. Did to | bacco use contrib | ute to the cause of deat |
| detac | by Phy | | | | | | 1 🗆 Y | 98 2 No 3 | Probably 4 Unkno |
| s been s 2 should | Completed t | | | | | | 24e. Wes a parforr | | lb. Wara autopsy findings evellable prior to completion of cause of death? |
| para | Co | | | | | | 1 □ Ya | is 2 No | 1 ☐ Yes 2 ☐ No |
| ls cartificata director, pag | Be | 25. Wes case referred to medical axaminer? | Hospital: | | 12 | Wher: | th (Check only on | | |
| this | : To | 1 ⊠ Yes 2 □ No 27. Manner of Deeth | 28a. Dete of Inju | | Jutpetient 3LI DOA | | | once 6 Other (S | Specify) |
| octor: After by the funer | Certification: | 1 Neturel 5 Pending 2 Accident invastigation 3 Scuide 6 Could not be | 11-30- | 96 1 | 703 M 1 | ☐ Yes 2127No | subject | - in reside | |
| irs after death rai Director: / | | 4 Homicide determined | 289. PIECE OF ITH | ury - At home, c. (Specify) es: | farm, street, fectory, offic | ÷0 | City or Towr | reet end Number of 1, Stete) 1014 SL | Muncheste |
| 7 10 - | edical | | | examinetion e | ge, deeth occurred at the end/or investigetion, in my | | | | |
| n 24 hours a | Ž | 29b. Signeture and title of certifies. | (N) | | 29c. Lice | nse number | | 9d. Dete signed (M | onth, Dey, Year) |
| within 24 hours after death. To the Funeral Director: After completely filled in by the funer | | | PAL | | C | chmare | | 12-1-0 | 16 |

DHMH 16 Ray 6/95



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JATO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FFLED (Month, Day, Year)
NOV 27 1

1996

| FOR 1 - STATE REGISTRAR | STATE OF MARYLAN | D / DEPART | | | | MENTAL HYGIEN | | | |
|--|--|---------------------------------------|--------------------------|------------------------|-----------|---|----------------|--|-----|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | - DEA | | 2. DATE OF DEATH | | 3. TIME OF DEATH | |
| JANET V. | POE | | | | | NOVEMBER 2 | 26 199 | 96 2:20 | Ам |
| | | | F UNDER 1 YEA | | R 24 HRS. | 7. DATE OF BIRTH | | BIRTHPLACE (State or Foreig | gn |
| 213-18-1959 | □ M 2 🔯 F 8 | 3 YAS. | ONTHS DAY | HOURS | MIN. | 3/15/13 | | Kansas | |
| 9a. FACILITY NAME (If not institution, give street | and number) | 8 | b. CITY, TOW | N OR LOCAT | ION OF DE | EATH | 9c. COUNTY | OF DEATH | |
| Berlin Nursing H | ome | | Be | erlin | | | Wor | cester | |
| 10a. STATE 10b. COUNTY | | 10c. CITY, | TOWN OR LO | CATION | | | | 10d. INSIDE CITY | |
| MD Char | les | | Wald | orf | - | | | 1 X YES 2 □ NO |) |
| 10493 Mark Dr. | | | | 206 | | | 1000 | N OF WHAT COUNTRY? | |
| 11. MARITAL STATUS 12. | . WAS DECEDENT EVER IN U. | | 13. WAS I | DECENDENT (| OF HISPAN | NIC ORIGIN? (Specify Yes | | . RACE — American Indian. | |
| 1 Never Married 2 Married | FORCES? 1 YES 2 | | | specify Cubi | | n, Puarto Rican, etc.) | | Black, White, etc. Specify: | |
| 3 Widowed 4 Divorced | | | | | | | | white | |
| 15. DECEDENT'S EOUCATION (Specify only highest grade com | ON 16 pleted) | a. DECEDENT'S US (Give kind of wor | k done during | ATION most of worki | ing | 166. KIND OF BU | SINESS/INDUS | TRY | |
| The state of the s | ollege (1-4 or 5+) | Ille. Do NOT use i | | | | | | | |
| 17. FATHER'S NAME (First, Middle, Lest) | | Homem | aker | | | Home | | | |
| Frank Bishop | | | | | | ME (First, Middle, Maiden vailable | Sumame) | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 195 MAILING A | nneree /s- | | | Poute Number, City or Tow | - Chair 7/a C- | | _ |
| Virginia A. Poe | | | | | | orf, MD 20 | | (0.00) | |
| 20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal | from Stata 20b.PL cometer | ACE AND DATE OF | DISPOSITION or place) | (Name of | . 4 | DATE 20c. LO | CATION — City | y or Town, State | |
| 4 Donation 5 Other (Specify) | Ca | ре непі | open | Crema | atory | / 11/27/96 | Frank | ctord, DE | |
| Mich Burge | | | | | | Burba St. Berlir | | neral Home 21811 | |
| 23. PART I. Entar the diseases, or som | pilcations that caused th | a daath. Do not | | | | | | | |
| ahock, or haart fallure Clat IMMEDIATE CAUSE (Final | | | ~ ^ | . 0 | | | - | Interval Betwoon Onset and D | |
| disease or condition resulting in death) | arterio | scler | alu | e Ca | erd | leovasce | eclas, | Peroce 1 y | |
| | December 10 (OR AS A CO | INSEQUENCE OF): | 6 | 70%0 | 9.0 | 0 | < | 5 | |
| Sequantially list conditions, b. | DUE TO (OR AS A CO | | Le | yne | | etero | Lakey | 19 | 7 |
| If any, leading to immediata cause. Enter UNDERLYING | 502 10 (SIL NO X 00 | MOLOULINGE OF). | | | | | | | |
| CAUSE (Disease or injury that initiated events | DUE TO (OR AS A CO | NSEQUENCE OF): | | | | | | | |
| resulting in death) LAST | | | | | | | | ļ | |
| DARK II Owner levidence of the | | | | | | | | | |
| PART II. Other algnificant conditions co | | not resulting in | | ying cause | given in | Part i. 24a. WAS AN PERFOR | | 24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO | |
| Ortacerac | O much | 201 | ica | . 7 | - | 1 🗆 YES 2 | X NO | OF DEATH? | SE |
| Seule Sem | centra, a | 7 | eme | 20/1 | 120 | 0 | | 1 TYES 2 X NO | |
| DID TOBACCO USE CONTRIB | | | □ NO | | ERTAIN | N 🗆 | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | 26. DSPITAL: | PLACE OF DEATH | (Check only o | ne) | | | | | |
| | ☐ Inpatient 2 ☐ ER/Outpetie | nt 3 DOA 4 | X Nursing I | | aaldence | 6 Cher (Specify) | | | |
| 27. MANNER OF DEATH 1 X Natural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME (| ty | INJURY AT WORK? | | 28d, DESCRIBE HOW I | NJURY OCCUP | RED | |
| 2 Accident Investigation | | | | YES 2 | NO | | | | |
| 3 Suicide 8 Could not be 4 Homicide determined | 28s. PLACE OF INJURY — building, etc. (Specify) | At home, farm, str | et, factory, o | offica | | 281. LOCATION (Street : City or Town, State) | | Rural Route Number, | |
| 29a. CERTIFIER 1 50 CERTIFYING PHYSICIAN | l: To the best of my knowledg | e death occurred | et the time o | lete and elece | and due | to the country and and | | | |
| | n the basis of axamination an | | | | | | | ause(s) and manner as et-t- | nd. |
| 29b. SIMINATURE AND TITLE OF CERTIFIER | | - | | | ENSE NUA | | | | |
| pregero h | 130 | 200 | X | | 9505 | | | IGNED (Month, Day, Year) 26-96 | |
| 30. NAME AND ADDRESS OF PERSON WHO CO | MPLETED CAUSE OF DEATH | (ITEM 27) (Type P | rint) | | | | 1/- | 16-16 | |
| THE THE PROPERTY OF THE PROPERTY OF | | | *** | | | | | | |

32 REGISTRAR'S SIGNATURE

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene P. B. &C 12/3/96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month 3. Tima of Death **Physician** Year JOHN PAULKOVICH NOVEMBER 24.1996 10:15pm/Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** DOCTORS COMMUNITY HOSPITAL LANHAM PRINCE GEORGE'S CO. If Under 1 Yaar If Under 24 Hrs. 9. Birthplace (State or Foreign Country) Vest Virginia 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Hours 10XM 2□ F 182-18-9797 73 Yrs. 1923 West Director June Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inaide City Limits 1 Nas 2 No Director Prince George's Lanham 10f. Zip Coda 10g. Citizen of What Country? 6001 Harland Street 20706 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☑ Yes 2 ☐ No tf Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Raca - American Indian, Black, White, atc. 1 Never Married 2N Married 1 ☐ Yas 2 No Specify: by Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) -4-Engineer U.S. Government 17. Father's Name (First, Middle, Last)
Nicholas Paukovic Paulkovich 18. Mothar's Nama (First, Middla, Maiden Sumame)

\$\frac{5\tangeta}{Anna}\frac{5\tangeta}{C}\$ Be 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Peges 1 ar nent of Heal. nt: If Rem 27 y or other to Pricia Paulkovich - Spouse 6001 Harland Street, Lanham, Maryland 20706 20b. Piaca of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition 1 X Buriai 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 11/27/96 Parklawn Cemetery Rockville, Maryland 21. Signature of Funeral Service Licansee 22. Nama and Address of Façility
Francis Gasch's Sons Funeral Home, P.A. - d. 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part 1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intervai Batween Onset and Death Immediate Cause (Finai disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disease or injury that Initiated events resulting In death) Last Physician/Medical Due to (or as a cons 3 Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 11 y60 2□ No 3 ☐ Probably 4 ☐ Unknown by 24b. Wara autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy 2 No 1 ☐ Yas 2 ☐ No 1 Tyes Be 25. Was casa referred to medical 26. Place of Death (Check only one) Othar: 4 Nursing Home 5 Residenca 6 Other (Specify) Inpatient 1 Yes 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending

Physician /Medical Examiner

permit. Pege Department o Important: If any injury or

ed other than "natural", or itema 23s or 28s-f shows event, the Medical Examiner must be notified at

1 and 2 should be filed within 72 hours efter deeth Health and Mental Hyglene. em 27 Is marked other than "natural", or thema 23, them traumatic event, and Medical Escriptor man.

21215-0020

Baltimore, Maryland

Box 68760.

P.O.

Vital

this

After Attending

filled in by

Medical

after death.

Hospital or To the Hospital of within 24 hours all To the Funeral D completely lilled I

Division of

nse n 99 page 2 should Certification: To

1 Natural 2 Accident 3 Suicide

4 Homlcide

31. Date filed (Month, Day, Year)

investigation 6 Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

1 Tes

29a. Certifier

Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha time, date and piaca, end due to the cause(s) and manner stated.

29b. Signature and title of certifier

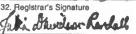
29c, License number

nghous

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 37455

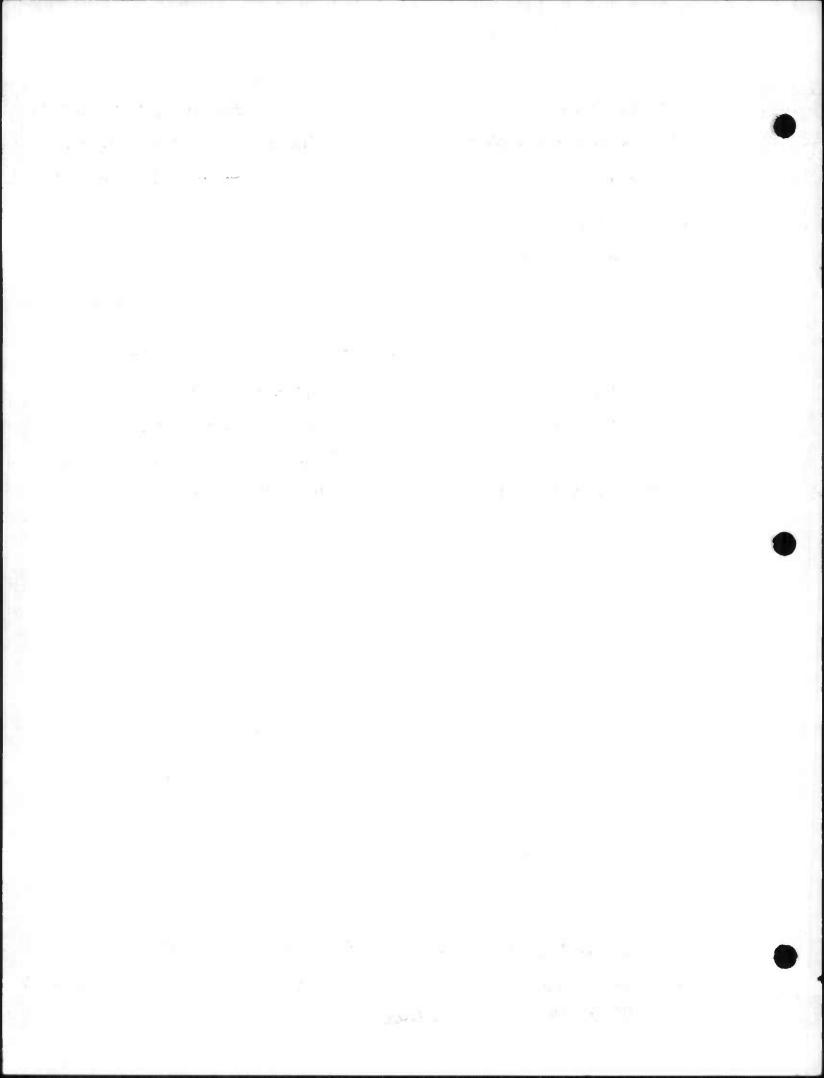
| | | | | | , | Ce | ertifica | te of | Death | Re | g. No. | 0 | 0 1 | 700 |
|---------------------|--|----------------|---|---|--------------------------------------|--------------------------------|----------------------------|------------------------|--|---|---------------------------------|---------------------------|--------------------|-------------------------------------|
| | Dhysis | ian | Decedent's Name (First, Middla, I | ast) | | | | | | 2. Data of Death | h Day | Year | 3. Tim | na of Death |
| l. | Physic /Medi | | Hillel | | | Pi | Lccio | tto | | Novembe | | 1996 | 12: | 25 PM |
| | Examir | | 4a. Facility Name (If not institution, g | iva street and number, |) | | | | 4b. City, Town, or | Location of Death | 4c. County | of Death | | 1100 |
| | | | Suburban Hospi | al | | | | | Bethesda | l . | Monts | gomer | У | |
| | Funeral Director | | None | . Sex 7. An 1 | ga (In yrs. 90 | last birthday Yrs. |) If Und Months | ar 1 Year Days | | 8. Data of Birth (Month, Day, Oct. 8, | Year) 1906 | 9. Birthp Coun | lace (State) | ata or Foreign |
| | how | | Usual Residence of Decedent 10a. State 10b. County | | 10c. Cit | y, Town or L | ocation | | | | | 1 | Od. Insid | da City Limits |
| | S TH | Directo | Lebanon None | | | | | Bei | rut | | | | 1 💢 | Yes 2□No |
| | £ 75 E | ire | 10e. Street and Number | | | | 10f. Z | lp Code | | 10 | Og. Citizan of \ | What Coun | itry? | |
| | 23a | al | Verdun Street | | | | | N | /A | | Italy | , | | |
| | ee a g | Funeral | 11. Marital Status | 12. Was Decedent Armed Forces | Ever in U | S. 13. | Was Dec | | Hispanic Origin? (S ban, Mexican, Puerl | pecify Yas or No- | | e - Amaric | | n, |
| 020 | permit. Pages 1 end 2 should be filed within 72 hours after death with the Menyland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Bright marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examine must be modified at pages. | by | 1 Never Married 2 Married 3 Widowed 4 Divorced | | | | | | Specify: | o Hican, atc.) | | ck, White, Whit | | |
| 9 | 2 ho | ted | 15. Decedent's | | | 16a. Dece | edant's Us | uai Occu | pation | | 16b. Kind of B | usiness/ind | dustry | |
| Maryland 21215-0020 | within 7 ene. than 'n | Completed | (Specify only highast g Elementary/Secondary (0-12) 12 | Collega (1-4or | 5+) | | | | iduring most of worded) istributo | | ottled | Gas | Diet | ributio |
| ם : | Hygi H | | 17. Fathar's Nama (First, Middle, La | st) | | DOCCI | .cu o | a5 D | | ne (First, Middle, N | | | DISC | TIDULI |
| au | d be | Be c | Solomon Picciot | | | | | | Rina A | St. 1 and Automotive | | | | |
| 2 | Though Me | 7 | 19a, Informant's Name/Relationship | | | 10h Meil | lina Addres | no /Strac | et and Number or Ru | | Clay or Town | Ctata 7in | Codel | |
| S | d 2 s th en T is i | | Robert Picciotto | | | | | | | | | | | 20015 |
| ď. | os 1 end 2. of Health el Itam 27 is other trau | | 20a. Method of Disposition | - 2011 | 20h P | Place of Disp | | | anch Road | | Sningico 20c. Location - | | | 20015 |
| Baltimore, | Pages ment of ant: If its ury or o | | 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Span | | Car | mel Be | amatory or each | Maha | ine 1 | 1 10=100 | Haifa, | | | |
| Ball | Departi Departi Importi any inj | | 21. Signature of Funeral Service Lic | DA D | 0- | 2 | 22. Name a | and Addr | | seph Gaw shington | | Sons 200 | 16 | |
| | | | 23a. Part 1. Enter the disease, or co shock, or heart failure. List on | mplications that cause ly one cause on each i | d the death | h. Do not ar | nter tha mo | de of dy | ring, such as cardiac | or respiratory arre | nst, | | Approx Interval | imate Between and Death |
| | hysician /Medical Examiner | | Immediate Cause (Final disease or condition | Aspirat | ion p | neumo | nia | | | | | | 5 da | |
| 1 | _Adiiiiiei | | resulting in death) | G | | ras a conse | |): | | | | | | |
| | D % | Examiner | | Respira | tory | failu | re | | | | | 2 | 2 day | ys |
| | end -tran | хап | Sequentially list conditions, | | Due to (o | r as a conse | quence of |): | | - | | | | |
| 68760, | cian | Ü | Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseasa or Injury | Congest | ive H | leart : | failu | re | | | | 1 | day | у |
| 87 | diricate be executed ng physician end as the burlel-fransit | Aedical | that initiated events resulting in death) Last | V | Dua to (or | r as a conse | quence of |): | | | | | | |
| × | ing p | | | d. Hypoxem | ia | | | | | | | 5 | day | ys |
| Rox | or us | lan | | . d | | | | | | | | 1 | | |
| - | the a | SIC | Part II. Other significant conditions | contributing to death b | out not resu | ulting In the | underlying | cause g | ivan In Part I. | 23b. Did to | bacco uss co | ntribute to | the cau | use of death? |
| s, P.O. | es that the deeth cer igned by the attendir be detached for use | by Physician/I | Type I Diabetes N | Mellitus, M | letası | tic pr | osta | te c | ancer, | 1 🗆 Ye | s 2⊠ No | 3 ☐ Prot | pably | 4 🗆 Unknown |
| Records, | been s | Completed | Bladder cancer & | Muliti inf | arct | demen | tia | | | 24a. Was ar perform | | ava | allable pi | psy findings rior to of cause |
| r | ne h | Ď. | | | | | | | | 1 □ Ya | s 27 No | 10 | Yes | 2 No |
| <u>a</u> | and difficulties | Be (| 25. Was case referred to medical | | | | | | 26. Place of Dea | ith (Check only only | a) | | | |
| > | rnysician: this certific nal director, | To | axaminer? 1 ☐ Yes 2 ☑ No | Hospital: | ent 2 🗆 | ER/Outpatle | ont 3□ E | OA O | bee | ome 5 Reside | | er (Specifi | v) | |
| 0 | er the | | 27. Mannar of Death | 28a. Date of Inju | ury Veer) | 28b. Time o | of | 28c. Inju | | 28d. Dascribe ho | | | | |
| 0 | Attending or death. ector: After by the fune | atio | 1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigat | | .y / 50.1) | II IJOI Y | М | | Yes 2 No | | | | | |
| - 1 | x = = c | ertification: | 3 ☐ Sulcida 6 ☐ Could not 4 ☐ Homicide determine | be d 28e. Place of In building, et | jury - At ho lc. <i>(Specif</i> y | ome, farm, si | treet, facto | ry, office | | 28f. Location (Str. City or Town | | er or Rura | / Routa | Number, |
| | vithin 24 hours effection to the Funeral Director completely filled in | edical C | 29a. Certifier 1⊠ Certifying F (Check only one) 2 Medical Exi | Physician: To the best aminer: On the basis o and manner st | f axaminat | wiedge, deat tion and/or Ir | th occurred nvestigatio | d at the t n, in my | ime, date and place opinion, death occu | , and due to the ca rred at the time, da | use(s) and ma ite and place, | anner as st and due to | ated. | se(s) |
| | withir Comp | Me | 29b. Signature and title of certifier | | | | 25 | 9c. Lican | sa number | 29 | d. Date signe | d (Month, | Day, Ye | ar) |
| | | | 1 about | Stee | ml | 5 | | D31 | 282 | I | Novembe | r 23, | , 19 | 96 |
| (| 3/ | | 30. Name and addrass of person wh Albert K. Lee, M | | | 23a) (Type onsin | | Su | ite #105 | Bethesd | a, MD | 2081 | 4 | |
| | Sta | te | 31. Date filed (Month, Day, Year) | 33 Registr | | | | | | | | | | |

The state of the s

State of Maryland / Department of Health and Mental Hygiene

96 37456

| | _ | Item: 8, per Informant G-744 2/26/97 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) | 2. Dete of De Month | | 3. Time of Death |
|--|----------|--|--|---|--|
| Physician /Medical | - | Aloyious QUEEN | | er 24. 1 | |
| Examiner | | | or Location of Deet | h 4c. County o | of Deeth |
| | | Doctors Community Hospital Lanhar | | Princ | e Georges |
| Funeral Director | | 5. Social Security Number 6. Sex 1 ⊠ M 2 □ F 7. Age (In yrs. last birthday) 7. Age (In yrs. last birthday) 7. Age (In yrs. last birthday) 7. Age (In yrs. last birthday) 8. Sex 9. Hours 1 Wonths 1 Deys 1 Hours 1 | trs. 8. Dete of Bi (Month, Di | | 9. Birthplece (State or Foreig Country) Washington, DC |
| 2 2 | - | 10a. State 10b. County 10c. City, Town or Location | | | 10d. Inside City Limit |
| 28a-f show | 5 | Maryland Prince George's Seat Pleasant | | | 1 🔀 Yes 2 🗆 N |
| riter ceeds with the ma | <u> </u> | 10e. Street end Number 10f. Zip Code | | 10g. Citizen of W | het Country? |
| 23a or | 5 | 624 Cabin Branch Drive 20743 | | U.S.A. | |
| 2 1 | - Se | 11. Meritel Stetus 12. Wes Decedent Ever in U.S. 13. Wes Decedent of Hispenic Origin? | (Specify Yes or No | | - American Indien, |
| by de | 2 | Armed Forces? 1 □ Never Married 2 ☑ Merried 1 □ Yes 2 ☒ No If Yes, specify Cuban, Mexican, Pt 1 □ Yes 2 ☒ No If Yes, specify Cuban, Mexican, Pt 1 □ Yes 2 ☒ No 1 □ Yes 2 ☒ No Specify: | uerto Rican, etc.) | Specify: | Black |
| No within / Z hours lygiene. No then "natural", nt, the Medical Ex | | 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of | working | 16b. Kind of Bus | siness/Industry |
| than the Mos | - Pie | Elementery/Secondery (0-12) College (1-4or 5+) | WOTKING | Durium | - |
| r than the control of | 5 | 7th Mechanic | | Privat | |
| S S S S | 9 | 17. Fether's Neme (First, Middle, Last) 18. Mother's I | Neme (First, Middle | e, Maiden Sumame |) |
| marked | 2 | | | een | |
| , a s a | | 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or | | | |
| m 27 | - | Dorothy Queen/Wife 624 Cabin Branch Dr. | | | |
| permit. Peges 1 at Department of Haz Important: If Nem any injury or other once. | | 20e. Method of Disposition 1 🖾 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) 20b. Pieca of Disposition (Name of cemetery, crematory or other place) Harmony Memorial Park | 11/30 1996 | Landover | city or Town, State, Maryland |
| Depart Import any in | | 21. Signeture of Funerel Servica Licensee Nancy A. Percentie 22. Neme end Address of Fecility J. B. JENKINS FU 7474 Landover Ro 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as care shock, or heart feliure. List only one cause on each line. | NERAL HON | ME over. Mar | vland 20785 |
| | | 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as care shock, or heart feliure. List only one cause on each line. | diac or respiretory | errest, | Approximete Intervel Between |
| hysician /Medical xaminer | | Immediate Cause (Final disease or condition resulting in deeth) e. Carolis aruly Honoresulting in deeth) Due to (or es a consequence en): | | | Onset end Deeth |
| i i | 2 | Due to (or es a consequence en): | Dis eas | | |
| ician and buriel-transit | | 8. 0. 10.00 | | | |
| sian suriel- | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury | | | |
| as the | | thet Initiated events Due to (or es e consequenca of): d. d. | | | 1 |
| y the ettendin | 200 | Pert II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. | 23b. Did | I tobacco uee con | tribute to the cause of deal |
| signed by the ettendir of be datached for use | 3y F1113 | Chronic obstructive lung dises | se 10 | Yes 2□ No | 3 robably 4 Unkno |
| s been si 2 should | | Conjective Least Larline | 24e. We | s en eutopsy formed? | 24b. Were eutopsy finding: avelleble prior to completion of cause of deeth? |
| ate hes | 5 | | 1 🗆 | Yes 2 No | 1 ☐ Yes 2 ☐ No |
| certificate rector, pag | D | 25. Wes case referred to medical 26. Place of | Death (Check only | one) | |
| | | exeminer? 1 Yes 25 No Hospitel: 1 Inpatient 25 ER/Outpetient 3 DOA Other: 4 Nursin | g Home 5 ☐ Res | idence 8 Othe | r (Specify) |
| erthis neral di | | 27. Menne of Deeth 28e. Dete of Injury (Month, Day Year) 1 Neture 5 Dending (Month, Day Year) Injury Work? | 28d. Describe | how injury occurre | bed |
| r death. pctor: After by the funer iffication | | 2 Accident Investigation N 1 Yes 2 No | | A | |
| The prospers of Attentings. To the Funeral Director. After to completely filled in by the funeral Medical Certification: | | 3 Sulcide 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) | 28f. Location City or To | (Street and Number | er or Rural Route Number, |
| within 24 hours after Completely filled in by | | 29e. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pi 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth of end menner stated. | ece, end due to the ccurred et the time | cause(s) end mei , dete end plece, e | nner es steted. and due to the ceuse(s) |
| N CO | 3 | 29b. Signatup and title of certifier 29c. License number | | 29d. Dete signed | (Month, Day, Year) |
| | | Herandon Hand MD D 17799 | 7 | 11/25/ | 96 |
| (e) | | 30. Na e and address of person who complited cause of death (Item 23a) (Type, Print) | , | | ^ |
| | 1 | 30. Na e and address of person who completed cause of death (Item 23a) (Type, Print) GERARDO M, GACAD 6510 Kennlyworth Av | Ste 27 | W Rev | rendale at |
| Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Ow | | 31. Date filed (Month, Day, Year) 32. Degistrar's Signature | | | |



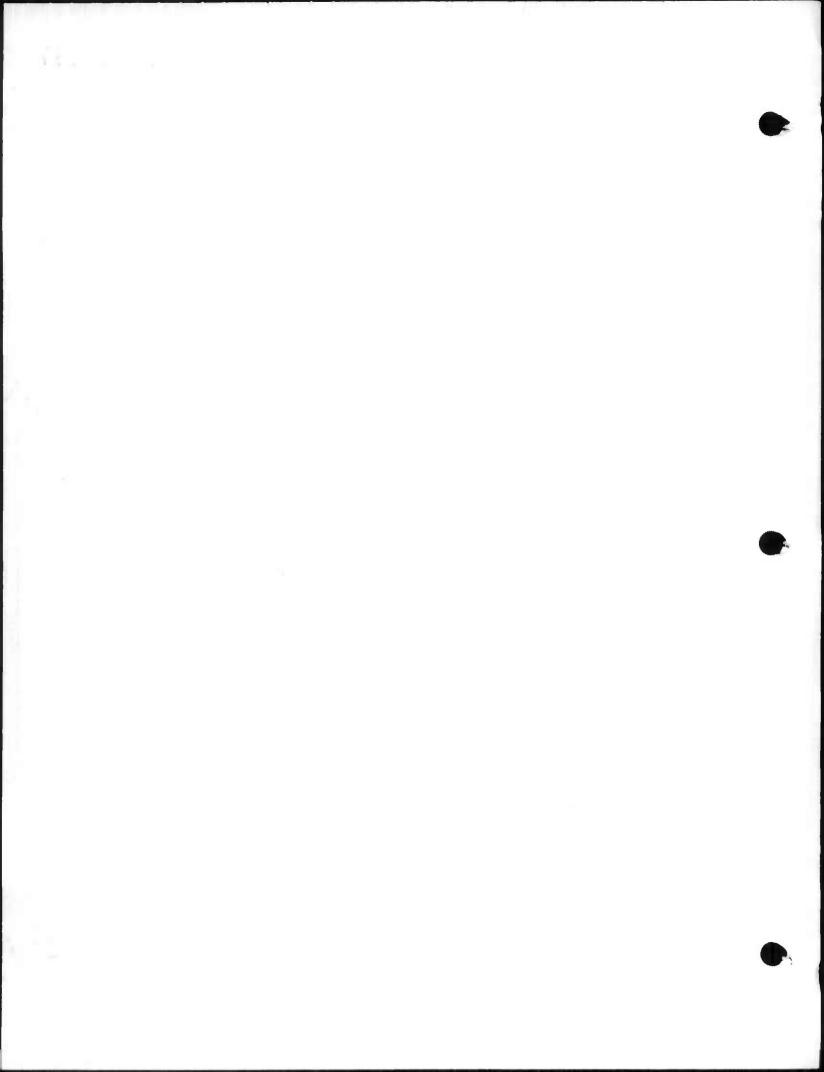
may be retained by the hospital or attanding physician. ; page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

| DALLINORE, MARITANE | after death. Page 6 may be retained by the hosp | by the funeral director, page 5 should be detached moval. | cal examiner must be notified at once. | |
|---------------------|---|---|--|--|
| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. | |
| | 2 | 23 | 盖 | |

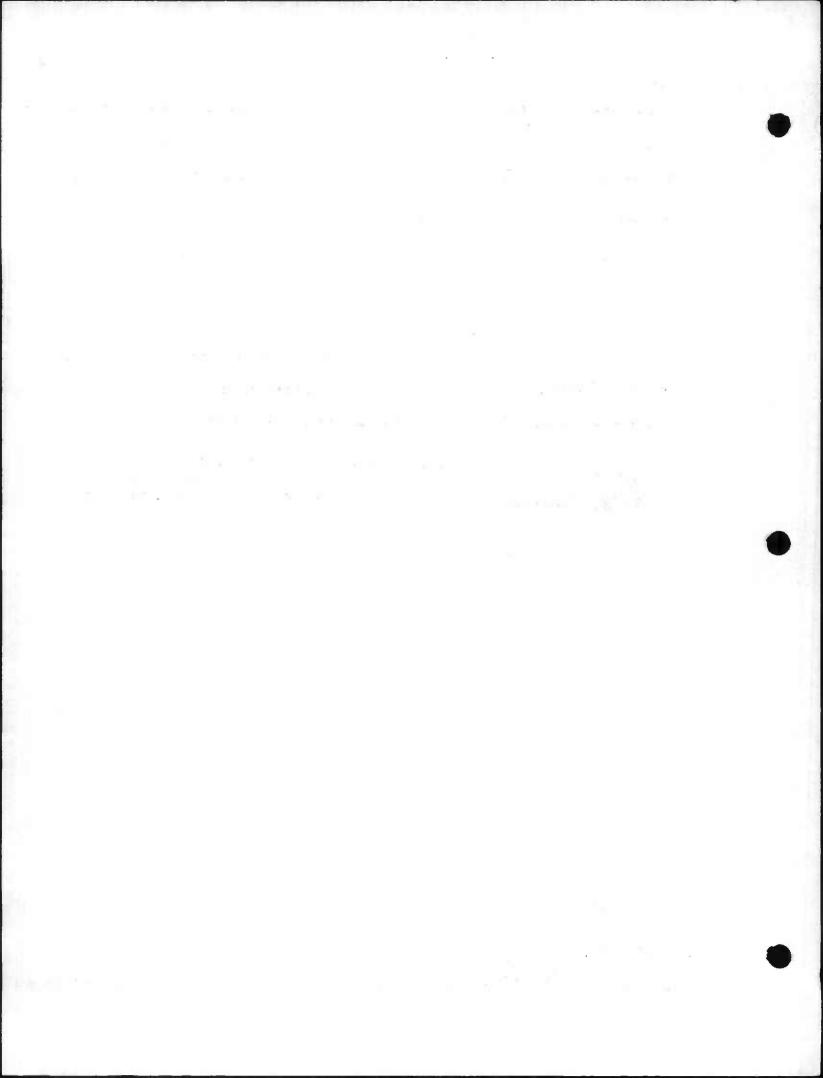
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | CERTIF | ICATE OF | DEATH | REG. NO |). | |
|---------------|---|---------------------------------------|---------------------------|-----------------------|---|--|--------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | | 3. TIME OF DEATH |
| | Gonzalo Quin | to | | | | December | 1. 199 | 8:20 A. M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AC | E (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 2 DATE OF DIRECT | | IRTHPLACE (State or Foreign |
| | 215-50-6888 | 1 M 2 D F | 85 YRS. | MONTHS DAYS | HOURS MIN. | Jun. 13, 19 | 11 6 | hina |
| | 9a. FACILITY NAME (If not institution, give a | | | OF CITY TOWAL | OR LOCATION OF DI | Jun. 13, 19 | | |
| œ | 12825 Bradbwry A | | | | ths burg | EATH | 9c. COUNTY C | hington |
| 2 | RESIDENCE OF DECEDENT | ve. | | SIIK | trisbuty | | was | nangaon |
| EC | 10a. STATE 10b. COUNTY | Y | 10c. CIT | Y, TOWN OR LOCA | TION | | | 10d. INSIDE CITY |
| DIRECTOR | Md. | Washington | | Smith | | | | LIMITS? |
| | 10e. STREET AND NUMBER | restreng con | | | I. ZIP CODE | | | 1 TYES 2 X ND |
| RA | 12825 Bradbury | 4110 | | 10 | 2178 | 3 | 4 | OF WHAT COUNTRY? |
| FUNERAL | | | | | | | u.s. | A |
| 3 | 11. MARITAL STATUS 1 Never Married 2 Married | 12. WAS DECEDENT EVER FORCES? 1 YE | R IN U.S. ARMED | 13, WAS DEC | ENDENT OF HISPAI octly Cuben, Mexica | NIC ORIGIN? (Specify Yein, Puerto Rican, etc.) | a or No — 14. F | RACE — American Indian, Black, White, etc. |
| B | 3 Widowed 4 Divorced | IF YES, GIVE WAR OF | DATES | | 2 NO Specifi | | 3 | speciny: White |
| | 15. DECEDENT'S EDU | CATION | 18. DECEDENTIE | USUAL OCCUPATION | | | - 1 | |
| E | (Specify only highest grade | completed) | (Give kind of v | vork done durina ma | est of working | 166. KIND OF BU | SINESS/INDUSTF | tY. |
| 2 | Elementary/Secondary (0-12) | College (1-4 or 5 +) | | erk | | - 10 | Store | |
| COMPLETED | 17. FATNER'S NAME (First, Middle, Last) | | CC | | | | | |
| | Louis Quinto | | | | | ME (First, Middle, Maiden Gin See | Sumame) | |
| BE | | | | | | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | 101:1-1 | 196. MAILIND | ADDRESS (Street a | and Number or Rural | Route Number, City or Tox | m, State, Zip Code | 162 |
| | Wong See Quinto | (wife) | | | | mithsburg, | | |
| | 20e, METHOD OF DISPOSITION 1 Burlel 2 - Cremetion 3 X Rem | oval from Stata | POb. PLACE AND DATE (| OF DISPOSITION (Ne | ame of | DATE 20c. LO | CATION — City of | or Town, State |
| | 4 Dehation 5 Other (Specify) | / IF | orest Law | n Memori | <u>al Park</u> | Dec 9, 96 Co | ovina, Co | a. |
| | 2) SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | / | | ND ADDRESS DF FA | 176 | 25 Brag | lbury Ave. |
| | Jamis | X | the same | Davi | s Funera | & Home Smi | thsburg | , Md. 21783 |
| | 23. PART I. Enter the diseases, or o | complications that cause | ed the deeth. Do n | ot enter the mo | de of dving auc | h as cardiac or man | Iretory errort | Approximate |
| | anock, or neart tellury. | List only pne couse pr | eech line. | | , | | | Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | (Mari | e MR | Tructick | lina | Alleon | 01 | Onset and Death |
| | resulting in death) | e. DUE TO (DR A | S A CONSEDUENCE OF | 7160 -100 | wing | Mices | | 10 pear |
| _ | | 20E 10 (511 X | S A CONSEDUENCE OF | ٠,٠ | | | | |
| CERTIFICATION | Sequentially list conditions, | DUE TO (DR A | S A CONSEQUENCE OF | P): | | | | |
| ¥ | If any, leading to immediate cause. Enter UNDERLYING | _ | | | | | | |
| Ĕ | CAUSE (Disease or injury that initiated events | DUE TO (DR A | S A CONSEDUENCE OF | j: | | | | |
| E | resulting in death) LAST | 4 | | | | | | |
| 2 | | | | | | | | |
| DICAL | PART II. Other aignificent condition | contributing to deeth | but not reaulting i | n the underlyin | g cause given in | Part I. 24s. WAS AN PERFO | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| 8 | | nane | | | | 1 YES : | 4 | COMPLETION OF CAUSE OF DEATH? |
| ME | | | | | | | | 1 YES 2 NO |
| 7 | DID TOBACCO USE CONTI | RIBUTE TO CAUSE | OF DEATH YE | S TO NO E | UNCERTAIL | <u> </u> | | 10.44 |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | 26. PLACE DF DEAT | | | | | |
| S | 1 YES 2 LUO | HOSPITAL: 1 Inpetient 2 ER/O | ulpatient 3 DOA | OTHER: | 5 Kaldanca | 6 Other (Specify) | | |
| E | 27. MANNER OF DEATH | 28e. DATE DF INJUR | Y 28b. TIM | E OF 26c, INJ | URY AT | 28d. DESCRIBE HOW | NJURY OCCURE | 0 |
| | 1 Natural 5 Pending | (Month, Day, Year |) INJ | M 1 . | PRK? | | | |
| B | 2 Accident Investigation 3 Suicide 6 Could not be | 28e. PLACE OF INJU | RY — At home, farm, s | treet, fectory, offic | • | 26f. LOCATION (Street | and Number or Ru | ral Boute Number |
| 世 | 4 Nomicide determined | building, etc. (S | pecify) | | | City or Town, State; | | |
| COMPLETED | 29a. CERTIFIER | CIAN: To the heat of a la | | | | | | |
| ₹ | | CIAN: To the best of my kn | | | | | | se(e) and menner as stated, |
| 8 | | | mon endor investigatio | n, in my opinion, c | eath occured at the | lime, date and place, ar | nd dua to the cau | se(e) and menner as stated, |
| BE | 296. SIGNATURE AND TITLE OF CHITIFIED | 1, 4. | | | 290 LICENSE NUM | ABER T | 29d. DATE SIG | NED (Month, Day, Year) |
| 5 | MIMUEL | war | | | 1300 | 5> | 14 | 2146 |
| | 30. NAME AND ADDRESS OF PERSON WHO | | | | | | | |
| | Samuel Chan 118 | | | rstown, | 1d. 2174 | 0 | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SI | | | | | *** | |
| | ULU 0 3 1996 | Jalia d'avols | or Randall | | | | | 200 |
| | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 96 37458

| U. it | | 1. | Decedant's Name | a (First, Middla, | Last) | | | | N. | | | | 2. Data of D | | | | 3. Tin | na of Deat |
|--|---|-------------------------------|--|--|---|--|--|--|---|--------------------------|--|----------------------|---|---|--|--|--|--|
| Physici /Medic | | L | EDNA M | ARIE O | UILLE | EN | | | | | | | Month Novem | | 30. | Yaar 1996 | 6 | :00A |
| Examir | | | . Facility Nama (I | | | | | | | 45 | o. City, Tox | | cation of Daa | 1 | c. County | | | |
| Exami | · | Г | 9727 Ca | arey Ro | ad | | | | | P | Berlin | | | | Word | ester | | |
| Funeral | | 5. | Social Sacurity N | | S. Sax | 7. Aga | (In yrs. last | t birthday) | If Undar 1 Y | aar | If Under 2 | 24 Hrs. | 8. Data of B | irth | | | | ata or Fore |
| Director | | | 216 40 4 sual Rasidance of | | 1□M 2 | X 8 | 6 | Yrs. | Months De | ays | Hours | Min. | April | | | Mary | ylan | d |
| A 10 | | 10 | a. Stata | 10b. County | | | 10c. City, T | own or Loc | ation | | | | | | | 11 | 0d. Ineid | de City Lim |
| | ţō | N | laryland | Worces | ter | | Berli | n | | | | | | | | | 1 🗆 | Yas 2X |
| ma 23a or 28a-f show | Directo | 10 | e. Streef and Nur | nbar | | | | | 10f. Zip Coo | da | | | | 10g. C | itizen of V | What Coun | itry? | |
| 38 | | | 9727 Car | cov Pos | ٦ | | | | 2181 | 1 | | | | 11 9 | 5.A. | | | |
| 78 2 | era | | . Marital Status | ey itoa | 12. Wa | s Dacedant E | var in U,S. | 13. W | | | spanic Orio | aln? (Spi | ecify Yas or N Rican, afc.) | | | e - Amaric | an india | ın, |
| r heme | Funeral | | 1 Nevar Marri | ed 2 Marrie | d 1 🗆 | ned Forcas? Yas 2 XNo | | lf. | Yas, specify (| Cuban | , Maxican | , Puarto | Rican, afc.) | | Blac | k, Whita, | atc. | |
| Hygiene. Hygiene. dher than "natural", or ite ent, me Medical Examine | by | | 3√ Widowed | | H Y | as, Giva ar or Datas: | | 1 | □ Yas 2X | No | Specify: | | | | Specify | · Wh | ite | |
| natural', | | H | ^ | 15. Decedant's | Education | | 1 | 6a. Decede | ent's Usual Oc | ccupat | tion | | | 16h. l | Kind of Bu | usinass/ind | dustry | |
| 2 0 | Completed | L | | ify only highast | grada comp | | | (Giva k | and of work do | ona de | urina most | of work | ing | | | | , | |
| the state of | m _o | | Elemantary/Seco | ndary (0-12) | Col | lega (1-4or 5+ | •) | Count | ry Sto | re | Own | er/ | Operate | or | Re | tail/ | Gro | rerie |
| FEE | Ö | 17 | . Father's Nama | First, Middla, La | ist) | | | courre | ,, ,, | | | | a (First, Middle | | | | 0.0 | 00,10 |
| and and and and and and and and and and | Be c | 6 | eorge E | Parso | ns | | | | | - | | | . Mitch | | | , | | |
| and Men | 2 | - | 9a. Informant's Na | | | me) | | 10h Mallin | a Address (Co | | | | | | T | On a Tie | Ondel | |
| | | | Raymond | | | - | | | o Address (St. Ocean | | | r or Hur | Berlii | | | | | 1811 |
| Heall ther | | - | a. Mathod of Disp | | , | | | | ition (Nama o | | | | Data | | | City or To | | |
| Department of Health a Important: If item 27 is any Injury or other tra | | 20 | | | Ramova | I from State | cem | atery, cram | atory or othar | place | | 1 | | | | 9 | wn, sta | la |
| ury in | | | 4 Donation | ☐ Cramation 3 5 ☐ Othar (Spa | cify) | | Suns | set Me | emoria | I P | ark | 1 | 2/2/96 | | | | | |
| Depart Import any In | | 2 | Signatury of Fu | Service Lic | censee | | | | Nama and A | | | | | | | n Str | eet | |
| 10 = 3 | | | W | 14/31 | | 2 | | Bu | rbage | Fu | ınera | I Ho | ome B | erlir | n, M | D : | 2181 | 1 |
| | 7 | | | disease, or co | U | | | | | | | | | | | 1 | Onsat | l Batweer and Deat |
| hysician /Medicai ixaminer | ler | in | 3a. Part1. Employed shock, or head namediata Causa (saasa or condition sulting in daath) | Final | U | 92TER | 16 50 | | TIC C | | | | | | ER | SE V | Intarva Onsat | Batween and Death |
| /Medicai Examiner | I Examiner | in di ra | nmediata Causa (saasa or condition sulting In daath) | Final n | U | ARTER D | 2/6 SC Due to (or es | LERT | DT/C Cuanca of): | | | | | | ERS | SE V | Intarva Onsat | l Batweer and Deat |
| /Medicai Examiner | /Medical Examiner | in di ra | nmediata Causa (saasa or condition | Final nditions, madiata flying injury | U | ARTER | Due to (or es | s a consequ | uanca of): | | | | | | SEAS | 6E VI | Intarva Onsat | l Batweer and Deat |
| /Medicai Examiner | Σ | in di ra | nmediata Causa (saasa or condition sulting In daath) equantially list cor any, laading to im susa. Enter Unda ausa (Disaasa or at initiated evants | Final nditions, madiata flying injury | U | ARTER | Due to (or es | s a conseque | uanca of): | | | | | | GERS. | SE VI | Intarva Onsat | l Batweer and Deat |
| ettending physician and cornes as the burial-transit | Σ | in di ra | nmediata Causa (saasa or condition sulting In daath) equantially list cor any, laading to im susa. Enter Unda ausa (Disaasa or at initiated evants | Final nditions, madiata riving injury | ab b d | A RTCR | Due to (or es | s a conseque | uanca of): | 7,97 | PD18V | ASC | UIAZ. | <i>D15</i> | | ntribute to | Interva Onsat | I Batweer |
| who ettending physician and school for use as the burial-transit | Physician/M | in di ra | nmediata Causa (saasa or condition sulting in daath) equantially list con any, laading to im suse. Enter Unda ausa (Disaasa or at initiated evants sulting in daath) L | Final nditions, madiata riving injury | ab b d | A RTCR | Due to (or es | s a conseque | uanca of): | 7,97 | PD18V | ASC | 23b. Dic | ガル | o uee co | 1 | Interva Onsat | I Batweel and Deat |
| gned by the estending physician end account of the property of the principle of deteched for use as the burial-transit | by Physician/M | in di ra | nmediata Causa (saasa or condition sulting in daath) equantially list con any, laading to im suse. Enter Unda ausa (Disaasa or at initiated evants sulting in daath) L | Final nditions, madiata riving injury | ab b d | A RTCR | Due to (or es | s a conseque | uanca of): | 7,97 | PD18V | ASC | 23b. Dic | 3/5 | o uee co | ntribute to | Interva Onsat | I Batweer and Deat |
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| ss been signed by the ettending physician and 2 should be deteched for use as the burial-transit | by Physician/M | in di ra | nmediata Causa (saasa or condition sulting in daath) equantially list con any, laading to im suse. Enter Unda ausa (Disaasa or at initiated evants sulting in daath) L | Final nditions, madiata riving injury | ab b d | A RTCR | Due to (or es | s a conseque | uanca of): | 7,97 | PD18V | ASC | 23b. Dic 1 = 24a. Wa | d tobacc Yee s an auto | o uee co | ntribute to 3 Prot | Onsat | I Batwee and Deat |
| has been signed by the ettending physician end imperior should be deteched for use as the burial-transit | by Physician/M | in di ra | nmediata Causa (saasa or condition sulting in daath) equantially list con any, laading to im suse. Enter Unda ausa (Disaasa or at initiated evants sulting in daath) L | Final nditions, madiata riving injury | ab b d | A RTCR | Due to (or es | s a conseque | uanca of): | 7,97 | PD18V | ASC | 23b. Dic 1 [24a. Wa | d tobacc Yee s an autoformed? | o uee co | 24b. We ave | Onsat of the care pably are auto allable properties. | I Batweel and Deat |
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| r this certificate has been signed by the ettending physician end up partial director, page 2 should be deteched for use as the burial-transit | To Be Completed by Physician/M | in di ra | nmediata Causa (saasa or condition sulting in daath) equantially list cor any, laeding to im use. Enter Unda ausa (Diseasa or at initiated evants sulting in daath) L art II. Other eignifil it. Was casa rafarr axaminar? TXC Yas 2 | red to medical | a b c d s contributing | D D D D D D D D D D D D D D D D D D D | Due to (or est us to (or assume to (or assume to 20 ER | s a consequence | Janca of): Janca of): Janca of): Janca of): Janca of): Janca of): | a gival | n In Parti. | of Death | 23b. Dic 1 = 24a. Wa peri | d tobacc Yee s an autoformed? Yas a cone) sidence | co uee co 2□ No opsy 2⊠ No 6 □Oth | 24b. Wa ave con of a 1 [| onsat | I Batweer and Deat use of de List of de |
| with this certificate has been signed by the ettending physician end pound in a signed by the ettending physician end in page 2 should be delected for use as the burial-transit in a signed to the primary control of the primary co | To Be Completed by Physician/M | in di ra | equantially list corany, laading to imause. Enter Undausa () is assa or at initiated evants sulting in daath) L | Final nditions, madiata riving injury ast | a b c d Hospital 28a. | D D daath but | Due to (or est us to (or assume to (or assume to 20 ER | s a consequence | Janca of): Janca of): Janca of): Janca of): Janca of): Janca of): Janca of): Janca of): Janca of): | Othai | n In Parti. | of Death | 23b. Dic 1 = 24a. Wa peri | d tobacc Yee s an autoformed? Yas (a one) sidence | co uee co 2□ No opsy 2⊠ No 6 □Oth | 24b. Wa ave con of a 1 [| onsat | Use of de |
| of references the confined by the standard of the confined by the funeral director, page 2 should be deteched for use as the burial-transit | To Be Completed by Physician/M | in di ra | equantially list cor any, leading to im use. Enter Unda ause. (Diseasa or at initiated evants sulting in death) L | red to medical | a b c d Hospital | D D D D D D D D D D D D D D D D D D D | Due to (or est use to | s a consequence of a co | Janca of): | Othail | 26. Placa | of Death | 23b. Dic 1 = 24a. Wa peri | d tobacc Yee s an autored? Yas a one) sidence s how injute (Street a | No opsy Description of the control opsy Description of the control opsy Description opsy Descripti | 24b. We avv | o the care auto aliable properties of the care auto aliable proper | Use of de Lace |
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| octor: After this certificate has been signed by the ettending physician and by the funeral director, page 2 should be deteched for use as the burial-transit | Medical Certification: To Be Completed by Physician/M | indira Sife care the re | equantially list corany, leading to imuse. Enter Unda ausa. (Diseasa or at initiated evants sulting in daath) L. Other efgniff. i. Was casa rafarraxaminar? I. Other efgniff. i. Was casa rafarraxaminar? I. Accidant 3 Suicida 4 Homicida Da. Certifiar (Check only one) | red to medical No S Panding invastigat Could no dataminate Certifying 2 Medicat Extending 10 Could no dataminate 10 Could no datamina | a b c d Hospital Hospital 28a. llion f be ad 28a. Physician: aminar: On | Do Do Do Do Do Do Do Do Do Do Do Do Do D | t 2 ER | s a consequence | Janca of): Janca | Othailnjury Work | 26. Placa r: 4 Nu at r: (as 2 r) | of Death | 23b. Did 1 24a. Wa perl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | d tobacc Yee s an autoformed? Yas one) sidence how injuit (Street a own, State a causa(i, data ar | No opsy No opsy One opsy One opsy And Numbers One opsy And Numbers One opsy On | 24b. Wa ave con of the control of th | o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau | Batweer and Death We of de Carrier to not cause 2 No Number, |
| of references the confined by the standard of the confined by the funeral director, page 2 should be deteched for use as the burial-transit | edical Certification: To Be Completed by Physician/M | in di ra | equantially list corany, leading to imuse. Enter Unda ausa (Disaasa or at initiated evants sulting in daath) L. Other eigniff. Was casa rafarraxaminar? Mannar of Death Mann | red to medical No 5 Panding invastigat 6 Could no dataminat 1 Certifying 2 Medicat Ex | a b c d Hospital Hospital 28a. Hon and 28a. Physician: aminar: On and | g to death but I Inpatien Data of Injury (Month, Day Place of finion building, etc. | t 2 ER Year) 28 Year) 28 Year) 28 | s a consequence of a co | Janca of): Janca | Othailnjury Work | 26. Placa r: 4 Nu at rac 20 f | of Death | 23b. Did 1 24a. Wa perl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | d tobacc Yee s an autoformed? Yas one) sidence how injuit (Street a own, State a causa(i, data ar | No opsy No opsy One opsy One opsy And Numbers One opsy And Numbers One opsy On | 24b. Wa ave color of the color | o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau o the cau | Use of de AMUnku Desprise finding Number, Use(s) |
| of references the confined by the standard of the confined by the funeral director, page 2 should be deteched for use as the burial-transit | Medical Certification: To Be Completed by Physician/M | in di ra | equantially list corany, leading to imuse. Enter Unda ausa. (Diseasa or at initiated evants sulting in daath) L. Other efgniff. i. Was casa rafarraxaminar? I. Other efgniff. i. Was casa rafarraxaminar? I. Accidant 3 Suicida 4 Homicida Da. Certifiar (Check only one) | red to medical No 5 Panding invastigat 6 Could no dataminat 1 Certifying 2 Medicat Ex | a b c d Hospital Hospital 28a. Hon and 28a. Physician: aminar: On and | g to death but I Inpatien Data of Injury (Month, Day Place of finion building, etc. | t 2 ER Year) 28 Year) 28 Year) 28 | s a consequence of a co | Janca of): Janca | Othain Injury Work 1 1 Y | 26. Placa r: 4 Nu at r: 4 Nu at r: 4 Nu at rinion, daat number | of Death rsing Ho No | 23b. Did 1 24a. Wa perl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | I tobacc I Yee s an autiformed? Yas one) sidence how Inju a causa(s, data ar 29d. D | No opsy No opsy No opsy No opsy and Numb ta) s) and mand place, pata signe | 24b. We avv. of th | o the car obably ara auto aliable propertion death? Yas If Routa tated. b the car obay, Ye | use of de Unk psy findir vior to n of cause Number, use(s) |



State of Maryland / Department of Health and Mental Hygiene 96 37459

| | | | | | Cer | tificate o | f Death | | Reg. No. | 20 | 01400 |
|--|-------------------|--|--|--|-------------------|--------------------|---------------------------------------|------------------|--|---------------|--|
| Dhyoic | ion | 1. Decedent's Name (First, Middle, Le | | | | | | 2. Dete | of Death | Voor | 3. Time of Deeth |
| Physic /Medi | | WALTER | RACAVIC | l, Jr. | | | | | vember 28, | 1996 | 4:05PM |
| Exami | | 4e. Fecility Neme (If not institution, gir | | | | | 4b. City, Town, | , or Location of | f Deeth 4c. Coun | ty of Deeth | 7-1-1 |
| | | VA MARYLAND HEAL! | TH CARE S | YSTEM | | | Perry I | Point | Cec | il | |
| _c Funeral | Г | | | Age (In yrs. last bi | irthdey) | If Under 1 Yes | | | of Birth | 9. Birth | plece (Stete or Foreigntry) |
| Director | | 215-32-5555 | 1 M 2□ F | 63 | Yrs. | WORKIS Dey | S Mouls | | ith, Dey, Year) il_6,_1933 | | nsylvania |
| | | Usual Residenca of Decedent | | | | | | | 7 | | |
| the state of | _ | 10a. Stete 10b. County | | 10c. City, Tov | vn or Loc | ation | | | | | 10d. Inside City Limit |
| 三星 | cto | Maryland Ce | cil | E1k | ton | | | | | | 1 ☐ Yes 2X N |
| or 28 | Directo | 10e. Street end Number | | | | 10f. Zip Code |) | | 10g. Citizen of | f Whet Cou | ntry? |
| "natural", or itams 23a or 28a-f show edited Examiner must be notified at | | 1144 East Old Phi | ladelphia | Road | | | 21921 | | United | Stat | .00 |
| E 5 | Funeral | 11. Marital Status | 12. Was Deceden | t Ever in U.S. | 13. W | as Decedent o | f Hispenic Origin uban, Mexican, P | ? (Specify Yes | | aca - Americ | can Indian, |
| or its | | 1 ☐ Never Merried 2 ☒ Married | Armed Forces 1 🖾 Yes 2 🗆 If Yes, Give | No. 5 2 | | | | ueno Hican, e | | eck, White, | |
| - 4 | by | 3 Widowed 4 Divorced | Yeer or Dates | 1956 | 1 | ☐ Yes 2⊠N | o Specify: | | Spec | ity: WI | hite |
| E E | Completed | 15. Decedent's E | ducation | | . Decede | ent's Usuel Occ | upation | | 16b. Kind of | Business/In | dustry |
| 모회 | pie | (Specify only highest gri | College (1-4o | (5+) | life. D | O NOT use reti | ne during most of ired) | working | Rocket | Prop | ulsion |
| | 10 | 12 | 0011090 (7.101 | | uali | ty Con | trol Ins | pector | Manufa | - | |
| event. | Be | 17. Father's Name (First, Middle, Last |) | | | | 18. Mother's | Name (First, A | Middle, Maiden Sume | me) | |
| matic | To | Walter E. Racavi | ch | | | | Helen | Hammer | rman | | |
| uma | - | 19e. Informent's Neme/Relationship (| | 19 | b. Meiling | Address (Stre | | | Number, City or Tow | n, Stete, Zij | Code) |
| other traumatic | | Peggy J. Racavic | h | 1 | 1/4/4 | F 014 | Dhilada | Inhia I | Road, Elkt | . on W | D 21021 |
| othe | | 20e. Method of Disposition | | 20b. Piece of | of Dispos | Ition (Neme of | | Dete | 20c. Location | | |
| | | 1 Burlel 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Special | | 8 | | etory or other p | , | Dec. | | | |
| eny injury or pace. | | 21. Signeture of Funeral Service Ligar | - | North | | | odist Ce | m. 1996 | North | East, | Maryland |
| eny le | | 1100 H | | | Cro | Name end Add | neral Ho | me | | | |
| | | loco . Co | w | | 127 | South | Main St | reet, N | North East | , MD | 21901 |
| | | 23a. Part1. Enter the disease, or com shock, or heert feilure. List only | plicetions thet cause one cause on each | ed the deeth. Do line. | not ente | r the mode of d | ying, such es car | diac or respire | etory arrest, | | Approximete Intervel Between |
| ician | | | | | | | | | | | Oneet end Deeth |
| dical niner | | Immediate Cause (Final disease or condition | Cardia | arrhyt | hmia | due to | corona | ry arte | ery diseas | e | 2 Years |
| mer | | resulting in death) | 0 | Due to (or es e | consequ | ence of): | | | | | |
| ä | ine | W | | | | | | | | | |
| frans | /Medical Examiner | Sequentially list conditions, | b | Due to (or es e | consequ | enca of): | | | | | |
| es the buriel-transit | <u> </u> | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury | | | | | | | | | |
| 30 | lica | thet initieted events resulting in deeth) Lest | С. | Due to (or es e | conseque | enca of): | | | | - | |
| 80 08 | Zec Zec | | | | | | | | | į | |
| 3 | | | d | | | | | | | | |
| o p | sicia | Part II. Other significant conditions of | ontributing to death | but not resulting i | in the und | deriving cause i | niven in Pert i | 235 | o. Did tobacco use c | ontribute t | o the cause of death |
| be deteched for | Physician | The state of the s | | The state of the s | | | | | | | bebly 4 Unknow |
| e de | by F | | | | | | | _ | | 00,110 | Sebty 4 dikinov |
| g pinous | D T | | | | | | | 24e | . Wes en eutopsy | | ere eutopsy findings |
| Sho | Completed | | | | | | | | performed? | CO | elieble prior to empletion of cause deeth? |
| page 2 | E | | | | | | | | | | |
| 2 | CO | 00.14 | | | | | | | 1 ☐ Yes 2 ₺ No | 11 | ☐Yes 2☐ No |
| director, | o Be | 25. Wes case referred to medical examiner? | Hospital: | | | - 10 | ther: | Death (Check | | | |
| 765 | - | 1 ☐ Yes 2 No 27. Menner of Deeth | 1 28e. Date of Inj | | | 3LI DOA | 4 LI Nursin | | Residence 8 🗆 OI | | (y) |
| funer | Certification: | 1 ☑ Neturel 5 ☐ Pending | (Month, D | | Time of Injury | 28c. Inj | | 200. Des | scribe how injury occu | rred | |
| by the | cat | 2 Accident investigation 3 Suicide 6 Could not b | | | | | ☐ Yes 2 ☐ No | | | | |
| 6 | TIL. | 4 ☐ Homicide determined | 286. PIECE OF IT | ijury - At home, fe tc. <i>(Specify)</i> | erm, stree | et, factory, offic | а | | ition (Street end Num or Town, Stete) | iber or Hurs | al Roule Number, |
| 9 | | | | | | | | | | | |
| ely fi | edicai | Medical Exap | yeicien: To the best | of my knowledge | e, deeth o | occurred at the | time, dete end pl | eca, end due t | to the cause(s) end m | nenner as s | teted. |
| completely filled in | | (| end menner s | tated. | | | | | | | |
| completely filled | 2 | 29b. Signature and title of cartifier | XO. A | | | 29c. Lice | nse number | | 29d. Dete sign | 1 | |
| 1/4 | | | XM | | | D2 | 20215 | | 17 | 128 k | 76 |
| VI | | 30. Neme end eddress of person who | completed cause of | deeth (Item 23e) | (Type, P | | | | | | / 5 |
| 11 | | KARMACHANDRA NAI | | | | | CARE SYS | STEM, F | PERRY POIN | T, MD | 21902 |
| Sta | te | 31. Dete flied (Month, Dey, Year) | | rer's Signeture | | | | | | | |
| egistr | | DEC 0 3 1990 | | Davidson-V | Barda ! | 2. | | | | | |
| | | עבט ע ט וססו | J JIMA | www agor -/ | 1-11-0 | | | | | | |

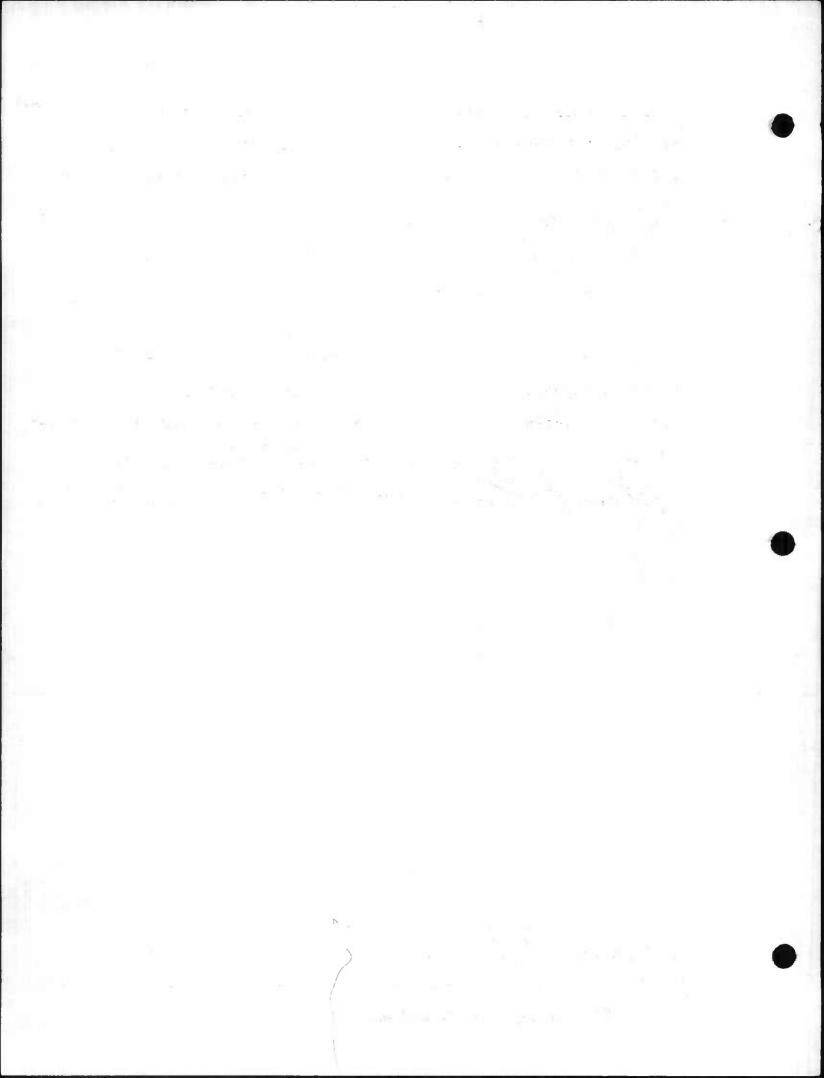
DHMH 16 Rev 6/95

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AND THE STANDS

| | | | State of N | Maryland / | Certific | | | mental Hy | Reg. No. | 6 37460 |
|--|------------------|---|--|---|-------------------------------------|-------------------------------|--|--|--------------------------------------|---|
| Physici /Medio | cal | Decedent's Neme (First, Middle, Lacharles Edwar Ae. Facility Neme (If not institution, girls) | d Reynol | | | | Ab Ciby Tours o | 2. Dete of D Month Com r Location of Dee | Lev 2 1 | 3. Time of Death Zu A. |
| Examir | ner | Washington Co | | • | | | | | | |
| Francis | | | | Age (In yrs. lest b | irthdev) If Un | der 1 Yeer | | stown | | ington |
| Funeral Director | | | 1⊠M 2□F | 42 | Yrs. Mont | hs Deys | Hours Mi | | ey, Year) 5,1954 | 9. Birthplace (State or Foreign Country) Maryland |
| nours after death with the Maryland tural; or frems 23e or 28e-f show at Experient mast be notified at | | Usuel Residence of Decedent 10e. Stete 10b. County | | 10c City Toy | wn or Location | | | | | 10d. Inside City Limits |
| ole | 5 | -2010 | ngton | | thsbur | Ci | | | | 1 ☐ Yes 2 ဩNo |
| 28e | Director | 10e, Street end Number | ington | 31111 | 1 | ZIp Code | | | 10g. Citizen of V | Vhet Country? |
| 3a o | | 13137 Greens | burg Rd. | • | | | 1783 | | U.S.A | |
| E Ba | Funeral | 11. Maritei Stetus | 12. Wes Deceder Armed Forces | nt Ever in U.S. | 13. Wes De | cedent of h | dispenic Origin? | Specify Yes or Norto Rican, etc.) | o- 14. Rec | a - American Indian, |
| iene. r than "natural", or items 23s or 28s-f show the Medical Examiner mast be notified at | by | 1 ☐ Never Married 2 ② Merried 3 ☐ Widowed 4 ☐ Divorced | 1 Yes 2 If Yes, Give | No . | | 3 2⊠ No | Specify: | rto Alcan, etc.) | Specify | k, Whita, etc. White |
| ene. than *natur ?e Medical. | Completed | 15. Decedent's E (Specify only highest gr | | 168 | a. Decedent's U | Isuel Occup | etion during most of w | orkina | 16b. Kind of Bu | usiness/industry |
| han . | mple | Elementery/Secondery (0-12) | College (1-4o | | iife. DO NO | T use retire | d) | g | M = = 1 | |
| other than | | 1 2 17. Fether's Neme (First, Middle, Last |) | | Mac | chini | | ama /Firet Middle | TOO I | Co. |
| la de | To Be | Elder B. Reyn | • | | | | | C. Mil | | 6) |
| th and Mental 7 is marked of trsumatic eve | F | 19e. Informent's Neme/Reletionship | | 19 | b. Malling Addr | ess (Street | | | ber, City or Town, | State, Zip Code) |
| | | Joann A. Reyn | olds (Wi | fe) 1 | 3137 | Freer | sburg | Rd. Sm | ithsbur | g,Md. 21783 |
| Department of Health a important: If Item 27 is any injury or other tra | | 20a. Method of Disposition | 75 | OOL Diese | of Diaposition (| Alamant | ce) Dec. | 2.4 | | City or Town, State |
| unt: H | | 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Dopartion 5 ☐ Other (Speci | | | old C | | | 1996 | Ringge | old, Md. |
| Departr Imports any inju | | 21. Signature of Funeral Service Lica | 2000 | _ | 22. Neme | end Addre | ss of Fecility | 125 | | dbury Ave. |
| 0558 | | Tennis L | of mi | 9 | Davi | s Fu | neral B | lome | | g,Md. 21783 |
| ysician Medicai kaminer | ner | Immedieta Causa (Final disease or condition resulting in deeth) | . Corc | LNO Due to (or as a | a 4 | | zapho | Lqu) | | Onset and Deeth |
| g physician and as the burisi-transit | ledical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that indiated events resulting in death) Last | b | Due to (or es a | | | | | | |
| handing p | Physician/M | • | d | | | | | · | | |
| the atte | /sici | Pert II. Other significant conditions | contributing to death | but not resulting | in the underlyin | ig cause giv | en in Pert I. | 23b. Dic | l tobacco use cor | ntribute to the cause of death |
| gned by be defed | by Phy | | | | | | P-3+ | 1 [| Yes 2□No | 3 Probably 4 Unknow |
| has been sign 2 abould | Completed | | | | | | | 24e. We per | s an autopsy corned? | 24b. Were autopsy findings evallable prior to completion of cause of deeth? |
| | Con | | | | | | | 1□ | Yes 20 No | 1 ☐ Yes 2 ☐ No |
| certificate rector, pay | Be | 25. Was case referred to medical examiner? | 11. | | | 1 | | eeth (Check only | one) | |
| the distriction of the control of th | To. | 1 Yes 2 No | Hospitel: 1 Inpa | | | DOA Oth | 4 U Nursing | | idenca 6 Oth | (-12) |
| death. dor: Alter y the funer | Certification: | 27. Manner of Death 1 Natural 5 Pending 2 Accident Investigatio | | plury 28b. | Time of Injury M | 28c. Injui Woi 1 🗆 | y at rk? Yes 2 □ No | 28d. Describe | how injury occurr | ed |
| in Mark | Sertific | 3 Suicide 6 Could not be determined | 286. Piece of I | njury - At home, f etc. <i>(Specify)</i> | ferm, street, fec | tory, office | | | (Street and Numb own, State) | er or Rural Route Number, |
| within 24 hours a To the Funeral C completely filled | edical | 29a Certifier 1 Certifying Pr | nysician: To the besis miner: On the basis end menper: | of examinetion as | a, daath occurr nd/or investiget | ed at the tir ion, in my c | na, deta end pleo pinion, daeth occ | ce, and due to the curred et the time | causa(s) and ma , dete and place, | nnar as stated. and due to the cause(s) |
| Willhis To th comp | ž | 29b. Signature and title of certifier | 1/ | | | 29c. Licens | e nu <i>m</i> ber | | 29d. Dete signed | d (Month, Day, Year) |
| -507/05/2 | | Moder 1 | 14 | w h | M | 0 | 23623 | | 12/21 | 196 |
| | | 30 Name and address of person who | completed cause of | deeth (Itam 23e) | (Type, Print) | man | , An | ne lle | | s had 2174 |
| Sta Registr | 900 | 1. Dete filed (Month, Day, Year) DEC 0 8 | 32. Regis | trer's Signeture | Redall | | | | | |

Registrar



State of Maryland / Department of Health and Mental Hygiene

37461 Certificate of Death

| П | Dhuaic | | 1. Decedent's Neme (First, Middle, | Last) | | | | | | | 2. Date of Dee | oth Dev | Vaar | 3. Time of Deeth |
|------------|--|--------------|--|---|----------------------------|--|--|--------------|------------------------|-----------------------|---|--------------------------|--------------------------|--|
| u | Physic /Med | | Mildred Louise F | RUCK | | | | | | | Novembe | | .996 | 11:55 p.m. |
| | Exami | | 4a. Fecility Neme (If not institution, | give street end nu | mber) | | | | 4b. City, To | wn, or L | ocation of Deeth | | - | |
| L | | | 18528 Sherbrooke | e Drive | | | | | Hager | stov | m | Was | hing | ton |
| | Funerai Director | | 196-14-3695 | 5. Sex 1 □ M 2 🔀 F | 7. Age (In y | rs. lest birthday, Yrs. | | Deys Deys | | 24 Hrs. Min. | 8. Dete of Birt (Month, Det Sept. | (, Yeer) | 9. Birthp Cour Mar | piece (State or Foreign http:) 'yland |
| | pue * | | Usual Residence of Decedent 10e. Stete 10b. County | | 100 | City, Town or Le | ocation | | | | | | | 104 (14-0)-11-11- |
| | sho sho | 5 | , | Inaton | 100. | | | | | | | | 1 | 10d. Inside City Limits 1 ☐ Yes 2 ☒ No |
| | he N | Director | | Ington | | па | gersto | | | | | | | |
| | 23a or | | 100. Street end Number 18528 Sherbrooke | Drive | | | 10f. Zip (| | 21742 | | | 10g. Citizen of V USA | What Coul | ntry? |
| 020 | be filed within 72 hours after deeth with the Maryland stal Hygiene. Id other than "naturat", or Itams 23a or 28a-f show event, the Modical Exercited install to inclined at | by Funeral | 11. Marital Status 1 □ Never Married 2 □ Merried 3 □ Widowed 4 ፟ Divorcad | 12. Wes Dec Armed For d 1 Tyes if Yes, Gi Yeer or D | orces? 2 🔯 No ve | ,- | Was Decede If Yes, specif | ty Cul | ben, Mexican | gin? (Sp i, Puerto | ecify Yes or No- Rican, etc.) | Bied | e - Americk, White, | |
| 0 | 2 ho | ted | 15. Decedent's | Education | | 16e. Dece | dent's Usuel | Occu | petion | | | 16b. Kind of Bu | usiness/In- | dustry |
| 21215-0020 | within ene. than | Completed | (Specify only highest (Secondery (0-12) | grede completed) College (| | life. | kind of work DO NOT use ecreta | retire | during most ed) | t of work | ing | chemi | ca1 | |
| Maryland 2 | should be filed with nd Mental Hygiene marked other tha matic evant, me | Be | 17. Father's Neme (First, Middle, Le | est) | | | | - 3 | 18. Mofhe | r's Nam | e (First, Middle, | | | |
| Xa | should be nd Mental marked o | 2 | Edward E. Lehman | 1 | | | | | Isa | be1 | Addlesb | erger | | |
| Var | 0 0 0 | BC. | 19e. Informent's Neme/Relationship | p (Type, Print) | | 19b. Meiii | ng Address (| Stree | t end Numbe | or or Aur | el Route Numbe | r, City or Town, | Stete, Zip | Code) |
| | 1 end 3 Heelth em 27 i | | Laurie S. Ruck | | | | - Lambert - Lamb | | ooke D | rive | - | | | land 21742 |
| timore, | 00- | | 20a. Method of Disposition 1 Buriai 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe | Removel from | Stete | Place of Dispo cemetery, cre Rest Ha | metory or oth | er ple | | 12- | Date -2-96 | 20c. Locetion - Hagerst | | own, State Marvland |
| Balt | pemit. Pag Department Important: I any Injury o | | 21. Signeture of Funerel Service Lic | Lertil | | 1 | MINNIC | H I | ess of Fecility FUNERA | L HC | ME ., Hage | rstown | Md | 21740 |
| | Physician | | 23a. Part1. Enter the disease, or co shock, or heart feilure. List on | omplications that only one cause on a | eused the de each line. | eeth. Do not en | ter the mode | of dy | ing, such as | cardiec | or respiratory an | est, | | Approximete Intervel Between Onset and Deeth |
| 7 | /Medical Examiner | | Immediate Cause (Finel disease or condition resulting in death) | еС | arcino | ma of 1 | ung | | | | | | | 2 yrs. |
| | | _ | resulting in death) | | Due to | (or es a conse | quence of): | | | | | | | |
| | ed sit | line | | bC | erebra | 1 Metas | tasis | | | | | | 1 | 18 mos. |
| o, | an and irial-tran | Examiner | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying | | Due to | (or es e consec | quence of): | | | | | | i | |
| 68760 | death certificete be executed e attending physician and of for use as the burial-transit | clan/Medical | Cause (Diseese or injury that initiated events resulting in deeth) Last | c | Due fo | (or es e consec | juence of): | | | | | | | |
| Box | eath certific attending pl for use as I | an | | d | | | | | | | | | 1 | |
| P.O. E | | Physic | Part II. Other significant conditions | contributing to de | eeth but not r | esuiting in the u | nderlying cau | use gi | iven in Pert I. | | | | | o the cause of death? |
| | oned be de | by | | | | | | - | | | | | | |
| Records, | been should | Completed | | | | | | | | | 24e. Wes o | en eutopsy med? | ev- | ere eutopsy findings elieble prior to impletion of cause deeth? |
| | 0 5 5 | om | | | | | | | | | 1 🗆 Y | es 2 🖾 No | | ☐Yes 2☐No |
| Vita | iclan: The certificate rector, pag | 0 | 25. Wes case referred to medical | | | | | | 26. Plece | of Deet | h (Check only or | | | |
| > | ysiclan: is certific director, | OB | exeminer? 1 ☐ Yes 2 ☑ No | Hospital: | inpatient 2 | ☐ ER/Outpetier | nt 3 DOA | Ot | hor | | me 5⊠ Resid | | er (Specifi | (v) |
| on of | ith. After this certific funeral director. | tion: T | 27. Manner of Death 1 ⊠ Neturel 5 ☐ Pending 2 ☐ Accident investigat | 28e. Date (Mon | | 28b. Time o | | c. Inju | | | 28d. Describe h | | | |

To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune

1☑ Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

2☐ Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete and pieca, end due to the ceuse(s) and menner steted.

DO 1062

29b. Signeture and line of cartifier

6 Could not be determined

29c. License number 29d. Date signed (Month, Dey, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

November 30, 1996

30. Neme and eddress of person who completed cause of deeth (item 23a) (Type, Print)

Edward W. Ditto, III, M.D., 217 W. Washington St., Hagerstown, Md. 21740

28e. Plece of Injury - Af home, ferm, street, factory, office building, etc. (Specify)

State Registrar

Medical Certification

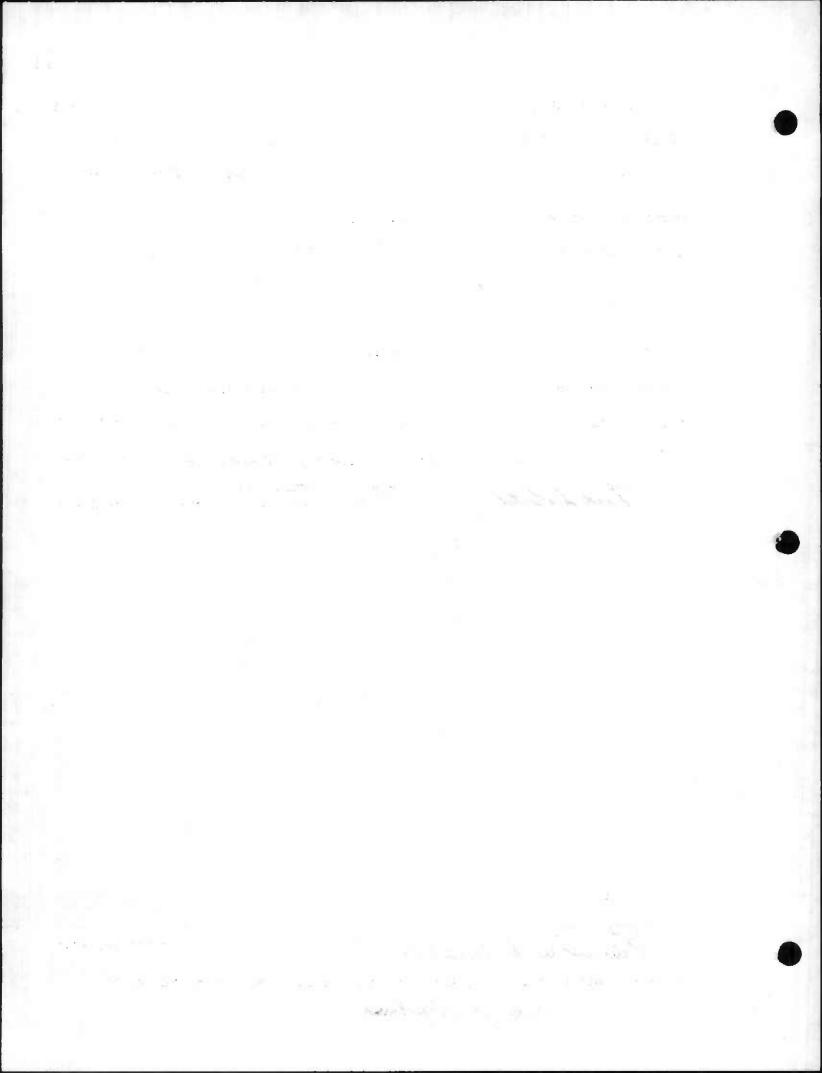
2 Accident

4 Homicide

3 Suicide

29a. Certifier

DEC 0 2 1996 31. Date filed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene

37462

| | | | | | | Certificat | e oi | Dealli | | Reg | . No. | | |
|--|------------------|--|---|-------------------|----------------------------|-------------------------------------|---------------------|------------------------------------|---|-------------------|-----------------|-------------|---|
| Division | | 1. Decedent's Name (First, M. | | | | | | | | of Deeth | Davi | | 3. Time of Deeth |
| Physi | | Kloman Franc | is Xavier | RIG | GIE | | | | Dec | | Day 1 | 996 | 8:47 AM |
| /Med Exam | | 4a. Facility Neme (If not institu | ition, give street and i | num <i>b</i> er, |) | | | 4b. City, Town | n, or Location of | | 4c. County | | |
| LAGII | | Washington Co | ounty Hosp | ita | 1 | | | Hage | rstown | | | ashir | gton |
| Firmon | | 5. Social Security Number | 6. Sex | - | ge (In yrs. last birt | hday) If Under | 1 Year | 0 | | of Birth | | | • |
| Funera Directo | _ | 219-32-0545 | 1 ⊠ M 2□ F | | | Yrs. Months | Deys | | Min. (Mor | ith, Day, Y | | Coul | place (State or Foreign |
| | | Usuel Residence of Decedent | | | 04 | | | | MOA. | 4, | 1932 | ma | ryland |
| dand dand | | 10a. State 10b. Cou | nty | | 10c. City, Town | or Location | | | | | | T | 0d. Inside City Limits |
| Mary 4 sh | ៉ | Maryland Wa | ashington | | | Hage | rst | OWN | | | | | 1 ☐ Yes 2 ☐No |
| OZO urs efter death with the Marylar rat', or items 23s or 28s-f show Exercited at | Funeral Director | 10e. Street and Number | | | | 10f. Zip | | 70,112 | | 100 | g. Citizen of V | Affron Cour | -1-0 |
| With Miles | ā | | Arramus | | | 101. 21 | | 1740 | | 105 | | | nry r |
| ath ath | 0 | 17628 Virginia | | | | | | | | | USA | | |
| eb in | 1 5 | 11. Manital Status | 12. Was De | ecedent Forces | Ever in U,S. | 13. Was Deced | dent of cify Cub | Hispanic Origii ban, Mexican, I | n? (Specify Yes Puerto Rican, e | or No- | | ck, White, | ean Indian, etc. |
| of of | E | 1 X Never Merried 2 □ N | If Yes | | No | 1 ☐ Yes | | | | | Specify | | |
| ours in it. | 1 by | 3 Widowed 4 Divor | ced Yeer or | | | | | open, | | | эрвсп | у. | white |
| and 414.13-0040 be filed within 72 hours efter death with the Maryland that Hygiene. Id other than "natural", or items 23a or 28a-f show event, tra Medical Experimential the notified at | Completed | 15. Decer | dent's Education thest grade completed | d) | 16a. | Decedent's Usua (Give kind of wo | al Occu | pation | of working | 16 | 6b. Kind of Bi | usiness/In | dustry |
| - c * 6 | pidu | Elementary/Secondary (0-1: | | | 5+) | life. DO NOT u | se retire | ed) | roining | | | | |
| A wigian gian brits | 000 | 12 | 8 | | | priest | | | | | Catho | lic o | hurch |
| T Eff | Be (| 17. Fether's Neme (First, Midd | lle, Last) | | | | | 18. Mother's | s Name (First, I | Aiddle, Ma | iden Suman | ne) | |
| Mar yiaila 2.12 d 2 should be filed within th end Mental Hygiane. 7 Is marked other than traumatic event, train | To | Joseph Char | les Riggie | , S: | r. | | | Mary | Helen | Sacka | losky | | |
| ie, indi yie s 1 and 2 should f Health end Men tem 27 is marke other traumatic | 1- | 19a. Informant's Name/Reletic | onship (Type, Print) | | 19b. | Malling Address | (Stree | t end Number | or Rural Route | Vum <i>ber,</i> (| City or Town, | State, Zip | Code) |
| 27 Phd 27 | | Patricia R. A | ndrews | | 30 | 2S Nico | dem | us Rd. | Westmi | inste | r. Md. | . 211 | 57 |
| is 1 and 2 thealth litem 27 I other tra | | 20e. Method of Disposition | | | 20b. Place of | Disposition (Nar | ne of | | Date | 1 | c. Location - | | |
| Deficiency of the page of a page of the pa | | 1 X Burial 2 ☐ Cremetk | | m State | | y, cremetory or o | | | 10.7 | | | | |
| Tanger Land | - | 4 Donation 5 Other | | | Mt.St | . Mary's | _ | | 12-/- | 1 06 | mmltsi | burg, | Maryland |
| permit. Pages 1 Department of H Important: if ite any injury or or | | Scot | XM) | lis t cause | Mulical d the death Don | MINNIC 415 E. | CH F Wil | | vd., Hag | | | d. 21 | L740 Approximate |
| Physiciar /Medica | _ | 23a. Pert1. Enter the disease shock, or heart failure. It tmmediate Cause (Final | | | | | | | | | • | 1 | Interval Between Onset end Death |
| Examine | | disease or condition resulting in death) | a. Arte | rio | scleroti | c Cardio |) Va | scular | Diseas | е | | | years |
| | _ | Tooling IV doubly | | | Due to (or as a c | onsequence of): | | | | | | 1 | |
| D # | i e | | - h | | | | | | | | | | |
| n certificata be assecuted inding physician and use as the bunal-transit | Examiner | Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying | | | Due to (or as a c | onsequence of): | | | | | | | |
| rian a | | ceuse. Enter Underlying Cause (Diseese or Injury | J . | | | | | | | | | 1 | |
| tificata be axe g physician a as the burial- | n/Medical | thet initiated events resulting in death) Lest | С. | | Due to (or as a c | onsequence of): | | | *************************************** | | | | |
| as as | N N | | | | | | | | | | | 1 | |
| anding r use | 2 | | d | | | | | | | | | | |
| death death | SC. | Pert II. Other significant cond | itions contributing to | death h | out not resulting in | the underlying c | euse ni | ven in Part I | 231 | Dld tob | 9000 H89 CO | ntribute to | the cause of death? |
| that the death ned by the atta datached for | Physicia | | | GOGITT E | at not rooming in | and andonying o | ouso gi | voir iii v dit i. | | | | | bably 4 Unknown |
| es that gned b | by P | | | | | | | | | 1 1 100 | 2 KN 140 | 3 - 10 | bably 4 Onknown |
| been si should | Completed b | | | | | | | | 24a | . Was an | | ev | ere autopsy findings ailable prior to mpletion of ceuse death? |
| The law ate hes | mo | | | | | | | | | 1□ Yes | 2 1 No | | Yes 2□ No |
| Iclan: The cartificate rector, pag | | 25. Was cese referred to med | icel | | | | | 20 5 | 4 D - 14 101 1 | | | 11 | 1198 ZLINO |
| Physician: this cartific ral director, | o Be | exeminer? | Hospital: | 71 | | -10- | . 01 | her: | f Death (Check | | | | |
| Phys this | - | 1 ☑ Yes 2 ☐ No 27. Manner of Deeth | 11 | Inpatio | | petient 3K DC | A | 4 LI Nurs | Ing Home 5 | - | | | y) |
| ling l | on: | 1 Natural 5 ☐ Pen | ding 28a. Dat | onth, Da | | ime of 2 | 8c. Inju Wo | ork? | ∠80. Des | CHIDE NOW | Injury occur | 140 | |

To the Hospital or Attending Phys within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral dir Division o

Medical Certification:

Edward W. Ditto, 31. Date filed (Month, Day, Year) State Registrar

29b. Signature and trip of certifier

2 Accident

3 Suicide

29a. Certifier (Check only one)

4 Homicide

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as steted.

2 Medicat Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated.

29c. License number

D01062

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

December 3, 1996

29d. Date signed (Month, Dey, Year)

M.D. 217 W. Washington St. Hagerstown, MD III

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

DEC 0 4 1996

5 Pending investigation

6 Could not be determined

37463 State of Maryland / Department of Health and Mental Hygiene Marion Thelma Roane Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Dev Veer KOANE MARION 1996 5:50 pm DECEMBER /Medical 4a. Fecility Nema (If not Institution, giva street and number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** Williamsport Nursing Home Williamsport Washington If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 6. Sax 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Days 1 M 2 N Yrs Director 219-20-3826 A March 24, 1905 Pennsylvania Usual Residence of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mental Hygiene. Important: if them 21 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic avant, the Modical Exercise ment be notified at 10d. Insida City Limits Director 1 X Yas 2 No Maryland Washington Hagers town 10e. Streat end Number 10f. Zip Coda 10g. Citizen of What Country? 21740 USA 424 N. Prospect Street Funeral 14. Race - American Indien, 12. Wes Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Bleck, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yes 2 No If Yas, Giva Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo by Specify: 3 □Widowed 4 □ Divorced white Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) W. H. Reisner Manf. Co 12 coil winder 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Frank J. Gack Margaret Sweeney 2 19a. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 14019 Smithsburg Pike Smithsburg, Maryland 21783 Robert Z. Roane 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Ramovel from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Rest Haven Cemetery 12/6/96 Hagerstown, Maryland 22. Nema end Addrass of Facility Gerald N. Minnich 305 N. Potomac Street 21740 Funeral Home Hagerstown, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such es cardiec or respiretory errest, shock, or heart lailure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final diseasa or condition resulting In death) HEPATIC CARCINOMA ZYEARS Examiner Due to (or as a consequanca of): Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed signed by the attending physician and I be detached for use as the burial-transit Sequentially list conditions, if any, laading to immadiate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or es a consequença of) Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No Completed by 24b. Were eutopsy findings available prior to completion of cause of death? should 24a. Was an autopsy performed? peeu , page 2 s 1 Yes 2 No 1 ☐ Yes 2 No certificate funeral director, 25. Wes casa referred to medical examinar? Be 28. Place of Death (Check only one) Other: 4X Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? After 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 24 hours after death. Funeral Director: A 2 Accident the 6 Could not be datarmined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 Homicida Hospital 12 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the causa(s) and mennar stetad. 29a. Certifier Medical completely (Check only one) within 2 To the I To the 29b. Signatura end titla of certifler 29c. Licanse number 29d. Dete signed (Month, Dey, Year) DECEMBER 30. Nama and addrass of person who complated causa of daeth (Itam 23a) (Type, Print) BOONSBORD, MD TED E. HOWE OVERWOR DRIVE 31. Deta filed (Month, Day, Year) 32. Registrar's Signatura

This Davidson Radall

DEC 0 5 1996

State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | 1. Decedent's Neme (| (First, Middl | e, Last) | | | | Certificate | | | | . Dete of De | | Year | | of Death |
|--|--|--|--|--|--|--|--|--|----------------------------------|--|-----------------------------|--|--|--|--|-----------------------------------|
| nysiciar Medica | ıl . | Thomas | | | | | Roge | rs | | | | | per 22, | 1996 | 11 | :35 A |
| xamine | r | 40. Fecility Name (If n Presider | | | | | lama | | 4 | b. City, Town | | ition of Deel | | ty of Deeth | | |
| neral | - | 5. Social Security Nun | | 6. Sex | | 7. Age (In yn | | day) If Under 1 | 1 Year | If Under 24 | | . Dete of Bi | | | olece (Stet | o or Fore |
| ector | - | 578-36-636 Usuel Residence of D | | | 2 □ F | 67 | Yn | Months | Days | Hours | Min. | 9/21/2 | 29 Year) | WASH | NGTO | N, D |
| nda | - H | | 10b. County | | | 10c. C | City, Town o | or Location | | | | | | 1 | 0d. Inside | City Lim |
| Director | 0 | MD | PRINC | CE GE | ORĞES | | ADE | LPHIA | | | | | | | 1 ₹ Y | s 2 🗆 I |
| not | 9 | 10e. Street end Numb | er | | | | | 10f. Zip (| Code | | | | 10g. Citizen of | What Cour | ntry? | |
| ant by | 2 | 1801 METZ | ZEROTT | ROA | D | | | | 2 | 0783 | | | USA | | | |
| Examiner in | | 11. Maritel Status 1 Never Merried | _ | led | Was Deced Armed Ford 1 Tes 2 If Yes, Give Yeer or Del | ONX S | U,S. | 13. Wes Decade If Yes, specif | | spenic Origin n, Mexican, F Specify: | ? (Speci Puerto Ri | fy Yes or No can, etc.) | | ece - Americ eck, White, ify: BLAC | efc. | |
| 10 | Sied | (Specify | 5. Deceden | t's Educati | ion | | 16e. De | ecedent's Usuel Give kind of work ife. DO NOT use | Occupe | etion | f working | | 16b. Kind of | Business/In | dustry | |
| t the Medical | d | Elementery/Second | | si grede d | College (1- | 4or 5+) | - lii | fe. DO NOT use | retired |) | working | | | | | |
| the C | 3 | 12 YEARS | | | 2 YEA | RS | IBM | COMPUTE | ER P | | | | COMPU | | | |
| To Re Comp | ă | 17. Fether's Neme (Fi | | · | | | | | | | | | , Meiden Sume | me) | | |
| T C | 2 | | | | ROGE | RS | | | | | | THOMA | | | | |
| traur | | 19a. Informant's Nem | | | Print) | | | Melling Address (112 EMER | | | | | | | Code) | |
| ther tr | | 20a. Method of Dispos | - | JODI | | 20b. | Plece of D | isposition (Neme | e of | | | Dele | 20c. Location | | wn State | |
| y or | | 1 Xeuriel 2 🗆 | Cremetion | | ovel from S | | | Cremetory or oth | | • | | | | | | |
| uniu | - | 4 ☐ Donetion 5 21. Signeture of Fune | | | | FI | LINC | OLN CEM | | | | 30/96 | BRENTV | WOOD, | MD. | |
| any injury or other | | D Delo | 41 | P | 0. | | | 22. Name end | | T. RHI 12TH S | | | | | | |
| | 1 | 23e. Pert1. Enter the shock, or heart for | diseese, or | complicati | ions thef car | used the dec | eth. Do not | | | | | - | | | Approxim | ala |
| dical liner | | immediate Cause (Fir disease or condition resulting in death) | nel | в | Au | LTE | M | 10 CAR D | | | | | , | 1 | Approximinterval E | etween d Deeth |
| s the buriel-transit | edicai Evalimici | disease or condition | itions, ediate ing ury | e b c | Au | Due to | (or es e con | 10CARE | | | | | , | | Interval E | etween d Deeth |
| for use es the buriel-transit | edicai Evalimici | disease or condition resulting in death) Sequentielly list condition, leading to immediate. Enter Underly Ceuse (Disease or Injusted Initiated events resulting in deeth) Les | itions, ediate ing ury st | c | | Due to | (or es e con | nsequence of): nsequence of): nsequence of): | DIAL | - 10 | | RCTI | 0 N | | Onset an | d Deeth |
| for use es the buriel-transit | edicai Evalimici | disease or condition resulting in death) Sequentially list condi- if eny, leading to immicause. Enter Underly Cause (Disease or inji- that Initiated events | itions, ediate ing ury st | c | | Due to | (or es e con | nsequence of): nsequence of): nsequence of): | DIAL | - 10 | | RCTI. | tobacco use c | | Onset an | by of dea |
| teched for use as the buriel-transit Thysician/Medical Examiner | | disease or condition resulting in death) Sequentielly list condition, leading to immediate. Enter Underly Ceuse (Disease or Injusted Initiated events resulting in deeth) Les | itions, ediate ing ury st | c | | Due to | (or es e con | nsequence of): nsequence of): nsequence of): | DIAL | - 10 | | RCTI. | 0 N | | Onset an | Lv of dea |
| be detected for use as the buriel-transit by Physician/Medical Examiner | | disease or condition resulting in death) Sequentielly list condition, leading to immediate. Enter Underly Ceuse (Disease or Injusted Initiated events resulting in deeth) Les | itions, ediate ing ury st | c | | Due to | (or es e con | nsequence of): nsequence of): nsequence of): | DIAL | - 10 | | 23b. Did | tobacco use c | 3 Prot | Onset an | of dea |
| page 2 should be deteched for use as the buriel-transit Completed by Physician/Medical Examiner | | disease or condition resulting in death) Sequentielly list condition, leading to immediate. Enter Underly Ceuse (Disease or Injusted Initiated events resulting in deeth) Les | itions, ediate ing ury st | c | | Due to | (or es e con | nsequence of): nsequence of): nsequence of): | DIAL | - 10 | | 23b. Did | tobacco use c Yee 2 No en europsy primed? | 3 Prot | o the caue bebly 4 ere eutops ere eutops ere eutops ere eutops ere eutops ere eutops ere eutops | of dea |
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| | ú | State of Maryland / Department of Health Certificate of Death 1. Decedent's Name (First, Middle, Last) | | Reg. No. | 3. Time of Death | | | |
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| Physicia /Medic Examin | cal | Harold W. Reynolds | Month Month Or Location of Dee | 24/) | 1996 4:10 P | | | |
| Funeral Director | | 5. Sociel Security Number 6. Sex 7. Age (in yrs. last birthday) H Under 1 Year H Under 541 12 0649 7. Age (in yrs. last birthday) Months Days Hours | 1 24 Hrs. 8. Dete of B Min. Dec. | Unne Dey, Year) 19, 1905 | Urunde J 9. Birthplece (State or Foreig Country) Pennsylvania | | | |
| yand war | | Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location | | 10d. Insida City Limits | | | | |
| Ba-fat | ctor | Maryland Prince George's Bowie | | 1XX es 2□No | | | | |
| Vith th | Directo | 10e. Street end Number 10f. Zip Code | | 10g. Citizen of What Country? | | | | |
| eath v | Funeral | 14112 Heatherstone Drive 20720 11. Maritel Stetus 12. Wes Decedent Ever in U.S. 13. Wes Decedent of Hispanic O | rigin? (Specify Vec or h | | States - American Indian, | | | |
| 172 hours after death with the Maryland *netural*, or flems 23a or 28a-f show after Examinar mast be notified at | by Fun | 11. Maritel Stetus 1 □ Never Married 2 □ Married 1□ Never Married 2 □ Married 1□ Never Married 2 □ Married 1□ Never Married 2 □ Married 1□ Never Married 2 □ Married 1□ Yes, Give Yes ro Detes: 43-46 | | Bieck Specify: | White, etc. | | | |
| within and. | Completed | 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 8 16a. Decedent's Usuel Occupation (Give kind of work done during mo life. DO NOT use ratired) Guard | 6a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) Cuard | | | | | |
| | | | er's Neme (First, Middl | | overnment | | | |
| 0 % 0 0 | To Be | | e M. Murdo | | | | | |
| d 2 should the and Men 7 is marked treumetic | - | 19a. Informent's Neme/Reletionship (<i>Type, Print</i>) 19b. Meilling Address (<i>Street</i> end <i>Numb</i> | per or Rural Route Num | ber, City or Town, S | itate, Zip Code) | | | |
| f Heal fem 2 other | | Richard G. Reynolds Son 14112 Heatherston 20e. Method of Disposition XXBurial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 14112 Heatherston 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 11/ Maryland National Memo | 27/96 Dete | 20c. Location - C | city or Town, Stete | | | |
| permit. Page Department o Important: If i any Injury or once. | | 21. Signeture of Funeral Service Licensus 22. Name end Address of Fecil Robert E. Evar 16000 Annapolis | Home, P.A | | | | | |
| Physician /Medical Examiner | er | 23a. Part1. Enter the diseasa, or complications that caused the daeth. Do not antar the mode of dying, such enables of the disease of condition resulting in deeth) Due to (or es e consequence of): | s cardiec or respiretory | errest, | Approximete therein Between Onset and Deeth | | | |
| eath certificate be executed effending physician and for use as the burial-transit | n/Medical Examiner | Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events rasulting in death) Lest b. Dua to (or es e consequence of): C. Due to (or es e consequence of): | | | | | | |
| the ette | Physician/M | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert | I. 23b. Die | d tobacco use cont | ribute to the cause of dear | | | |
| aw requires that the second second by 2 should be detacted by 2 should be detacted by 3 should be detacted by 3 should be detacted by 3 should be detacted by 3 should be detacted by 3 should be detacted by 3 should be detacted by 3 should be detacted by 3 should be 3 sh | by Phy | anemia | 10 | 1 Yes 2 No 3 Probably 4 Uni | | | | |
| | Completed | congestive heart failure | | es an autopsy formed? | 24b. Were eutopsy finding available prior to completion of cause of deeth? | | | |
| cate ha | Con | | 10 | Yes No | 1 □ Yes 2 No | | | |
| ial or Attending Physicien: The safer death. Is after death. In Director: After this certificate of in by the funeral director, pay | o Be | examiner? Other | e of Death (Check only | - | | | | |
| | ertification: To | 12 in patient 2 2 2 volupation of 500 in the interior of a content (openly) | | | | | | |
| Hospit 4 hour Funer tely fill | edicai C | 29e. Cartifiar (Check only one) Certifying Physician: To the bast of my knowledge, deeth occurred at the time, data at a medical Examiner: On the basis of examination end/or investigation, in my opinion, deen mennar stated. | nd place, and dua to the eth occurred et the time | e, date end piece, er | nd due to the ceuse(s) | | | |
| To the metrin 2 comple | Σ | 29b. Signature end title of certifier 29c. License number 29c. License number | 771 | 11/23 | (Month, Day, Year) | | | |
| Sta | | 30. Name end editas of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Paul Beret 1056 Crofton Boules 31. Dele filed (Month, Day, Year) 32. Registrar's Signeture NOV 2.7 1995 | vard Sur | te 101 C | rofton Mil | | | |

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3 Time of Death November 24,1996 Physician 10:20AM Leonard M. Robey /Medical 4a. Facility Name (If not Institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George's Southern Maryland Hospital Center Clinton 5. Social Security Number 6. Sex 1 2 M 2 ☐ F if Under 1 Year | if Under 24 Hrs. 8. Date of Birth Sept. 20, 1925 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Days Hours Yrs. 579-26-0010 Washington, D.C. Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Prince George's Temple Hills 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2909 Brinkley Rd. #201 20748 USA 12. Was Decedent Ever In U.S. Armed Forces? 1 △ Yes 2 □ No if Yes, Give Year or Dates: 1943–46 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: SpecifyWhite 16e. Decedent's Usual Occupation
(Giva kind of work dona during most of working lifa. DO NOT use retired)
Offset Lithographer 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Federal Government 11th 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) 88 Lottie Mae Vallandingham Richard Gordon Robey 2 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 2314 Ashford Dr. Waldorf, Md. 20603 Janice Drew / Daughter 20a. Method of Disposition 20b. Place of Disposition (Nama of camatery, crematory or other place) 20c. Location - City or Town, State 1∑Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion ☐ Other (Specify) Other (Specify) Washington Nat, Cemetery 1/27/96 Suitland, Md. 22. Name and Address of Facility George P. Kalas Funeral Home 21. Signature of Juneral Service Licansee 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 alus Page. Enter the disease or complications the outside the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of ach line. Approximete Interval Betwe NTETILAL OBSTRUCTION Onset end Deeth Immediete Cause (Final diseese or condition resulting in death) Due to (or es e consequence of): (066N Examiner CARCINOMA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? ATHEROSCLEPISTIC HEART DISEASE 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? . 24a. Was an autopsy performed? Completed EXOGE NOU 1 Yes 2 No 1 ☐ Yes 2 ☐ No Was case referred to medical Be 26. Piece of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Manyrer of Deeth 28e. Date of Injury (Month, Day Yaar) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 29a, Certifier 1 🖰 Contrying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) end manner as stated. Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and menner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) Mn 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) DAN116 BRAKEH BLD CLINTON 31. Date filed (Month, Day, Year)

Jaki Shudeon Rarlall

NOV 26 1996

State Registrar

Funeral

Director

7 is marked other than "natural", or items 23a or 25a-f: traumatic event, the Medical Examiner must be notifie

Baltimore, Maryland 21215-0020

Department of Health and Mental Hygiene, important: if item 27 is marked other than "

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Physician /Medical

Examiner

physician and the bunal-transit

P.O. Box 68760,

Division of Vital

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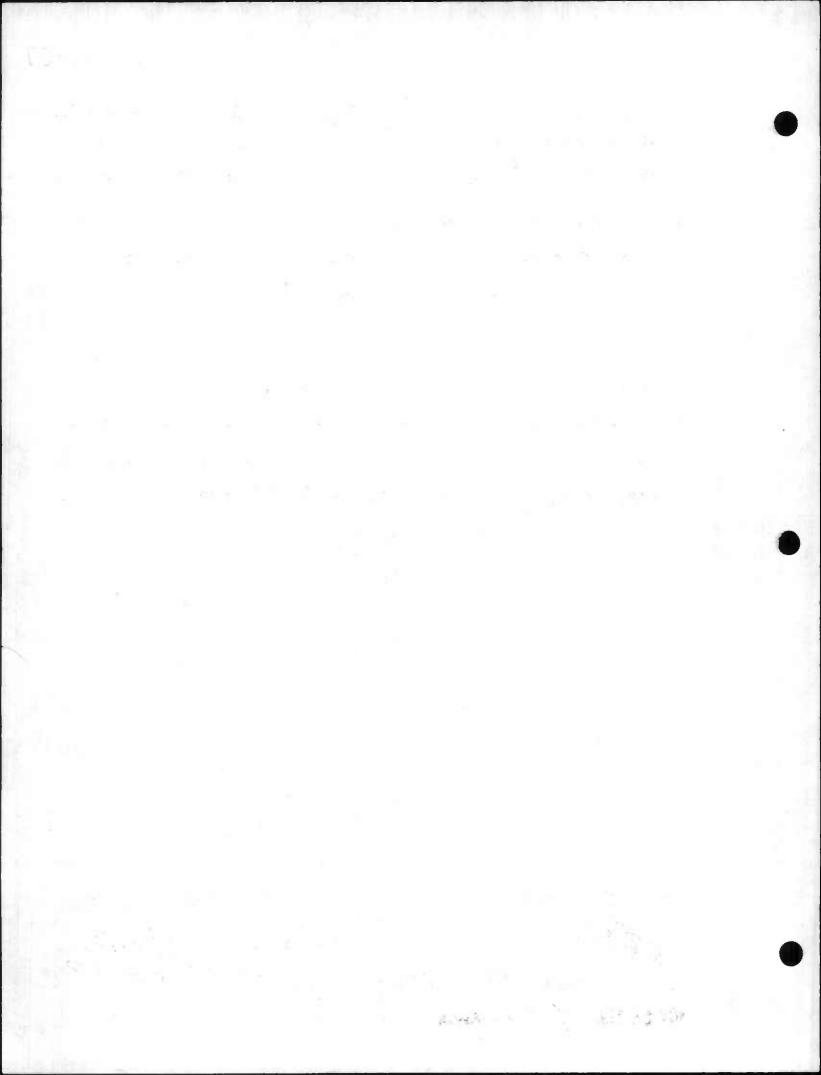
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State of Maryland / Department of Health and Mental Hygiene 96

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| ysiciar | | 1. Decedant's Neme (First, Midd | lle, Last) | | | | | | of Deeth | | | 3. Time of Deeth |
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| edica Imine | - | 4a. Fecility Name (If not institution | en, give street end nui | mber) | | "" | 4b. City, Town | , or Location o | | 4c. County | - | 1. 00111 |
| mne | 1 | Washington Adv | | | | 4 | Takoma | | | | | |
| al | ٦ | 5. Social Security Number | 6. Sex | 7. Age (In yrs. le | st birthday) | If Undar 1 Yaar | | | of Birth | Montg | , , | |
| | 1 | 578-28-0128A | 1□M 20 F | 80 | Yrs. | Months Deys | | Min. (Mor | of Birth | Year) | | ece (Stata or Fore |
| | 1 | Usuel Residence of Decedent | | 00 | | | | JAN | JAN 6, 1916 Wash. | | · ,D.U. | |
| | | 10a. State 10b. County | 1 | 10c. City, | Town or Lo | ocation | | | | | 10 | Od. Insida City Lim |
| 3 | 5 | N/A N/A | | Wach | ingto | n, D.C. | | | | | | 1X Yes 2 |
| 1 5 | 2 | 10e. Street end Number | | | | 10f. Zip Code | | | 10 | 10g. Citizen of Whet Country? | | |
| C | 5 | 1231 Simms Place, N.E. #11 | | | | | | | | | | |
| hy Euperal Director | 0 | 11. Meritel Status | | , N.E. #11 20002 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (S If Yas, specify Cuban, Mexican, Puant | | 2 (Coosibi Vac | | United States o- 14. Race - American Indian, | | | | |
| 1 5 | 3 | 1 XNevar Married 2 Mar | Armed Fo | rces? | . 13. | f Yas, specify Cul | oan, Mexican, P | Puarto Rican, a | ic.) | | k, White, | |
| 1 | 2 | 3 ☐ Widowed 4 ☐ Divorced | H Voc Gi | /8 | | 1 ☐ Yes 2/□XNo | Specify: | | | Specify | Blac | 21- |
| 3 | 5 | | nt's Education | u103. | 16a Dagge | dont's Havel One | paties | | 1 4 | Oh Kind of D | | |
| Completed | | (Specify only highe | st grede completed) | | (Give | dent's Usual Occu kind of work done DO NOT use retire | during most of | f working | '' | 6b. Kind of Bu | isinass/ind | ustry |
| 2 | | Eiamentary/Secondary (0-12) | College (1 | -4or 5+) | Cle: | | ,0) | | | T C C- | | |
| Č | 3 | 17. Fether's Neme (First, Middle, | [get] | | CTE. | L K. | 10 Methodo | Nama /Circl I | | J.S. Go | | nent |
| Q | 5 | | Lasty | 31/ | | | | 18. Mother's Name (First, Middle | | aroen sumem | | |
| T | | John Smith | | | | | | Anderso | | | | |
| | | 19a. Informent's Name/Reletions | F 1 27 - 7 | , | | ng Address (Strea | | | | | | |
| | | Tommie A. Smit | h (Siste | | | Simms P | lace, N | | - | | | |
| | 1 | 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion | 3 Removel from 5 | | netery, cren | sition (Neme of netory or other ple | ice) | Dete | 20 | Oc. Location - | City or Tov | wn, Stata |
| | | 4 □ Donetion 5 □ Other (5 | | | . Olivet Cemetery | | 11/26 | 196 | 6 Washington, D.C. | | , D.C. | |
| | | 21. Signature of Funeral Servica | Licanson | | | . Neme and Addr | | | | | | |
| N N | M859 ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike, Forestville, Md. 2074 | | | | | | | | | | 207/7 | |
| | - | 23a. Part1. Entar the disaasa, or | r complications that ca | aused tha death. | Do not ent | er the mode of dv | ing, such es car | rdiec or raspira | tory arres | ville, | Md. | Approximete |
| , | | shock, or heart failure. List | only one ceuse on e | ech lina. | | | | | , | | | Intarval Between Onset end Death |
| | | Immediete Ceuse (Finel | 1 | CAPA | R. | | | | | | 1 | |
| | | disease or condition resulting in death) | | | | | | | | | | |
| à | 5 | Dua to (or | | | | uence of): | 1. | F 2 | ¢ (| CARO! | N. | |
| 150 | | | b | b. Puspir arty Arest 2 Stroke | | | | | | | | |
| Examiner | | Sequentially list conditions, | as e conseq | uance of): | | | | | | | | |
| | | course Enterthedent | cause. Enter Undarlying Cause (Disease or injury | | | | | | | | i | |
| = | | Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events | C | - | | | | | | | | |
| 1 8 | | cause. Enter Undarlying Cause (Diseese or injury thet initiated evants resulting in daath) Lest | С. | Due to (or e | s e consequ | uence of): | | 7 | | | | |
| /Medical | | MINITALINATION OF STREET | d | Due to (or e | s e consequ | uence of): | | | | | | |
| | | resulting in death) Lest | d | | | ė. | | | | | | |
| | | MINITALINATION OF STREET | d | | | ė. | ven in Pert I. | 231 | . Did tob | acco uee cor | atribute to | the cause of dec |
| Physician | F | resulting in death) Lest | | ath but not result | | ė. | ven in Pert I. | 231 | | acco uee cor | | |
| by Physician | F | resulting in death) Lest | | | | ė. | ven in Pert I. | | 1 🗆 Yes | 2□ No | 8 Prob | ably 4 Unkr |
| by Physician | F | resulting in death) Lest | | ath but not result | | ė. | ven in Pert I. | | | 2 □ No eutopsy | Probava 24b. We ava | ably 4 Unkr |
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| by Physician | F | resulting in death) Lest | | ath but not result | | ė. | ven in Pert I. | | 1 ☐ Yes | eutopsy | 24b. We ava com of d | ably 4 Unknown to eutopsy finding liable prior to applation of cause |
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State of Maryland / Department of Health and Mental Hygiene

37468 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** Jacqueline C. Smith 1996 11:00 AM NOV /Medical 4a. Facility Neme (If not Institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Death Examiner MONTGOMERY HOLY CROSS HOSPITAL SILVER SPRING 7. Age (In yrs. lest birthdey) If Under 1 Yeer | if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1 M 2 XF Yrs. Director 56 10/14/1940 Trinidad/Tobago 077-44-5022 Usuei Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow 7 is marked other than "naturel", or items 23s or 28s-f shor traumstic evant, the Modical Examiner must be notified at Yes 2 No Director SILVER SPRING MONTGOMERY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit Peges 1 and 2 should be filed within 72 hours after death with a Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 2 and injury or other traumatic event, an Medical Example manners. 3642 BEL PRE ROAD #12 20906 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Biack, White, etc. Never Merried 2 Married 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced WEST INDIAN Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) DATA TRANSCRIBER 2years FEDERAL GOVERNMENT 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be ELAINE SMITH 0 PIERRE FERRAR 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3642 BEL PRE ROAD #12 SILVER SPRING, MD. 20906 NICOLE SMITH (DAUGHTER) 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) GATES OF HEAVEN CEM. 11/29/96 SILVER SPRING, MD. 21. Signature of Funeral Service Licenses 22. Neme end Address of Fecility JOHNSON & JENKINS INC. 716 KENNEDY ST., N.W. WASH. D.C. 20011 tion that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, ceuse on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finei Cerebrorascular diseese or condition resulting in death) **Examiner** Examiner pentension sician and burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest physician s the burial Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown yd bengis 1 Yes 2 No Tobacco Use by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed certificate has 1 Yes 2 No Division of Vital Hospital or Attending Physicien:
 24 hours after death.
 Funeral Director: After this certifica 25. Wes case referred to medical Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitei: 1 Minpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No 2 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending 1 Yes 2 No Investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Illed in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the best of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner steted. 29a. Certifier To the Hosp within 24 hos To the Fune completely fi Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) DC 15632 ddress of person who completed cause of deeth (Item 23e) (Type, Print) Zoeven, MP N. Capital St, NE Wash, OC 1011 32. Degistrer's Signeture State Registrar

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| DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 |
|--|
| HE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. |
| HEVINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should |
| ed within 72 hours after death with the State Dept. of Health and Merital Hyplene prior to burial, cremation, or removal. |
| 1000 March 20 to manufact on theme 30 above and the same bearings and the same to a second same and the same to a second same and the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same to a second same at the same at t |

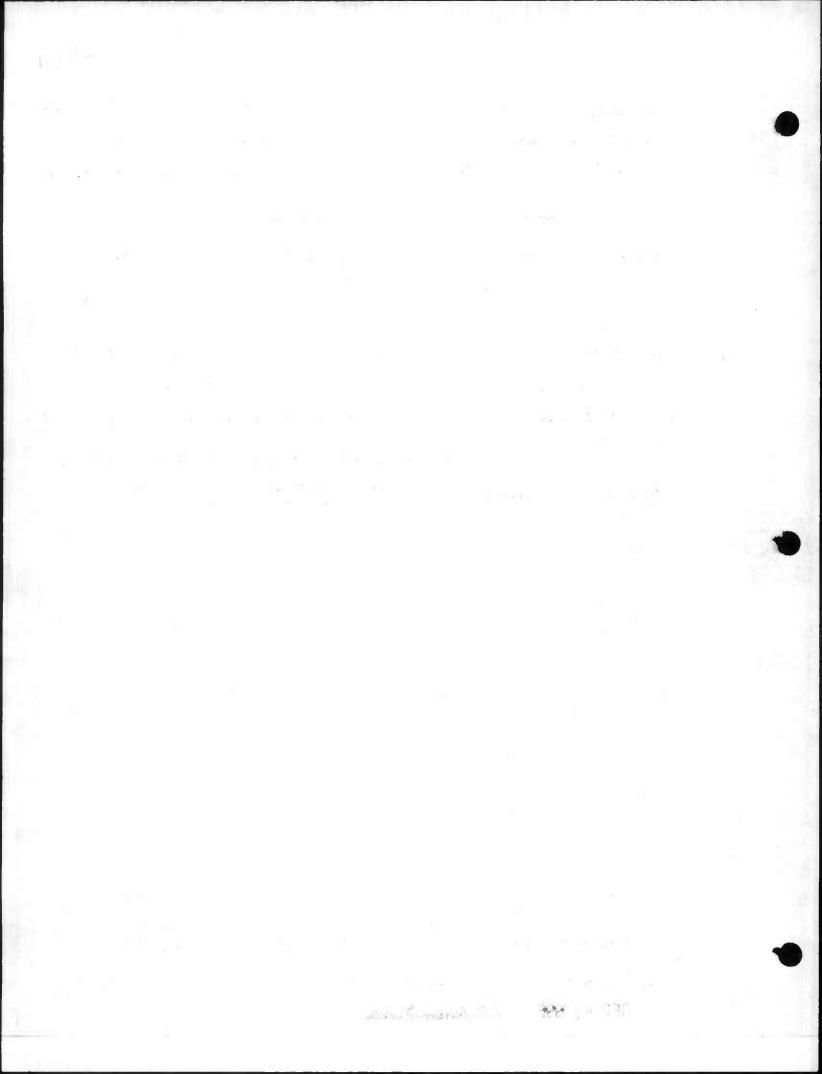
REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH November 1996 Smith George 0920 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) 4-20-2070 87 YRS. 30/ 1 M 2 - F DAYS HOURS 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH A 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ACCOM ACK 100. STREET AND NUMBER HA! 1 X YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 (NO Specify: U.S A. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried IF YES, OIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 10+4 INSUVANCE INSUVANCE Agent 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) MATTIE VADEN H 19e. INFORMANT'S NAME (Type/Print) 2 Bul HAU, VA 200, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1) Buriel 2 Cremation 3 Removal from State HAII, UA-☐ Donation 6 ☐ Other (Specify) CPMP 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY | ames tax PENANCEUILLE M 23.PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset end Death disease or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in death) anso Lear disease Theroschool CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUE if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Chronic failure AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO Chronic atrial Librillation 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26b. TIME OF 28c, INJURY AT WORK? 28e. DATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the heat of assignment and only in the cause (a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Monthy Day, Year) BE Madey 5 5 8 X 96 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lauren Kanb Po BOX 2636 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S-BIGNATURE 2 9 1996 Savoleon Revolath

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Day Smith 29 1996 BORGIA 0145 /Medical November 4a. Facility Nama (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Daath Examiner Harford Memorial Hospital Havre de Grace Harford 8. Data of Birth (Month, Day, Year)
June 2, 1925 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.
7 1 Months Days Hours Min. 5. Social Sacurity Number 9. Birthpiaca (Stata or Foreign Country) West Virginia **Funeral** 1□M 2₽F 218-14-5754 71 Yrs. Director Usual Residence of Decedent filed within 72 hours efter death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinatings that be notified at Maryland Director Cecil Perryville N☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 201 Carter Court, Apt. D 21903 U.S.A. by Funeral 12. Was Decedant Evar In U,S. Armad Forcas? 1 ☐ Yas 2 ∑ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc 1 Navar Marriad 2 Married Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: 3XWidowed 4 ☐ Divorced White Completed 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businaas/Industry Hygiene. Eiamantary/Secondary (0-12) Collaga (1-4or 5+) Nine Years Personal Residence Homemaker permit. Peges 1 and 2 should be file Department of Health end Mentel Hy Important: If Item 27 is marked othe any injury or other traumatic event 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Ollie Slayman Lucy Luckie 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Son: Samuel P. Smith 275 Hitching Post Drive, Rising Sun, Maryland 21911 Baltimore, 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata West Nottingham Cemetery 12/2/96 Colora, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility Lee A. Patterson & Son Funeral Home 21. Signature of Funeral Service Licensi 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 21903 Approximata interval Batween Onset and Death Physician Wronge Obstructive Pulmony Disease /Medical Immedieta Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Examiner LUMMS Hows is morram The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Diseasa or injury that initiated avants resulting in death) Last pue the buriel-tran Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. ed by the ettending physician deteched for use as the burie Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Arlundascale. been signed by should be detec 1 Yss 2 No 3 Probably 4 Onknown Malnutulion COYONAM ð Completed 24a. Was an eutopsy performad? 24b. Wera autopsy findings available prior to completion of cause of death? certificate hes 1 Yas 2 No 1 Yas 2 No or Attending Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 0 1 Yas 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA After this filled in by the funeral 27. Mannar of Death Certification: 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural death. 1 ☐ Yas 2 ☐ No 2 Accidant efter death Director: / 3 Suicida 6 Could not be 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours e To the Funeral C completely filled Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) Uham 29/96 132600 30. Nema and addrass of person who completed causa of death (Item 23a) (Type, Print) Harre De Grace. MANOT 8 Kammelin Milham M. 703 Revolution st. 31. Data filed (Month, Day, Year)
DEC 0 2 1996 32. Registrar's Signatura State who Davidson Registrar



State of Maryland / Department of Health and Mental Hygiene 95

| | | | | | | Ce | ertificat | e of | Death | | | Reg. No. | | 0 1 | 4/1 |
|-------------|--|----------------|--|--------------------------------------|---------------------------|-----------------------------------|---|-------------------|----------------|-------------------------|---|----------------------------------|-------------------------|--------------------------------|-------------------------|
| | Dh | · | 1. Decedent'a Name (First, Middle, L | ast) | | | | | | | 2. Date of De Month | | Voor | 3. T | ime of Death |
| | Physici /Medi | | Shirley Man | ie Smi | th | | | | | | Novemb | er 30, | 1996 | 9 | :00 AM |
|) | Exami | | 4a. Facility Name (if not institution, ga | va streat and nur | n <i>ber)</i> | | | | 4b. City, To | wn, or Lo | ocation of Deat | 4c. Count | ty of Death | | |
| | | | 310 Choptank Ave | | | | 1 811 4 | | | brid | | | chest | | |
| | Funeral Director | | | Sex 1 □ M 2 💢 F | 7. Age <i>(i</i> n 61 | yrs. last birthdaj Yrs. | Months | Days | | 24 Hrs. Min. | 8. Data of Bir (Month, Da Aug 29, | 1935 | 9. Birthr Cour Ma | place (S htry) ary1 | State or Foreign and |
| | and w | | 10a. State 10b. County | | 100 | c. City, Town or I | ocation | | | | | | | 10d. Ins | side City Limits |
| | Mary rf ah | ğ | Maryland Dorche | ester | | Ca | mbridg | ge | | | | | | | Yes 2□No |
| | r 28a | Director | 10e. Street and Number | | | | 10f. Zip | Code | | | | 10g. Citizen of | What Cour | ntry? | |
| | h with | | 310 Choptank Ave | enue | | | 2 | 2161 | 13 | | | US | 3 | | |
| | eep . | Funeral | 11. Marital Status | 12. Was Dece Armed Fo | | in U,S. 13 | Was Deced | dant of | Hispanic Ori | igin? (Sp | ecify Yes or No Rican, atc.) | - 14. Ra | aca - Amaric | | ian, |
| 2 | or lt | | 1 Navar Married 2 Married | 1 🗆 Yes If Yes, Giv | 2 No | | 1□ Yes } | | | | riioari, ato.j | Speci | T.71. | nite | |
| 00 | permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or itema 23a or 23a-f ahow alth follow other traumatic avant, it a Medical Examiner must be notified at ance. | d by | 3 ☐ Widowed 4 ☑ Divorced | Yaar or De | ates: | 1 10 5 | | | | | | | .,,. | | |
| 21215-0020 | n 72 net | Completed | 15. Decedent's E (Specify only highest gi | ade completed) | | (Giv | edent's Usua e <i>ki</i> nd of wo DO NOT us | rk done | e during mos | t of work | ing | 16b. Kind of I | 3usiness/in- | duatry | |
| 212 | with then. | omo. | Elamantary/Secondary (0-12) | Collega (1 | -4or 5+) | | ctical | | , | | | Healt | chcare | 2 | |
| g | Hygother and, | Be C | 17. Fathar's Nama (First, Middla, Las | t) | | | | | | er's Nam | e (First, Middla | , Maiden Surna | | | |
| Maryland | Aenta Aenta rked ric av | To B | Burton Jackson | | | | | | Ag | nes | Hubbar | d | | | |
| an | 2 sho and h is me | | 19a. Informant's Name/Ralationship | (Type, Print) | | 19b. Mai | ling Address | (Stree | et and Numb | er or Rur | al Route Numb | er, City or Towi | n, State, Ziç | o Code) | |
| | Health ar Health ar Inm 27 is other trau | | Debra A. Greenle | ee Daug | | | | | . Aven | ue C | ambridg | e, Mary | land | 216 | 13 |
| ore | Pages 1 nent of H int: If Re- iny or oth | | 20a. Method of Disposition 2 ☐ Cramation 3 [| Removal from 5 | State | Ob. Placa of Disp cemetery, cr | ematory or o | ther pl | | | Date | 20c. Location | | | |
| altimore, | Pag ment jury | | 4 ☐ Donation 5 ☐ Other (Spec | fy) | D | orchest | er Men | nori | ial Pa | rk 1 | 2/2/96 | Cambri | .dge,N | lary | land |
| Ba | permit. Page Department Important: If any injury or once. | | 21. Signature of Munaral Service Lice | nsee | | | | | ress of Facili | | e, P.A. | | | | |
| | 707 e 0 | | 1 Hall h / | m | | | 700 Lo | ocus | st Str | eet | Cambrid | ge, Mar | yland | 1 21 | .613 |
| | | | 23a. Part / Enter the disease, or cor shoot or heart failure. List only | plications that co one cause on e | eused the ach line. | death. Do not e | nter the mod | la of dy | ing, such as | cerdiac | or respiratory a | rrast, | | Intarv | ximate al Batween |
| | Physician /Medical | | Immediate Cause (Final | مد | | . 1 | | | | | | | 1 | | t end Death |
| | Examiner | | disease or condition resulting in death) | a | | ca | | Qr | | | | | 1 | 18 | Month. |
| | | ē | | B | | to (or as a cons | | | | | | | 1 | 24 | Month. |
| | uted | Examiner | Sequentially list conditions, | b. | read | to (or as a cons | U(C) | | | | | | 1 | 0 1 | HOULA |
| ó | en ar | | if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | | | 10 (0) 20 2 00 10 | | | | | | | | | |
| 68760, | hysicl the br | edicai | that initiated events resulting in death) Last | C | Due | to (or as a conse | quence of): | | | | | | | | |
| 9 × | eath certificate be executed ettending physicien and for use as the burlet-transit | 2 | | d | | | | | | | | | | | |
| 80 | ettend for us | lan | | | | | | | | | | | Ì | | |
| o. | the d | Physician/ | Part II. Other significant conditions | contributing to de | ath but no | t resulting in the | undertying c | ause g | iven in Part i | l. | 23b. Dld | tobacco use c | | | ause of death? |
| <u>a</u> | thet ned by deta | | | | | | | | | | 10 | Yee 2 No | 3 Pro | bably | 4 Unknown |
| Records, | The law requires that the death certificate be executed to has been signed by the ettending physician and page 2 should be deteched for use as the burial-transit | d by | | | | | | | | | | an autopsy | | | opsy findings |
| ၀ | w rec | olete | | | | | | | | | perfo | omed? | CO | allable impletion death? | on of cause |
| ž | he law le has age 2 | Completed | | | | | | | | | 10 | Yes 2 No | | □Yas | 2 No |
| Vital | | Bec | 25. Was cese referred to medical | | | | | | 28. Place | of Deat | h (Check only | | | | 44.10 |
| | Attending Physician: or death. ector: After this certific by the funeral director, | ToE | examiner? 1 ☐ Yes 2 ☐No | Hospital: | npatient | 2 ER/Outpatie | ent 3 DC | OA O | ther | ursing Ho | | dence 6 □Ot | her (Specil | fy) | |
| 0 | ding Pt After th funeral | | 27. Manner of Death 1 ■Natural 5 □ Pending | 28a. Date of | of Injury h, Day Yea | 28b. Time Injury | of 2 | 8c. Inje | ury at ork? | | 28d. Describe | how Injury occu | irred | | |
| Sio | Attendir er death. ector: A by the fu | cati | 2 Accident investigation | n . | | | М | | Yes 2 | No | | | | | |
| Division of | or Attandi after death. Director: A J in by the fu | Certification: | 3 ☐ Sulcide 6 ☐ Could not to determined | 288. Place | of Injury ng, etc. (Sp | At home, farm, s | treet, factory | , office | 9 | - | 28f. Location (City or To | Street and Num wn, State) | ber or Rura | al Route | Number, |
| | pital brai filled | | 29a. Cartifier (Certifying P | total - Total | | | | | | | | | , | | |
| | To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b | edical | 29a. Cartifier (Check only one) Certifying Plant Certifying Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Cert | miner: On the ba and mann | sis of exar | nination and/or l | nvestigation | at the t In my | opinion, dea | id place, ith occuri | and dua to the red at the time, | causa(s) and n date and place | anner as s | tated. | iuse(s) |
| | of the | Me | 29b. Signatura and title of certifier | - 0 | or statou. | | 290 | . Licer | nse number | | | 29d. Date sign | ed (Month, | Day, Y | ear) |
| | F S F O | | Millean | · Par | | | 0 | u: | 3131 | | | 12/2 | 196 | | |
| | | | 30. Name and address of person who | completed cause | e of death | (Item 23a) (Type | Print) | 7 | 001 | | | | 1 1 10 | | |
| | | | willram 1 | Sair | 19 | Frau | 16/11 |) | St. | 6 | ambo | dae | M | 2 | 1613 |
| | Sta | ite | 31. Data filed (Month, Day, Year) | | egistrar's S | - | | - | | | | 1-/ | 4. | | |
| | Registr | ar | DEC 3 | 1996 | hin do | welson Ran | dall | | | | | | | | |
| DHA | AH 16 Rev 6/9 | 5 | | 0 | | | | | | | | | | | |

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

37472

| Physiciar | | | | Certifica | ite of Death | R | eg. No. | |
|--|--|--|--|--|---|--|--|---|
| - JANIANI ALEI | | 1. Decedent's Neme (First, Middle, Las | st) | | | 2. Dete of Dee | - | 3. Time of Death |
| /Medica | ıf . | HILDA MADELINE | | | | NOVEMBI | ER 20,1 | 996 12:50 p.m |
| Examine | | 4e. Fecility Neme (If not institution, give | r Road | Malan | Ft. W | as him to | | nce George's |
| Funeral Director | | 5. Sociel Security Number 6. S 578-09-5776 1 Usuel Residence of Decedent | OM 2 F 7. Age (In yrs | Yrs. If Und Month: | er 1 Year If Under 24 Hr s Deys Hours Min | | Year) 1919 | 9. Birthpiece (State or Foreign Country) Mary Land |
| MO W | - | 10e. Stete 10b. County | 10c. C | ity, Town or Location | | | | 10d. Inside City Limits |
| Sa-f st outfied | SCIOL | MD. Prince | George's F | | shing ton | | | 1 ☐ Yes 2 No |
| s 23a or 2 number or 2 | ra C | 10e. Street end Number 1617 Tucker Road | | 20 | ip Code)744 | | 0g. Citizen of \U.S.A | Whet Country? |
| 48 3 | 2 | 11. Maritel Stetus 1 ☐ Never Merried 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced | 12. Wes Decadent Ever in L Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: | J,S. 13. Was Dec If Yes, sp 1 ☐ Yes | edent of Hispanic Origin? (ecify Cuben, Mexican, Pue | (Specify Yes or No- erto Rican, etc.) | Bied | ca - American indien, ck, White, etc. yWhite |
| -natu | 919 | 15. Decedent's Ed (Specify only highest gre- | | 16a. Decedent's Us (Give kind of w | uel Occupetion rork done during most of wa use retired) | orking | 16b. Kind of B | usiness/Industry |
| | E | Elementery/Secondary (0-12) | Coilege (1-4or 5+) | Homema | • | | Own H | Iome |
| event, | | 17. Fether's Neme (First, Middle, Last) | | | | eme (First, Middle, I | | |
| atic e | 2 | Willard Wesley | Chesser | | Caro | line Rebe | cca Hob | bs |
| or other traumatic event, the M | | 19e. informent's Neme/Reletionship (7 S. Gail Cameron/D | | 19b. Meiling Addre 13504 Per | ss (Street end Number or Findleton St., | Ft. Wash | <i>City or Town,</i> ington, | State, Zip Code) Md • 20744 |
| mportant: if item 27 any injury or other tr ance. | 1 | 20e. Method of Disposition 1 ☐ Buriai 2 ሺ Cremetion 3 ☐ 4 ☐ Donaffon 5 ☐ Other (Specify | Removel from State | Place of Disposition (N cemetery, cremetory or ropolitan (| other plece) | ! | | City or Town, Stete |
| important: If any injury or once. | | 21. Signature of Funeral Service Licent | DVala | George | e P. Kalas Ft | uneral Ho | me Mi | 20775 |
| | | 23e Part1 Enter the disease or comp shock, or heert feilure List only of | pilications that caused the dee | th. Do not enter the mo | Oxon Hill Rd ode of dying, such es cardle | ac or respiretory error | est, Md. | Approximate Intervel Between |
| sician edicai miner | | Immediete Cause (Finei diseese or condition resulting in deeth) | e. Ischen | | diomyopat | ly | | Onset end Deeth |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month SCHEUERMA 1234 PM REDERICK 1996 Adolf NOU /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** GENERAL HOSPITAL C AMBRIDGE
If Under 24 Hrs. 8. Date DORCHESTER DORCHESTER 6. Sex 10 M 2□ F 8. Date of Birth (Month, Dey, Yo Apr. 8, 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Funeral Year) 1917 New Jersey Months Deys Hours Min. 167-12-8820 79 Yrs. Apr. **Director** Usuel Residence of Decedent with the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Mocical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Dorchester Madison 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1238 Pennsylvania Avenue 21648 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 AYes 2 □ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ 3 Widowed 4 Divorced White Yeer or Detes: WWII Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiane. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w. Department of Health and Mental Hygian. Important: If Nem 27 is marked other the eny Injury or other trauments. Commercial Artist Manufacturing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Adolf Frederick Scheuerman Elsie Schroer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Margaret Scheuerman-wife 1238 Pennsylvania Ave., Madison, MD 21648 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20e. Method of Disposition

1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Dete 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) Dorchester Mem. Park 11-30 Cambridge, MD. 22. Name end Address of Fecility 21. Signature of Funeral Sept be Licensee Curran-Bromwell Funeral Home, 21613 308 High St., Cambridge, MD mevel r, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Coronary artery disease /Medical Immediete Ceuse (Finel lears disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of) Pert il. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Dementia signed I à 24b. Were autopsy findings evallebie prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed Emphysema has e 2 page 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2M No Medical Certification: To 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

Records, P.O. Box 68760 Division of Vital Hospital or Attending Physician: 24 hours after death.
 Funeral Director: After this certifica lately filled in by the funeral director, p.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29c. License number

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29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

19 Franklin Street, Cambridge MD 21613 Tack Snitzer DO 32. Registrer's signeture 1. Dete filed (Month, Day, Year)

11 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) end menner es stated.

State Registrar

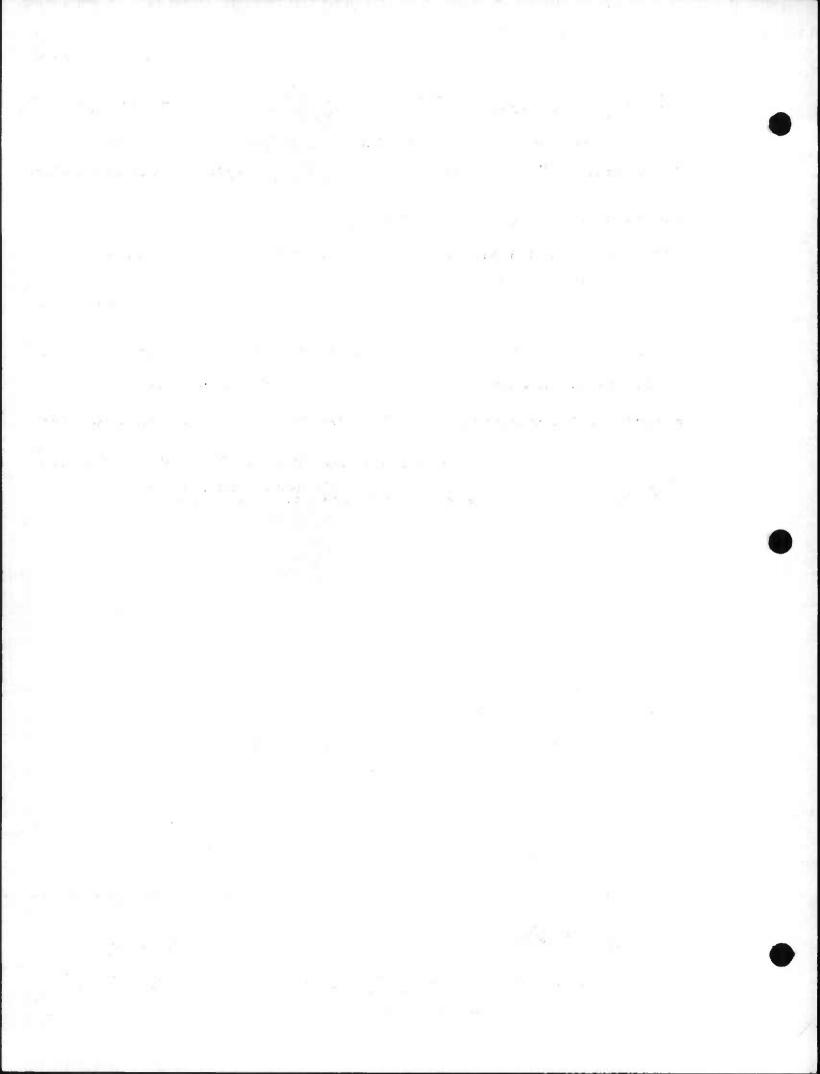
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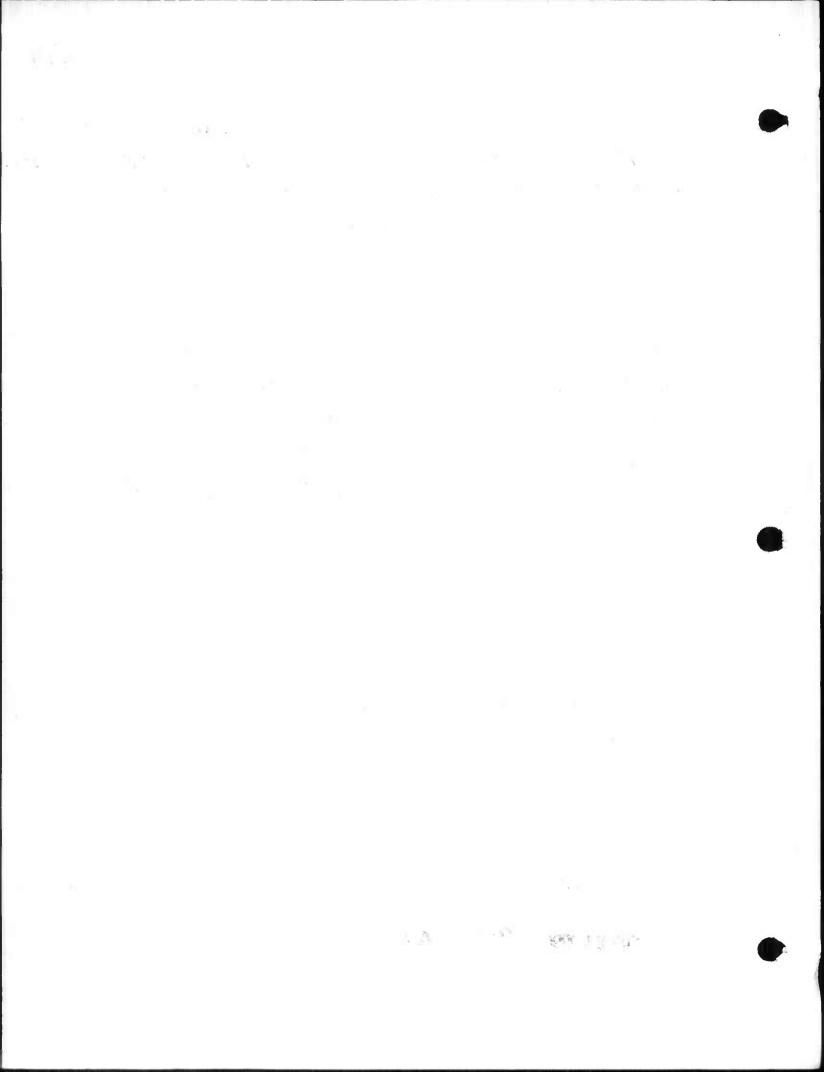
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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the hospital or att | ector, page 5 should be d | |
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1005 NOY- 2 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
12-26-MONTHS DAYS HOURS 1 🗌 M 2 😿 F YRS. 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Oxon Hill 1 XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? 1705 Jarvis Ave. 20745 Ghana 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your figure, apecify, Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: Black BY 3 🕅 Widowed 4 🗌 Divorced ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Seamstress Clothing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin Matev Rosina Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Elizabeth Gaines 1705 Jarvis Ave., Oxon Hill. Maryland. 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Resurrection Cemetery 11/25/96 Clinton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home June alas 6160 Oxon Hill Rd., Oxon Hill, 20745 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between ahock, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition resulting in death) reupo-Vascular Accident CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL 24s. WAS AN AUTOPSY menala COMPLETION OF CAUSE 1 YES 2 OF DEATH? Dice as onowary skery 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only **EXAMINER?** 1 VES 2 NO 27. MANNER OF DEATH 1 | Inpatient 2 | ER/Outpatient 3 | DOA ome S 🗆 Residence S 🗀 Other (Specify) 1 Ketural 28e. DATE OF INJURY (Morsh, Day, Year) 28c, INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED ↑ TYES 2 NO Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 26t. LOCATION (Street and Number or Rural Route Number, City or Town. State) 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner ea stated. MEDICAL EXAMINER: On the basis of exemin investigation, in my opinion, death occured at the time, data and place, end due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physiclan** Month Year HEZEKIAH SHEPHERD November 24, 1996 11:45 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MANOR CARE-POTOMAC POTOMAC MONTGOMERY if Under 1 Year | if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Funeral Months Days Hours 1 X M 2 □ F Yrs. Director 579-62-2269 50 Feb. 16, 1946Dist. of Col. Usual Residence of Decedent the Meryland 10a, State 10b. County 10c. City, Town or Location Items 23s or 28s-f show iner mant be notified at 10d. Inside City Limits Director to to the second of the total D. C. N/A WASHINGTON 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1100 McCollough Court 20001 S. A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 23⊠ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status the Medical Expresser filed within 72 hours efter 1 Never Married 2 Married 21215-0020 ò 1 ☐ Yes 2KNo Specify: Specify: þ 3 ☐ Widowed 4 ₺ Divorced natural Black Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) I Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) FEDERAL GOVERNMENT MAIL ROOM CLERK 12th other traumatic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Depertment of Heelth and Mental Hy Important: If Item 27 Is marked oth any Injury or other traumatic event once. 18. Mother's Name (First, Middle, Malden Sumame) Be ERNEST LEE SHEPHERD BERTHA L. JAMES 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 610 EMMANUEL CT., NW., WASHINGTON, D. C. 20001 BERTHA L. SHEPHERD (MOTHER) 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ 6remation 3 ☐ Removal from State 5 Other (Specify) 4 Donation 11-30696 BRENTWOOD, MARYLAND FORT LINCOLN CEMETERY 21. Signature of Furieral Servica Licansee 22. Name and Address of FacilityL. W. Plunkett Funeral Home #810 ayen 2504 - 28th St., NE., Washington, D.C. 20018-1413 23a. Part 1. Enter the disease, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate intervel Between Onset and Death Physician /Medical immediate Cause (Final diseese or condition resulting in death) a. CARDIAC FAILURE **Examiner** Due to (or as a consequence of): Examiner CARDIOMYOPATHY The lew requires that the death certificete be executed pue Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): burial-tran Box 68760, attending physician I for use es the buria Physician/Medical Due to (or as a consequenca of) P.O. signed by the a Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by cate hes been sig page 2 should b 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy certificate hes 1 Yes 2K No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 41 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After 1 Naturai 5 Pending investigation death. 1 ☐ Yes 2 ☐ No neral Director: A filled in by the f 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) after 4 Homicide ò To the Hospital c within 24 hours at To the Funeral D completely filled Medical 29e. Certifier 1⊠ Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and placa, and due to the cause(s) end manner as stated.

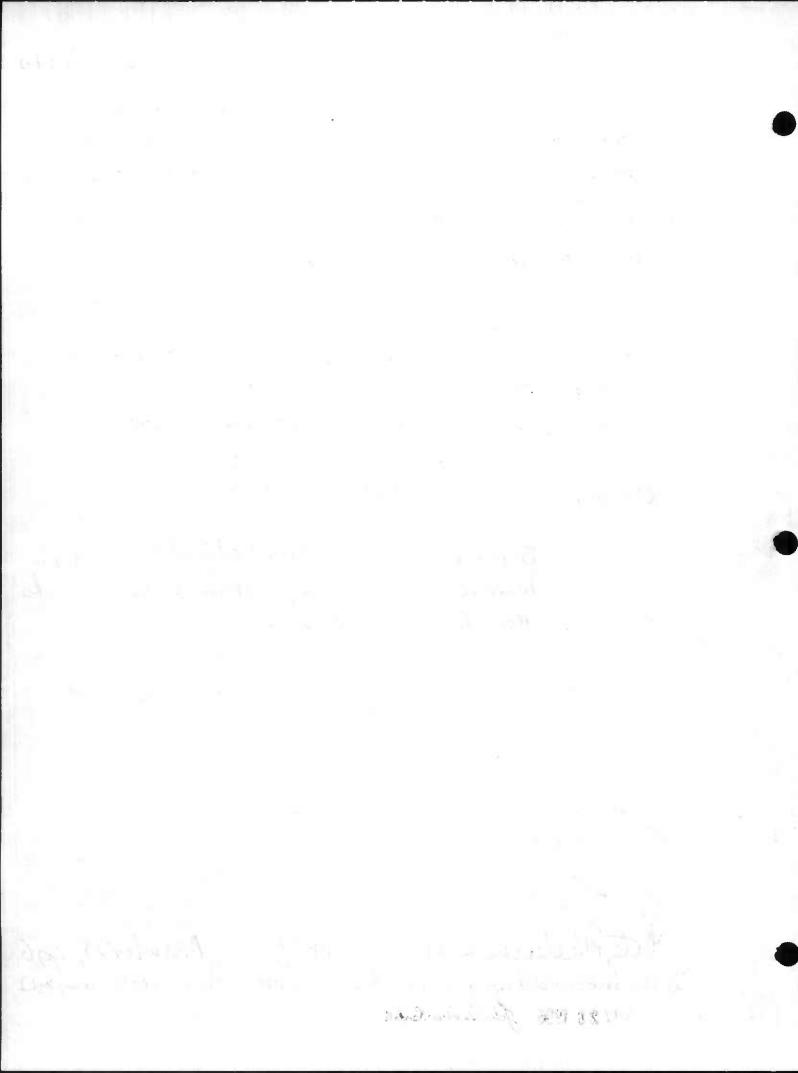
2□ Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the ceuse(s) end manner stated. (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) JAMES F. SHAFFER November 26, 1996 Dr. Hazel Tape - 1011 North Capitol St., NE., Washington, D. C. 20002-4236 31. Date filed (Month, Day, Year) 32. Begistrar's Signature State Jaki Shudiar Rarlell NOV 26 Registrar

State of Maryland / Department of Health and Mental Hygiene

37476 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death ^{Dey} 24, 1996 **Physician** Month E11a W. Sykes November 10:10 PM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Spa Creek Center Annapolis Anne Arundel 5. Social Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** 8. Date of Birth (Month, Day, Year) Days Hours 1 ☐ M 2 🕽 F 577-18-5705 Yrs. 79 Director Sept.26,1917 Virginia Usual Residence of Decedent the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits THE 23a or 28a-f show Director 1 X Yes 2 ☐ No Virginia Fairfax McLean 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 1515 Great Falls Street Completed by Funeral 22101 USA 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Пета Raca - American Indian, Bieck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) pernit. Pages 1 and 2 should be filed within 72 hours after d Departmant of Haatth end Mental Hygiena. Important: If Item 27 is marked other than "netural", or item any injury or other traumetic event, me Medical Evarimen 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12th PBX Operator Private Industry Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Surname) Be George W. Wright Luella Entsminger 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Arthur King / Nephew P.O. Box 208 Davidsonville, Md. 21035 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 D Burial 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Forest Grove Baptist Ch. 11-30-96 Eagle Rock, Virginia 22. Name end Address of Facility George P. Kalas Funeral Home r1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Appropriately and the death of the disease on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Finei disease or condition resulting in death) TACHY ARRHYTL mias Examiner Examiner ection with yweeks assive myocardial To the Hospital or Attending Physician: The law requires that the deeth certificate be executed within a 24 hours elater death.

To the Funeral Director: After this certificate has been signed by the attending physician end from the funeral director, page 2 should be detached for use as the burial-transit ominately filled in by the funeral director, page 2 should be detached for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, talure Physician/Medicai Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) 1□ Yes 2☑ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending Investigation 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner stated. 29b. Sign pre end title of dertifier 29c. License number 29d. Date signed (Month, Day, Year) cause of death (Item 23a) (Type, Print), w, MD, 21401 32. Registrar's Signature State Teti Davideor Ro Registrar NOV 26

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedenl's Nema (First, Middle, Last) 2. Data of Deeth Month **Physician** 1996 IENN Lane 20 NOV /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street and no Examiner Al H Und ursing 06 arkin IN nce If Under 24 Hrs. 9. Birthplace (Stete or Foreign Country) New York 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** Months Deys Hours Min 1⊠M 2□ F Yrs Director 073 30 4200 61 24,1935 Usuel Rasidanca of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygians. Important: If itsm 27 is merked other than "netural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical France. 10e. Slete 10c. City, Town or Location 10d. Insida City Limits 10b. County XXYes 2 No Directo Maryland Prince George's Hyattsville 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code 20182 5117 Edmondston Ave. United States Funeral Was Decedant Evar In U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Marliel Status Black, White, atc. 1 ☐ Yas 2√XNo If Yas, Giva Yaar or Datas: 1 Never Merried 2 Merried 1 ☐ Yas 2 □ NO White þ Specify: ₩idowed 4 Divorced Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) Salesperson Auto Parts 17. Father's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be Glenn Wallace Stearns Rae Eleanor Palmer 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Rae Stearns Daughter 224 Lorraine Ave. Syracuse New York 13210 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial Transition 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metropolitan Crematory 11/22/96 Alexandria Virginia 21. Signature of Funerel Sarvice License 22 Nama and Address of Fecility
Robert E. Evans Funeral Home, P.A. 23e. Part1. Enlar the disaasa, or complicellons theil causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only one causa on each line. 16000 Annapolis Rd. Bowie Maryland 20715 Approximeta Intarval Between Onset and Death **Physician** Immediata Causa (Finel disaasa or condition resulting in daath) GANGRENE /Medical Examiner ENAD DISEASE Examine physician and s the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaesa or Injury that initiated evants Physician/Medical that initiated evants resulting in death) Last Dua to (or as a consequence of) for usa as signed by the ail Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 4 Onknown 1 Yes 2 No 3 Probably þ should I 24b. Ware autopsy findings evallable prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed s certificata has t director, page 2 s 1 Yas 2 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral director. Be 25. Was casa rafarred to medical axaminar? 26. Placa of Daeth (Check only one) Hospital: Othar: Certification: To 1 Yas 2 No 1 Inpatiant 4 Nursing Home 5 ☐ Rasidance 6 ☐ Other (Specify) 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 Accidant 5 Panding invastigation 1 Tas 2 No 6 Could not be 3 Suiclda 28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Funeral edical 29a, Certifier To the Hosp within 24 hos To the Fune completaly fi Certifying Phyaician: To the best of my knowledga, daath occurred at tha tima, data and place, and due to the cause(s) and mannar as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and appears stated. 29b. Signetura and litla of cartifier 29c. Licanse number 29d. Dala signed (Month, Day, Year)

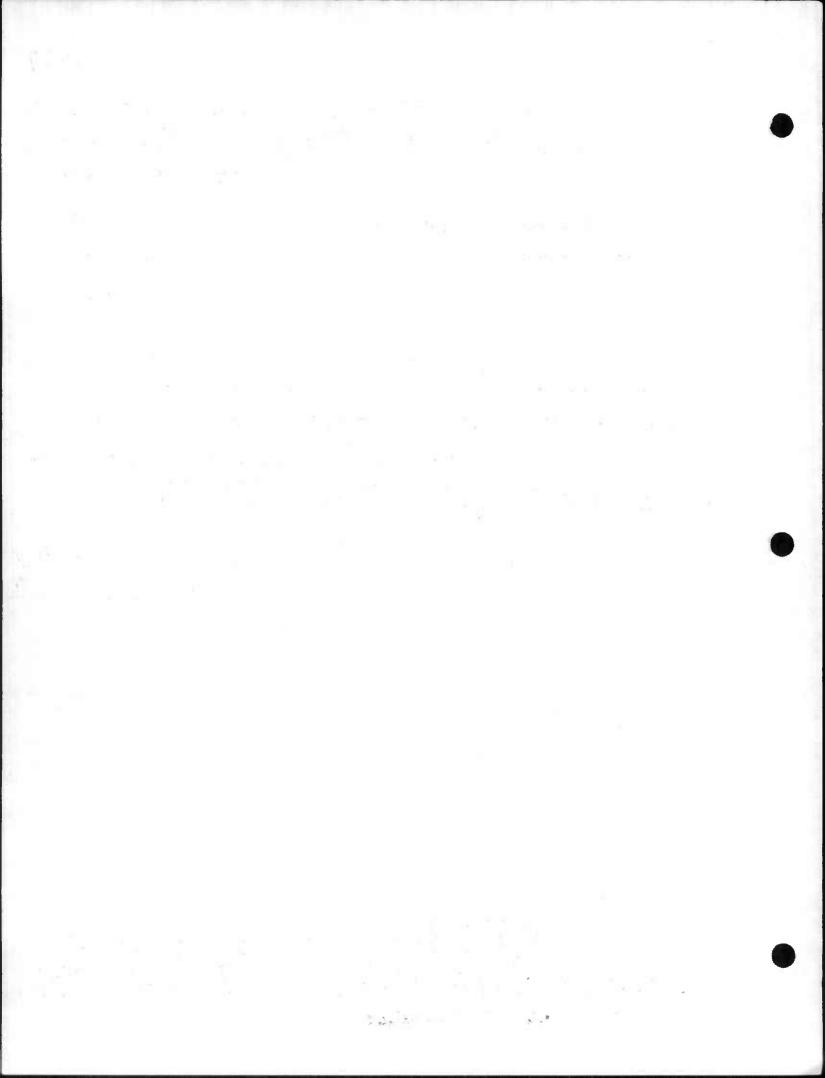
State Registrar

30. Neme and addrass of person

S Kao Month, and 31. Deta filed (Month, and NOA 5

The law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760,

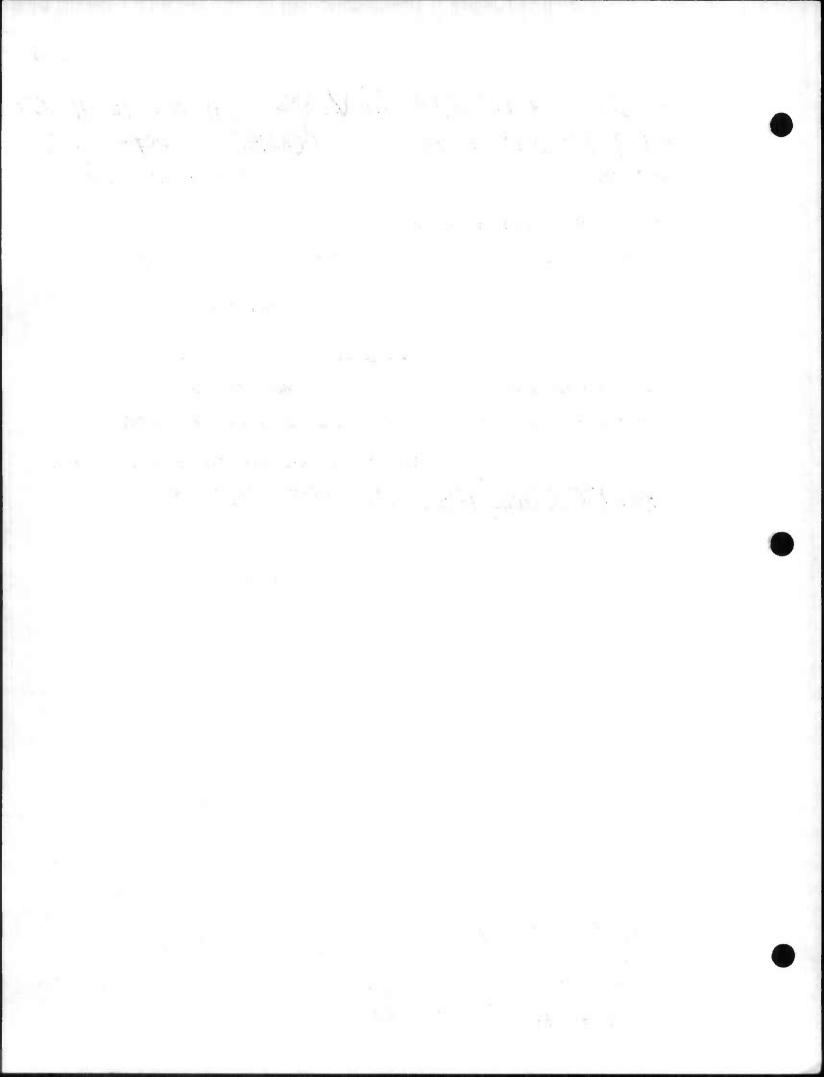


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** /Medical 4b. City, Town, or Location of Deeth County of Deeth Examiner 0 ora Under 24 Hrs. If Under 1 5. Social 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Days Hours 55 1 M 2EXF Ym Director 220 72 7014 March 27,1941 Brazil Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23 or 28=4 show any injury or other traumatic event, the Medical Eventinal must be notified at any injury or other traumatic event, the Medical Eventinal must be notified at any once. 10b. County 10c. City, Town or Location 10d. Inside City Limits XXXYes 2 No Director Maryland Prince George's 10e. Streat end Number 10f. Zip Code 10g. Citizen of What Country? 12417 Kinship Turn 20715 Brazil Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Meritel Stetus Bleck, White, atc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Merried Merried Baltimore, Maryland 21215-0020 ND Yes 2□ No Specify þ 3 Widowed 4 Divorced Brazilian White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Private Elamentary/Secondery (0-12) College (1-4or 5+) Caregiver 8 Health Care 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Jose Francisco Xavier Maria Conceicao P 19a. Informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stefa, Zip Coda) 12417 Kinship Turn Bowie Maryland 20715 Jesse Silvers Husband 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 DxBuriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans Cemetery 11/26/96 Crownsville Md. 22. Name end Address of Fecility Robert E. Evans Funeral Home, P.A. coms 16000 Annapolis Rd. Bowie Md. 20715 23a. Part 1. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, auch as cardiac or raspiretory arrest, shock, or heart failura. List only one ceusa on aech lina. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Final diseese or condition rasulting In deeth) CHF Examiner Due to (or es e consequance of): Physician/Medical Examiner 0/4 The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): resulting in death) Lest signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 € Unknown COP þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an eutopsy performed? Completed s certificate has t 1 Yes 2 No 1 Yes 2 No or Attending Physician: 25. Was case referred to medical examiner? director Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 8 Other (Specify) this funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Natural 5 Pending investigation n 24 hours after death.

• Funeral Director: Alphetely filled in by the fu r death. 2 No 1 Yes 2 Accident 8 Could not be datermined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 ☐ Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital edical 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(s) end manner as stated. 2 Medical Examiner: On the basis of exemination end/or investigetion, in my opinion, death occurred et tha time, date and place, and dua to the cause(s) (Check only one) ithin 2 29b. Signature and title of cert 29d. Date signed (Month, Dey, Year) MD 30. Na (Item 23a) (Type, Print)u (ochrane 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Die Sunder Randell

Registrar



2, 3 should

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year) NOV 2 7 1996

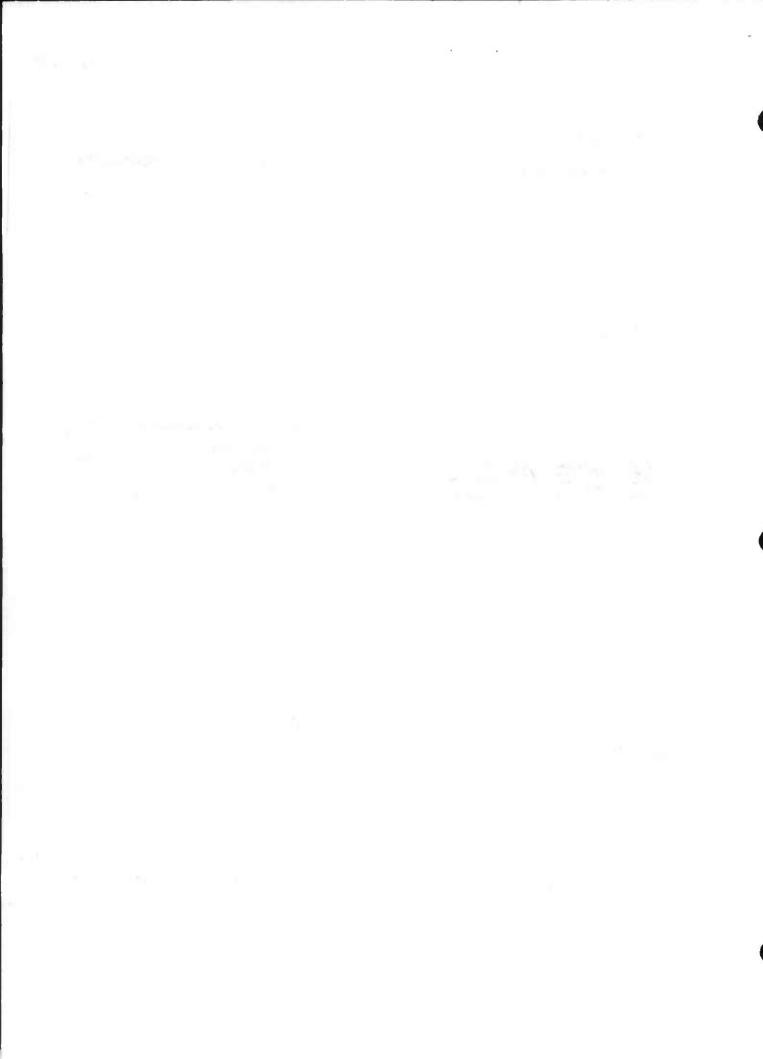
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, he find within 70 hours after death with the State Day of Health and Marrial Hurrian nor in hurial companion or removal. | MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|--|---|
| THE HOSPITAL OR ATTENDING PHYSICIAN: The | THE FUNERAL DIRECTOR: After this certificate h | PORTANT: If item 28 is marked, or item |

| | | • | • | | | | | | | | 9 | 16 | 37 | 479 |
|---------------|--|---------------------|----------------------|----------------|--------------|-------------|---------------|---|------------|-----------------------|--------------|--------------|-------------|-------------------------------|
| | FOR STATE REGISTRAR | STATE OF N | MARYLAND / | | | | EALTH DEAT | | MENTA | L HYGIEN REG. NO. | E | | • . | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | 2. DATE | OF DEATH | | YEAR | 3. TIME | OF DEATH |
| | Nona L. Suit | er | | | | | | | 11 | 24 | | 996 | 1 | :45 pM |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. lest | birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | | OF BIRTH | | S. BIRTI | HPLACE (SI | tete or Foreign |
| | 349-32-1063 | 1 🗌 M 2 💢 F | 93 | YRS. | MONTHS | DAYS | HOURS | MIN. | 3/1 | 2/190 | 3 | T] | lino | is |
| | 9s. FACILITY NAME (If not institution, give st | treet and number) | | | 9b. CITY | , TOWN C | R LOCATIO | ON OF DE | _ , . | 2/150 | | NTY OF D | | 10 |
| œ | 2412 Lakeland | Drive | | | Poc | omo | ke C | rits | 7 | | W | orce | este | r |
| DIRECTOR | RESIDENCE OF DECEDENT | DIIVE | | | 100 | Oillo | AC C | , <u>, , , , , , , , , , , , , , , , , , </u> | • | | - 11 | | | |
| Ä | 10e. STATE 10b. COUNTY | t . | | 10c, CITY | Y, TOWN C | OR LOCAT | ION | | | | | | 10d. INS | IDE CITY |
| ā | Maryland Worce | ster | | Poc | como | ke | City | 7 | | | | | | s X NO |
| 4 | 10e. STREET AND NUMBER | | | | | 101. | . ZIP CODE | | | | 10g. CIT | IZEN OF | WHAT COU | INTRY? |
| FUNERAL | 2412 Lakeland D | rive | | | | | 2185 | 51 | | | | | USA | |
| 3 | 11. MARITAL STATUS | 12. WAS DECEDEN | IT EVER IN U.S. ARM | MED | 13. | WAS DEC | ENDENT O | F HISPAN | VIC ORIGI | N? (Specify Yes | or No- | 14. RAC | E — Ameri | ican Indian, |
| | 1 Never Married 2 Married | FORCES? 1 | YES 2 N | 0 | | If yes, spe | 2 X NO | n, Mexica | n, Puerto | Rican, etc.) | | Biac Spec | k, White, e | itc. |
| BY | 3 ₩Idowed 4 □ Divorced | | | | | 1 🗌 163 | 2 00 110 | Openny | | | | Spec | " wh | ite |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade | | 16a. DEC | CEDENT'S | USUAL O | CCUPATIO | IN | | 160 | . KIND OF BUS | INESS/IN | DUSTRY | | |
| ᇤ | Elementary/Secondary (0-12) | College (1-4 or 5 | +) | Do NOT us | se retired.) | aunng mos | st of working | g | | | | | | |
| 립 | 12 | | | semo | othe | r | | | | | | | | |
| 8 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 16. MOTH | IER'S NA | ME (First, | Middle, Maiden | Sumame) | | | |
| ВС | Fred Justice | | | | | | Nor | ca | (UN | KNOWN | 1) | | | |
| 0 | 19a. INFORMANT'S NAME (Type/Print) | | 19b | . MAILING | ADDRESS | S (Street a | nd Number | or Rural I | Route Nurr | nber, City or Town | n, State, Zi | o Code) | | |
| 2 | Bonnie L. Rose | | | | | | | | | omoke | | | 218 | 51 |
| | 20e. METHOD OF DISPOSITION | | 20b. PLACE A | | | | | - • / | | E 20c. LO | | | | - |
| | 1 N Buriel 2 Cremetion 3 Remo | oval from State | La CIa | | | | | | | /29 LaC | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | - pa cra | TIE | - | | | | | | -101 | , - | .Owa | |
| | 10 | | | | | | i Fun | | | | | | | |
| | Switt 8. | Mel | 101 | | PC |) Box | 64, | Poo | como] | ke City | y, Mo | d. 2 | 21851 | |
| | 23. PART I. Enter the diseases, or o | complications the | at caused the dea | ath. Do n | not enter | the mo | de of dyi | ing, auci | h ss car | dlac or reapi | ratory ar | rest, | | proximats |
| 1 | shock, or heart feliure. | List only one ceu | ase on each line. | , | | | | | | | | | | ervai Between |
| | disease or condition | - (| NA | | | | | | | | | | | |
| 1 | resulting in death) | DUE TO | (OR AS A CONSEC | DUENCE OF | F): | | | | | | - | | 1 | |
| - | | | ASC | 1/1 | | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate | b DUE TO | (OR AS A CONSEO | DUENCE OF | F): | | | | | | | | | |
| X | cause. Enter UNDERLYING | | | | | | | | | | | | ļ | |
| 표 | CAUSE (Disease or Injury that initiated events | DUE TO | (OR AS A CONSEO | UENCE OF | F): | | | | | | | | | |
| E | reaulting in death) LAST | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| A | PART II. Other significant condition | s contributing to | death but not re | esuiting i | in the un | nderiying |) ceuse g | jiven in | Part I. | 24s. WAS AN PERFOR | | 241 | | TOPSY FINDINGS LE PRIOR TO |
| MEDICAL | | | | | | | | | | 1 TYES 2 | | | | TION OF CAUSE |
| Ä | | | | | | | | | | | | | | S 2 NO |
| - | DID TOBACCO USE CONTI | RIBUTE TO CA | USE OF DEAT | TH YE | ES 🗆 I | NO X | UNC | ERTAIN | ΝП | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | E OF DEAT | | | | | | | | | | |
| 22 | EXAMINER? 1 YES 2 NO | HOSPITAL: | ER/Outpetient 3 | □ DO4 | OTHER | R: | o 5 MRo | .14 | à 🗆 🗪 | - 400 | | | | |
| ¥ | 27. MANNER OF DEATH | 26e. DATE OF | | 26b. TIM | | 28c. INJ | | sidence | | SCRIBE HOW I | NUMBY OF | CUBED | | |
| | Natural 5 Pending | (Month, E | | | JURY | WO | RK? | _ ou∈ | 200.02 | JOHNEL HOW I | MOINT OC | CONED | | |
| B√ | 2 Accident Investigation | 26e, PLACE (| OF INJURY — At hor | me ferm | street less | | | 1.00 | 261.104 | CATION (Street a | and Mumba | e oe Brimi | Dougla Num | har |
| | 3 Suicide 6 Could not be 4 Homicide determined | building | atc. (Specify) | nie, ierini, i | person, rece | ory, orner | | - 1 | | or Town, State) | and Nombe | r or nurar | HOUSE NUME | Der, |
| 画 | no. CERTIFIED | | | | - | | | | | | | | | |
| COMPLETED | 29a. CERTIFIER (Check only one) CERTIFYING PHYSI | | | | | | | | | | | | | |
| 2 | one) 2 MEDICAL EXAMINE | R/On the basis of a | xamination and/or is | nvestigatio | on, in my c | pinion, d | eath occur | ed at the | time, dat | e end place, en | d due to t | he ceuse(| e) and man | iner as stated. |
| O I | | 1) | | | | | | | | | | | | |
| | 296. SIGNATURE AND TIPLE OF CENTERS | # | | | | | 29c. LICE | ENSE NUA | MBER | | 29d. DA1 | TE SIQNE | D (Month, P | lay, Year) |
| TO BE CO | 29b. SIGNATURE AND TITLE OF CERTIFIE | <u> </u> | my | | | | | ENSE NUN | | 4 | 29d. DA1 | TE SIGNED |) (Month) | (P) (P) |

ownoth.

32. REGISTRAR'S SIGNATURE
Julia Dantelor Reveals

RC StormAllin



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item #18 per F.D. State of Maryland / Department of Health and Mental Hygiene 37480 12/02/96 Carroll Co Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** Month WILLIAM NEWTON 9-00 PM SEABOLT NOVEMBER 28 1996 /Medicai 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Carroll County General Hospital Westminster Carroll 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□ F Months Deys Hours Min Yrs. Director 75 227-24-5349 June 25, 1921 Virginia Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director MD Carroll Westminster 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 23a or 810 Hughes Shop Road 21158 United States Funeral "natural", or items Was Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. ifiled within 72 hours efter I Hygiene. other then "natural", or its 1 Never Married 2 Married 1 X Yes 2 □ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by If Yes, Give Year or Detes: WWII 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coliege (1-4or 5+) permit. Peges 1 and 2 should be filled will Department of Health and Mental Hygien Important: if item 27 is merked other thy any Injury or other traumatic event, the page. Shift Foreman 3M 17. Fether's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 Arch Seabolt Nichols 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Verna Collins Seabolt, wife 810 Hughes Shop Rd., Westminster, MD 21158 20e. Method of Disposition 20b. Pieca of Disposition (Neme of 12/02/96 20c. Location - City or Town, Stete cemetery, cremetory or other plece) 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Meadow Branch Cemetery Westminster, MD 22. Name and Address of Fecility Pritts Funeral Home & Chapel 21. Signeture of Funerel Service Licensee 412 Washington Rd., Westminster, MD 21157 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one ceuse on each line. Approximete fnterval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical SCHEMIC R DIO MYOPATHY YEARS **Examiner** Due to (or es e consequence of) Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequenca of): 50 signed by the a P.O. Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITUS Records. þ page 2 should Completed GANGRENE 24b. Were eutopsy findings eveliable prior to completion of cause of death? 24e. Wes en eutopsy performed? LEFT 1 Yes 2 No 1 Yes 2 No certificate of Vital Hospital or Attending Physician: filled in by the funeral director, Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No Certification: To this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Division 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 24 hours after death. Funerei Director: A 2 Accident 3 Sulcide 6 Could not be 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier To the Hosp within 24 hor To the Fune completely fi Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Phin M.D. 46962 NOVEMBER 28, 1996 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

M. SHIRAZI, M.D. HOUSE PHYSICIAN. CARROLL COUNTY GENERAL HOSPITAL.

32. Registrer's Signature

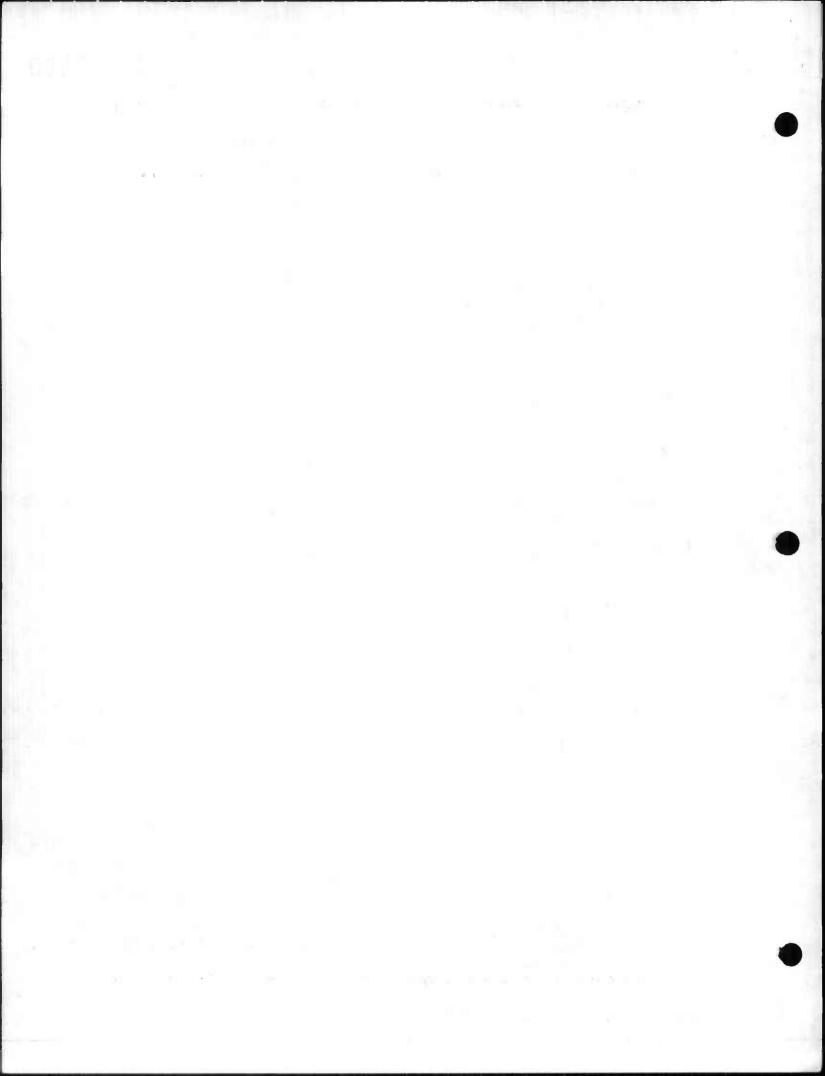
DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

DEC 0 2 1996

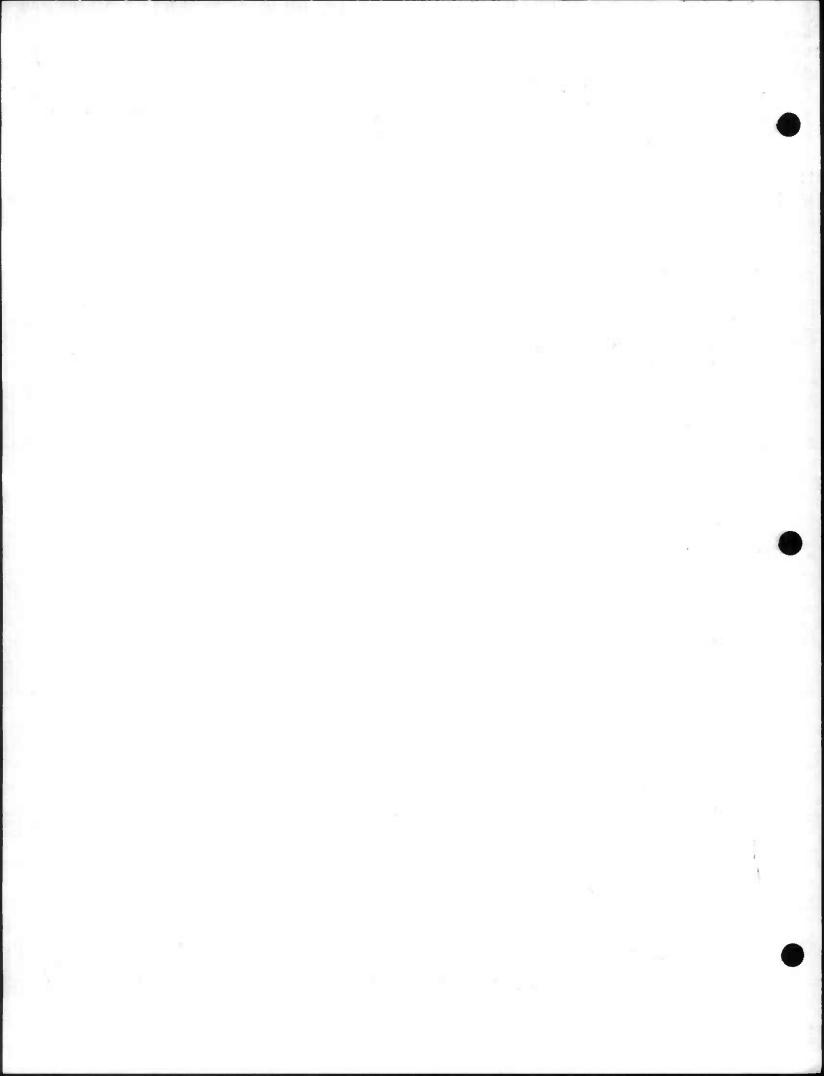


State of Maryland / Department of Health and Mental Hygiene Q 6

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| | | | | | | Ce | rtificate of | Death | | Reg. No. | D | 3/401 | |
|------------|--|-----------------|---|------------------|--|--|--|---|--|--------------------------------------|--|---|--|
| П | Physic | ian | Decedent's Neme (First, Middle, La | • | | | | | 2. Dete of Dea Month | Day | Year | 3. Time of Death | |
| Q. | /Medi | | Florence Virgin | | | | | | 11- | 0 | 36 | 0143 | |
| | Examir | | 4a. Facility Name (If not institution, give | | mber) | | | | r Location of Death | 4c. County | of Death | | |
| | | | 4705 Old Hanove | | | | | | inster | | Carro | | |
| ı | Funeral Director | | 5. Social Security Number 8. S 215-07-1239 | Gex I□M 2区F | 7. Age (In yrs. li | a <i>st birthd</i> ey) 85 ^{Yrs.} | Months Deys | If Under 24 H Hours Mi | n. (Month, Da) | h y, Year) 28, 1910 | 9. Birthp Coun | lace (State or Foreign stry) Maryland | |
| Т | p , | | Usual Rasidence of Decedent | | 10.00 | | | | | | | | |
| | Maryla | ō | 10a. State 10b. County MD Carroll | | | tmins | | | | | 1 | 0d. Inside City Limits 1 ☐ Yes 2 🗷 No | |
| | r 28e | Director | 10e. Street and Number | | | | 10f. Zip Code | | - T | 10g. Citizen of W | hat Coun | ntry? | |
| | 23a c | rai | 4705 Old Hanove | r Road | | | | 21158 | | United | Stat | tes | |
| 020 | s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiena. If Health and Mental Hygiena. Item 27 is marked other than "natural", or itama 23s or 28s-f show other traumatic avent, fire Medical Evantreer must be notified at | by Funeral | 11. Meritel Stetus 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced | Armed Fo | 1 ☐ Yes 2 ☑ No | | | as Decedent of Hispanic Origin? (Specify Yes or N Yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 2☑ No Specify: | | | 14. Race - American Indian, Bleck, White, etc. Specify: White | | |
| 21215-0020 | nin 72 ho | | 15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12) | ide completed) | cation 16a. Decedent's Usual Or (Give kind of work de (Give kind of work de Iffa. DO NOT use re | | | pation during most of w d) | 16b. Kind of Business/Industry | | | | |
| | od with rgiena. | Completed | 8 | | . 101 01/ | Wo | rker | | | Unifo | rm Se | ervice | |
| Maryland | d be filed ontal Hygi ad other | Be | 17. Father's Name (First, Middle, Last, | | | | | | ama (First, Middle, | | | | |
| 2 | and Mental la marked of | J. | Winfield Scott 19a. Informant'a Name/Relationship (| | La | 19b. Maili | ng Address (Street | | therine I Ru <i>ral Route Numbe</i> | | | | |
| | and 2 salth ar n 27 la | | Bonnie Ulbrich, | | er | | | | | - | | , Md 21158 | |
| more, | s 1 and if Health Item 27 other tr | | 20a. Method of Disposition | | CO | ace of Dispo | osition (Name of matory or other pla | (9) 11 | /30/96 | 20c. Location - | City or To | own, State | |
| E | permit. Pages 1 a Department of Hei Important: If them any injury or othe | | 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 🖾 Other (Specif | Removel from | State | - | on Park M | | | Baltime | ore. | MD | |
| a | Departme Importan any injur | | 21. Signature of Funerel Service Licer | | MOAI | 2: | 2. Negge and Addre | FULL STATE | Home & C | | | | |
| m | Depa Impo any i | | Katherine Pri | to - Au | estre | | 412 Was | hington | Rd., Wes | tminste | r, MI | 21157 | |
| | | | 23a. Part1. Enter the disease, or com ahock, or haart tallure. List only | | | . Do not en | ter the mode of dyi | ng, such as card | ac or respiratory en | rrest, | | Approximate Interval Between | |
| | Physician /Medicai | | Immediate Cause (Final disease or condition | 11- | NITONO | 111 - | 10 E | BRII | LATIO | N | | Onset and Death | |
| | Examiner | L | resulting in death) | a. VE | Due to (or | as a conse | quence of): | 0 . 0 | CATIO Outor | | | 010 11 | |
| | pet list | edicai Examiner | | b. A. | | | | dial | Jujar | etro | | | |
| , | ifficate be executed g physician and as the buriel-transit | Exar | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events | | Due to (or | as a conse | quence of): | | ` | | | | |
| 68760, | e be slcia | cai | Cause (Disaase or Injury that initiated events | C | Due to /or | as a consec | ruence of). | | | | | | |
| | E 0 6 | - | resulting in death) Last | | Due to (or | as a consec | querice ory. | | | | | | |
| Вох | ith cer itendin or use | Physician/N | | d | | | | | | | | | |
| o. | the at | /sic | Part II. Other significant conditions of | ontributing to d | eath but not resu | iting in the u | inderlying cause gi | ven in Part I. | 23b. Dld 1 | obacco use con | tributa to | the cause of death? | |
| α, | requires that the death cer seen signed by the attendin hould be detached for use | by Phy | | | | | | | 10 | Y98 20 No | 3 Prof | bably 4 Unknown | |
| ğ | w requiras been sig should b | | | | | | | | 24a. Was | an autopsy | 24b. W | ere autopsy tindings allable prior to | |
| Records, | 2 S | Completed | | | | | <u> </u> | | - | | OT. | mpletion of ceuse death? | |
| | | Cor | | | | | | | 101 | res 219No | 10 | ☐Yes 2☐No | |
| of Vital | Physician: The this certificate and director, page | Be | 25. Was case referred to medical examiner? | 112-1 | | | | | eath (Check only o | nel | | | |
| 0 | Physic this of ral dir | To | 1 Yes 2 No | | | R/Outpatle | IN BUNA | | Home 5 Resid | | | y) | |
| | After fune | ation: | 27. Manner of Death 1 Natural 5 Panding 2 Accident Investigation | | of Injury ith, Day Year) | 28b. Time o Injury | Wo | ryat rk? IYes 2 □ No | 28d. Describe i | now injury occurr | ed | | |
| Division | 구속부리 | Certification: | 3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined | 286. Place | of Injury - At hor ing, etc. (Specify, | | reet, fectory, office | 7, office 28t. Location (Street and Number or Rural Route Number, City or Town, State) | | | | il Route Number, | |
| | depital | edical C | 29a. Certifier 1 Certifying Ph (Check only one) 1 Medical Example 1 | niner: On the b | best of my know asis of examinati ner stated. | rledge, deet on and/or in | h occurred at the ti vestigation, in my o | me, date and pla opinion, death oc | ce, and due to the curred at the time, | cause(a) and ma date and place, a | nner as si | tated. the causa(s) | |
| | To the I within 2 To the I complet | Me | 29b. Signature and title of certifier | wap | anna | nI | 29c. Licens | se number SeOOO | | 29d. Dete signed | | | |
| | | | 30. Nama and address ot person who | completed aus | sa of death (Itam | | Print) P | d wei | mine? | | | 1)(7 | |

State Registrar 31. Data tilad (Month, Day, Yaar)
NOV 2 9 1996
32, Registrar's Signature
Revolution Revo



State Registrar 30. Nama and addrass di

31. Data filad (Month, Day, Yaar)

erson who completed causa of daath (Itam 23a) (Type, Print)

32. Registrar's Signatura

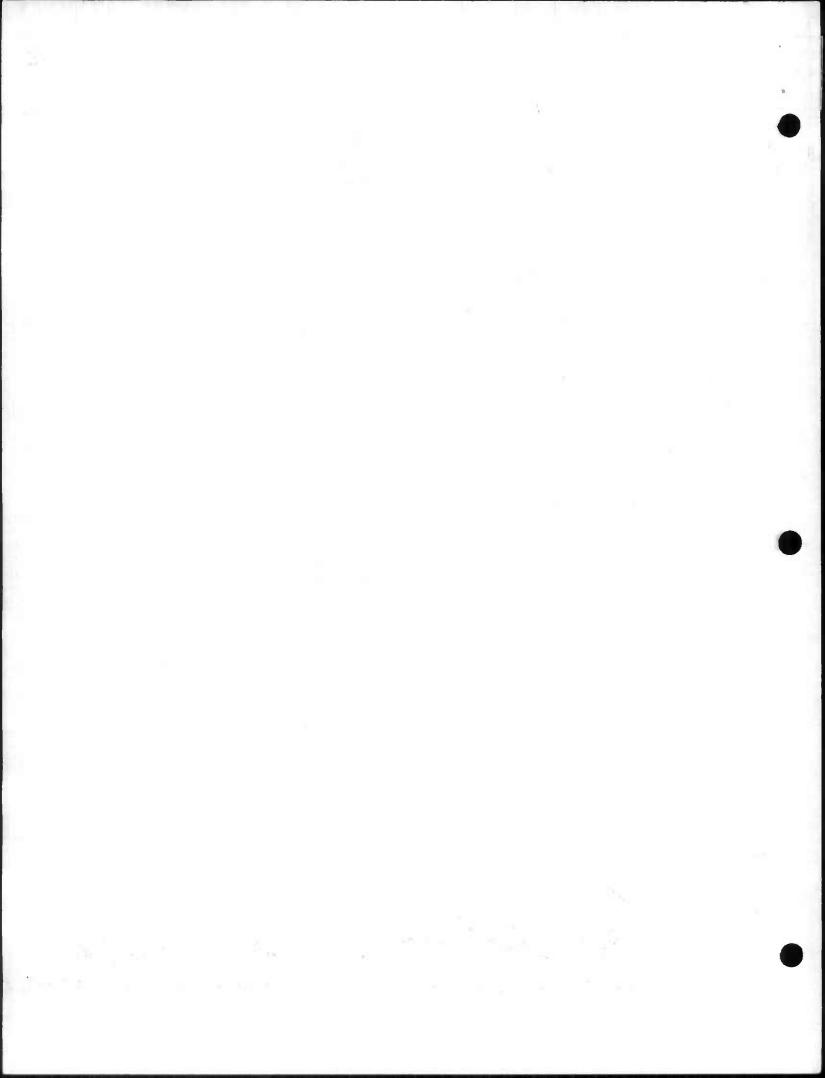
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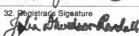


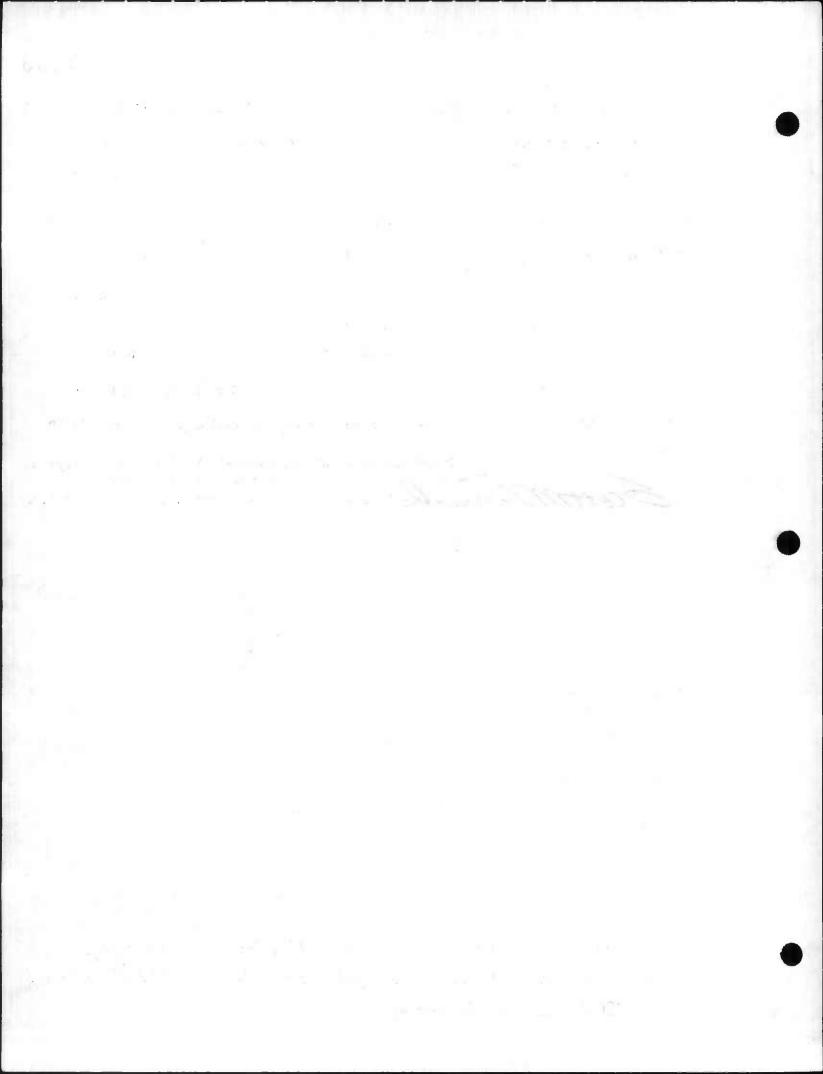
State of Maryland / Department of Health and Mental Hygiene 37483 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Tima of Death **Physician** Month Year Pearl Elizabeth SIGLER 6:05 Am November 30, 1996 /Medical 4e. Fecliity Nama (If not Institution, giva streat end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 211A Stonecroft Court Hagerstown Washington If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)

Months Days Hours Min. Dec. 15, 1 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** 1 M 2 X F 93 Yrs. 220-30-9378 1902 Maryland Director Usual Rasidance of Dacadant the Maryland Show 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 end 2 should be filed within 72 hours efter death with the Marylainent of Health end Mental Hygiens. Intent of Health and Mental Hygiens. Int: If term 27 is marked other than "natural;, or items 23a or 28a-f show ury or other traumatic event, the Medical Examiner must be not listed. Maryland | Washington 1 Yes 2 No Director Hagerstown 10e. Straat and Numbar 10f. ZIp Code 10g. Citizan of What Country? 211A Stonecroft Court 21740 U.S.A. Funeral 12. Was Dacedant Ever In U,S. Armed Forcas? 14. Reca - Amarican Indian, Biack, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, spacify Cuben, Maxican, Puarto Ricen, atc.) 1 Never Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Spacify: by 3 ☑ Widowad 4 ☐ Divorced Specify: white Completed 15. Decedent's Education (Spacify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Eiamentary/Secondary (0-12) College (1-4or 5+) homemaker 0 - 5own home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Sumama) Be Elmer Durbin Cora Louise Corderman 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straet and Numbar or Rural Route Number, City or Town, Stete, Zip Coda) permit. Pages 1 end:
Department of Health
important: If Item 27 I
eny injury or other tri Mrs. Mary Smith 6723 Dam No. 4 Road, Sharpsburg, Maryland 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other pleca) Data 20c. Location - City or Town, Stete 1 ⊠Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Greenlawn Memorial Park 12-3-96 Williasmport, Maryland 2. Nama and Address of Facility Minnich Funeral Home 21. Signature of Funeral Service Licensee 415 East Wilson Blvd., Hagerstown, Maryland 21740 23a. Part1. Entar tha disaasa, or complications that ceusad tha death. Do not antar tha moda of dylng, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each line. **Physician** /Medical Immediata Causa (Finai acute pulmonary eden disaasa or condition resulting in daath) monty Examiner Due to (or as a consaquence of): congestion Lent forline Examiner The law requires that the death cartificate be executed bunel-transit Dua to (or es e consequance of): Saquantially list conditions, if any, laading to Immadiata causa. Enter Undarlying Causa (Disaasa or Injury Ihet initiated avants resulting In daath) Last P.O. Box 68760. as terredecobe Physician/Medicai Due to (or as a consequenca of): as ate has been signed by the attandin page 2 should be detached for usa Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown beabeler Mullity Type I Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? 1□ Yas 2K No certificate al or Attending Physicien: The safter deeth.

In Director: After this certificate ed in by the funeral director, pa Be 25. Was casa rafarrad to medicel 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yas 2 No Certification: 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 1 Naturai 5 Panding 1 Yas 2 No investigation NAM 2 Accident 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) ; 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At home, ferm, straat, factory, offica building, atc. (Spacify) 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di complately filled in 29a. Cartifiar 1 Cartifying Physician: To the bast of my knowledga, daath occurred at tha tima, data and place, and dua to the causa (s) and mannar as stated. Medicai (Check only one) 2 Medical Examiner: On tha basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(a) end mennar stated. 29b. Signatura and titia of certifier 29c. License number Hawan Muin pleted cause of death (Item 23a) (Type, Print) 348 Mihh-S7

State Regiutta 31. Date filed (Month, Day, Year) DEC 0 4 1996





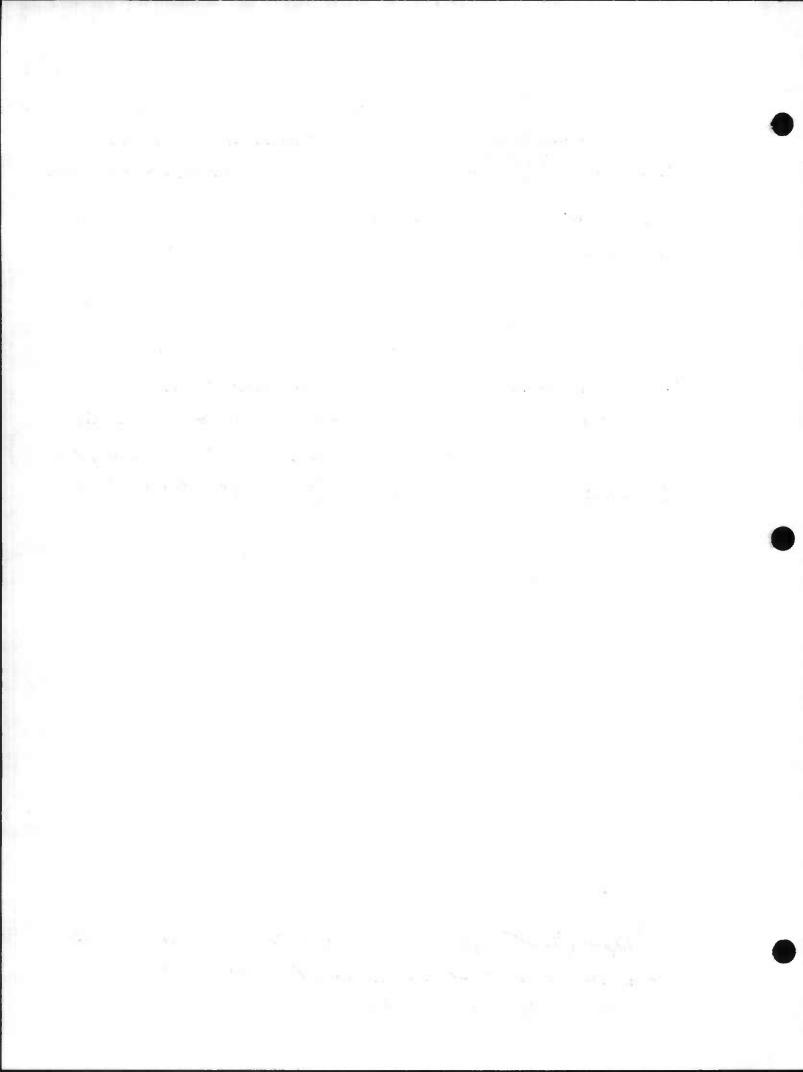
State of Maryland / Department of Health and Mental Hygiene

37484 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** Month Year Achsah Schetrompf November 30,1996 5:10 P.M /Medical 4a. Fecility Nama (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Avalon Manor, Inc. Hagerstown Washington 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 6. Deta of Birth (Month, Dax, Year) January 22, 1907 9. Birthplace (Stata or Foreign Country) Pennsylvania 7. Age (In yrs. lest birthday) **Funeral** 1 ☐ M 2 🖫 F Months Days Hours Yrs 89 Director 170-12-6630 A Usual Rasidance of Decedant with the Maryland 10a Stata 10h County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be multied at 1X Yes 2 □ No Director Maryland Washington Hagerstown 10e. Streef and Numbar 10f. Zlp Code 10g. Citizan of What Country? 21740 USA 1145 Kuhn Avenue Funeral death 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ሺ No If Yes, Give Yaar or Datas: 11. Maritel Status Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxicen, Puarto Ricen, atc.) 14. Rece - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after or Department of Health and Mental rhygiene. If them 27 is marked other than "natural", or then any injury or other traumatic event. 1 ☐ Naver Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedant'a Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coltega (1-4or 5+) housewife home 8 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Malden Sumama) 8 Mary Ellen Powell Charles David Bishop 19a. informant'a Name/Ratationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 143Street Whitestone, New York 11354 Ellen Russell 20b. Plece of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata Mayes Chapel Cemetery 12/4/96 Warfordsburg, Penna. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Addrass of Fecility Gerald N. Minnich Signature of Funerel Sarvice Licensee 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23a. Part1. Entar the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset end Deeth **Physician** Cerebrovascular accident (stroke /Medical Immediata Causa (Final one week disaasa or condition rasulting in daath) Examiner sician and buriel-transit Sequentially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that initiated events rasulting in death) Lasf Dua to (or as a consequance of): physician s the buriel P.O. Box 68760. 2 Physician/Medical Due to (or as a consequence of) use as attending | signed by the at d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records. à 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? 21 No 1 ☐ Yas 2 ☐ No certificate Division of Vital Attending Physician: 25. Was cesa referred to medicel Be 28. Place of Death (Check only ona) Hospital: 1 ☐ Inpafienf 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 1 Yas 2 No 2 this 27. Manny of Death 28a. Data of injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of After 5 Panding invastigation To the Hospital or Attending within 24 hours efter deeth.

To the Funeral Director: Afte completely filled in by the fune. 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of tnjury - At homa, farm, streat, factory, office building, atc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

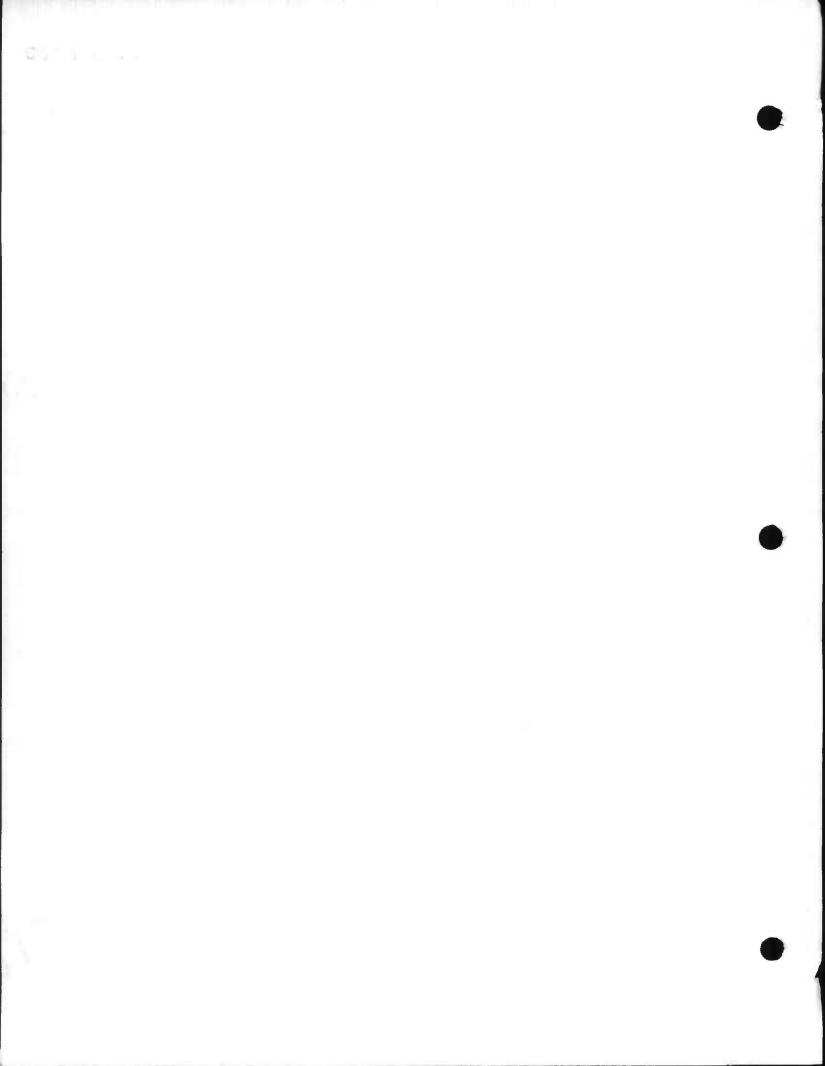
2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner stated. Medical 29a, Certifler (Check only one) 29d. Data signed (Month, Dey, Year) 29b. Signatina and titla of certifier 29c. Licensa number Dec 2, 1996 M who completed ceusa of daath (Itam 23a) (Type, Print)

1 20 311 LAPPANS RD 30. Nama and addrass of person BrowsBore MD 217/3 MALIK 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State DEC 0 5 1996 Registrar



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINNERAL DIRECTOR, After this certificate has been stoned by the attending physician and commission filed in by the structure acres. It should be attended to the attending the physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

| | FOR STATE REGISTRAR | STATE OF MARYLAND | / DEPART | MENT OF H | EALTH AND | MENTAL HYGIEN | | | | | |
|--|--|---|----------------------------------|-------------------------------|--------------------------------|--|--------------------|--|--|--|--|
| | t. DECEDENT'S NAME (First, Middle, Last) CATHARINE | | LE I GH | | | 2. DATE OF DEATH MONTH | MY Y | 3. TIME OF DEATH | | | |
| | 4. SOCIAL SECURITY NUMBER 213-24-9748 | 5. SEX 6. AGE (In yrs. | | IF UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | NOVEMBER 2 7. DATE OF BIRTH (Month, Day, Year) Oct. 15, 1 | 1 | 96 12:15 P M BIRTHPLACE (State or Foreign Country) EW York | | | |
| TOR | 98. FACILITY NAME (If not institution, give street and number) Reeder's Memorial Home Boonsboro Boonsboro Washingt | | | | | | | | | | |
| AL DIRECTOR | 10a. STATE 10b. COUNT | hington | | TOWN OR LOCAT | TION | | - | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO | | | |
| | 100. STREET AND NUMBER 12 S. Walnut Stre | et | | 101 | 21740 | | | OF WHAT COUNTRY? | | | |
| 8 | 11. MARITAL STATUS 1 Never Married 2 Married 3 💢 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S. FORCES? t YES 2 (IF YES, GIVE WAR OR DATES | ARMED | If yes, sp | | NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy: | e or No — 14. | RACE — American Indian, Black, White, etc. Specify: White | | | |
| once. COMPLETED | 15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12) | completed) College (1-4 or 5+) | Ille. Do NOT use i | k done during mo retired.) | DN st of working | 16b. KIND OF BU | SINESS/INDUST | | | | |
| | 12 17. FATHER'S NAME (First, Middle, Last) George P. Deuter | | homemak | ker | 18. MOTHER'S NA | home home Kane | Surname) | | | | |
| TO BE | 190. INFORMANT'S NAME (Type/Print) Robert G. Schlei, | gh | 196. MAILING AI 213 Bro | ookside | nd Number or Rural Terrace | Route Number, City or Tox | on, State, Zip Coo | aryland 21742 | | | |
| or removal. medical examiner must be | 20a_METHOD OF DISPOSITION 1 | | | | | | | | | | |
| al examin | 21. SIGNATURE OF FUNERAL SERVICE LI | Minnie | h | Geral | d N. Mir al Home | nnich 305 | erstow | tomac Street | | | |
| | IMMEDIATE CAUSE (Final disease or condition | List only one couse on each l | death. Do not | | da of dying, suc | ch as cardiac or reap | iratory arrest | Approximata interval Batween Onset and Death | | | |
| event, the | resulting in death) | #1 | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CONS | SEQUENCE OF): | nler | Acciden | | | in | | | |
| Hygiene or other | CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| any inju | PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AM PERFORMED? COI PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PE | | | | | | | | | | |
| hows ME | 44 | THE TO CALIFF OF DE | | | | | | OF DEATH? 1 YES 2 NO | | | |
| AN Z3 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | 26. Pt | LACE OF DEATH | | UNCERIAI | иП | | | | | |
| or Item YSICI | 1 🗆 YES 2 🗗 NO | HOSPITAL: 1 Inpetient 2 ER/Outpetient | | THEB: | 5 Residence | 6 Other (Specify) | | | | | |
| s marked, or BY PHYS | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 26a, DATE OF INJURY (Month, Day, Year) | 28b. TIME (| Y WO | URY AT RK? ES 2 NO | 28d. DESCRIBE HOW I | NJURY OCCUR | ED | | | |
| m 28 i | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — At building, etc. (Specify) | | | | 281. LOCATION (Street City or Town, State) | | tural Route Number, | | | |
| T ite | | ICIAN: To the best of my knowledge, ER: On the beels of examination and/ | | | | | | use(a) end manner as stated. | | | |
| be filed within 7 IMPORTANT: TO BE CON | | - TOLL MD | | | D LP 0 | | 717-21 117-21 | SNED (Month, Day, Year) | | | |
| | 30. NAME AND ADDRESS OF PERSON WHO | A 334 MILL STRE | ET, HA | INE) NGE RSTO | √N, MARY | LAND 2174 | 0/1-30 | 1-739-7100 | | | |
| | DEC 0 2 19 | 96 July Charge SIGNATURE | Radall | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

37486

| Physician |
|-----------|
| /Medical |
| Examiner |
| |

Funeral

Director with the Maryland

7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at deeth Pages 1 and 2 should be filed within 72 hours after nent of Heelth and Mental Hyglene. nt: If Item 27 Is marked other than "naturel", or ite other t permit. Pages Department of Important: If II any Injury or once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician end s the burial-transit that the daeth certificate be executed 88 ed by the attending detached for use as signed by t peen hes certificate Attending Physician: this funeral After death. A Hospital or Attendit 24 hours after death. Funeral Director: A To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completely filled in by the

Be

2

Certification:

Medical

Records, P.O. Box 68760

Division of Vital

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Desth 3. Tima of Death Dey Month Veer December, Joseph Wister Sullivan 1,1996 8:00a.m. 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 10685 Billingsley Road White Plains Charles | H Under 1 Year | H Under 24 Hrs. | S. Date of Birth (Month, Day, Year) | SEPT 7, 1939 6. Sex 1 → M 2 □ F 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Yrs. 578-50-9763 57 Washington, DC Usuel Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 🎾 No Director Maryland Charles White Plains 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20695 USA 10685 Billingsley Road 12. Was Decedent Ever in U,S. Armed Forceş? 1 ☐ Yes 2 ZNo If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus 14. Raca - American indian, Bleck. White, etc. 1 Never Married 2 Merried Specify: White 1□ Yes 🏖 No Specify: by 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry District of Columbia Elementary/Secondary (0-12) College (1-4or 5+) Public Works Government 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Catherine Williams Sullivan P Raymond M. Sullivan 19a. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10685 Billingsley Rd White Plains, MD 20695 Georgia E. Sullivan (Wife) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removel from Stete cemetery, crematory or other place)
4 Company 5 Stocker (Specify) Mausoleum Trinity Memorial Gardens 12-4-96 Waldorf, MD 21. Signature of 22. Neme end Address of Fecility MO0173 J.H. Eberwein Mortuary 4433 White Pls La White Pls., MD 20695 Approximate interval Between Onset and Deeth the disease, or complications that caused heert feilure. List only one cause on each lir nplications that caused the death. Do not enter the mode of dying, such as cardiac or respirstory arrest, Immediate Cause (Finel disease or condition resulting in death) Lung Cancer Due to (or as a consequenca of): Examiner Sequentially list conditions, if sny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24a. Wes an autopsy performed? Completed

24b. Were sutopsy findings avsilable prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 1 ☐ Yes a No 27. Mapner of Death

(Naturai

29e. Certifier

2 Accident

3 Suicide

4 Homicide

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work?

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

1 Yes

1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

**Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated. 29b. Signature end title of cartifier

29c. License number D28352

29d. Date signed (Month, Day, Year) December 2, 1996

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

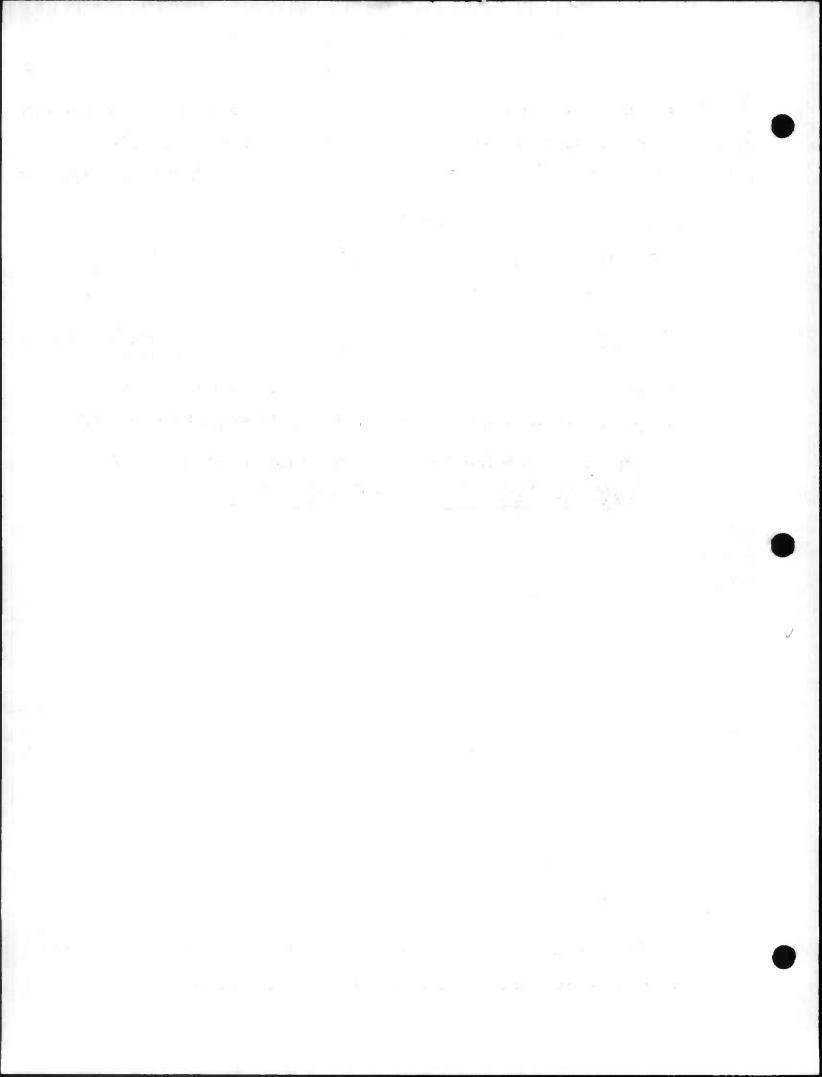
Krishan Mathur, M.D. - P.O. Box 2729 - La Plata, MD 20646

State Registrar 31. Dete filed (Month, Day, Year) DEC 0 4 1996

5 Pending Investigation

6 Could not be

32. Registrar's Signature Alin Shudson Randall



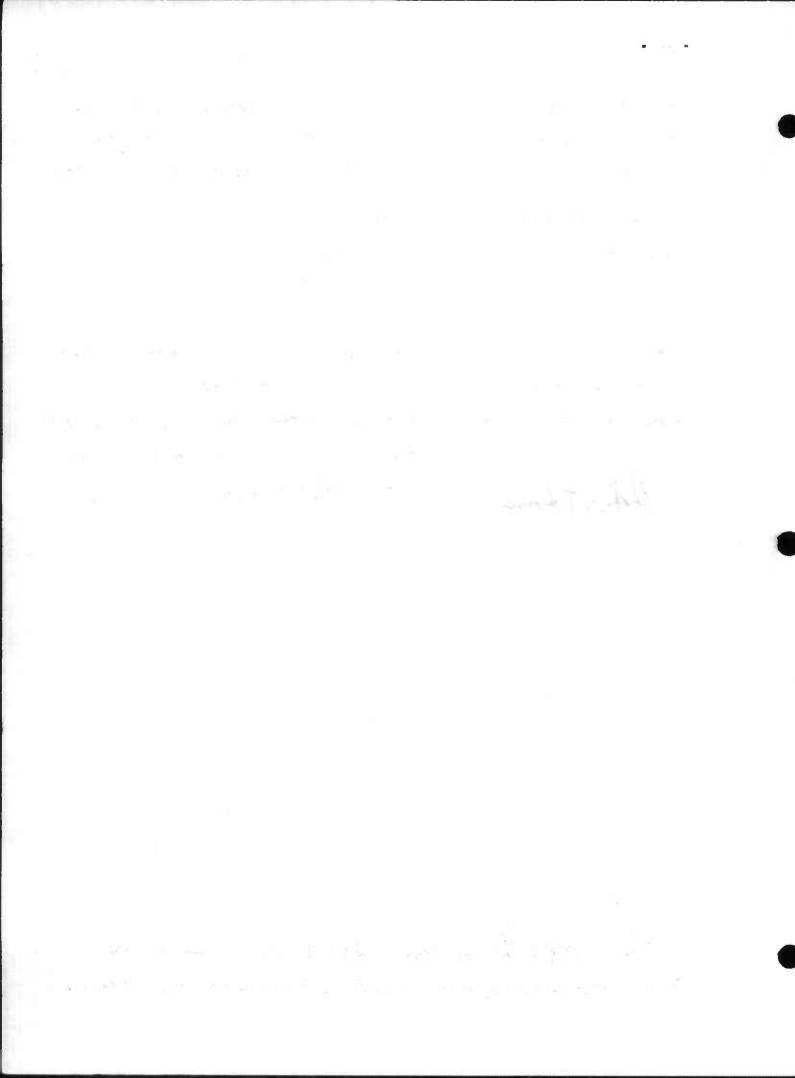
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama /First. Middla. Last) 2. Data of Death ^{Day} 29, 1996 **Physician** Month Iona O'Brien Todd November 6:40 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 518 Academy Street Dorchester Cambridge H Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Dec 14, 1920 5. Social Security Number 9. Birthpiaca (State or Foraign Country) Maryland 7. Aga (In yrs. last birthday) **Funeral** 1 □ M 20 F 220-10-6186 75 Yrs. Director Usual Rasidance of Decedent the Marylend 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at XX Yas 2 No Dorchester Cambridge Director Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ŏ 518 Academy Street items 23a Funeral 21613 US Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene. Int: If Hem 27 Ie marked other than "natural", or items 23 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Maritai Status 1 ☐ Navar Married 2 ☐ Married 1 □ Yas ANO Spacify: White altimore, Maryland 21215-0020 þ XX Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Elemantary/Secondary (0-12) Coilega (1-4or 5+) Line Supervisor Electronics Plant 17, Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Department of Health and Mental Important: If Itam 27 Is marked of eny injury or other traumatic evenue. Rufus Н. Wheeler Margaret Lowry 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Jacqueline L. O'Brien Grand Daughter 518 Academy Street Cambridge, Maryland 21613 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1X Burial 2 Cramation 3 Ramoval from State Cambridge Cemetery 12/2/96 Cambridge, Maryland 5 Othar (Specify) 4 Donation 21. Signature Funeral Sarvice Licensae 22. Nama and Addrass of Facility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 23a. Part / Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock or haart failure. List only one cause on each line. **Physician** /Medical TEL Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Hopenia The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaase or Injury that Initiated evants rasulting In daath) Last Mocroplabulinemia Division of Vital Records, P.O. Box 68760. physician and en 3 from 3. Physician/Medicai the ettending | signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to Be Completed 24a. Was an autopsy completion of cause of daath? certificate has t lirector, page 2 s 1 Yas 2 No 1 □ Yas 2 □ No or Attending Physician: director 25. Was casa referred to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Assidance 6 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA s after death.

I Director: After this od in by the funeral d this 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida within 24 hours aff To the Funeral Di completely filled in Hospital 1 Exertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 94 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) urla Und 30. Nama and addrage of per on who complated causa of death (Itam 23a) (Type, Print) ZALEXDRAST CAMBRISCE, ULD 21613

1996 Jan Durilen Randall

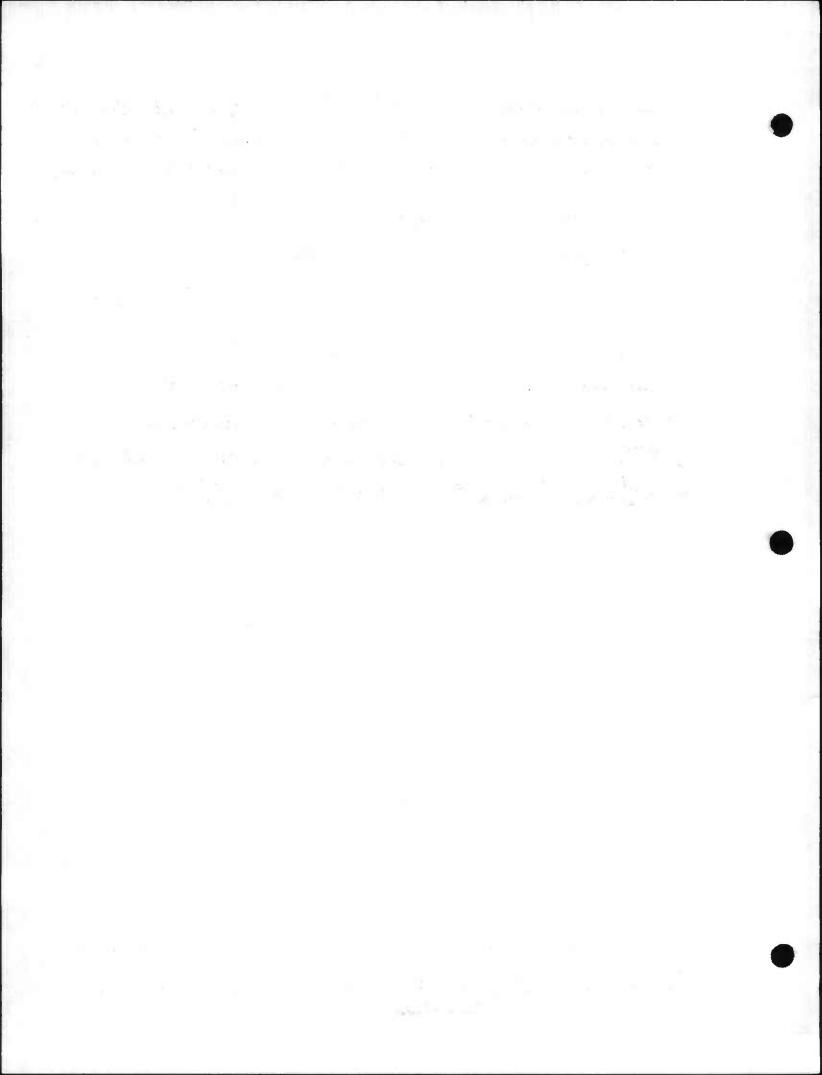
State Registrar



State of Maryland / Department of Health and Mental Hygiene Q 5

371,88

| | | | | | | | Cei | rtificate | of | Death | | | Reg. No. | , 0 | 0 1 4 | 00 |
|------------|---|----------------|---|---|--|--|-------------------------------|-------------------------------|-----------------|------------------------------|----------------------|------------------------------------|----------------------------------|---|--------------------|------------------|
| | | | 1. Decedant's Neme | e (First, Middla, La | st) | | | | | | | 2. Dete of De | eth | | | of Death |
| | Physic /Medi | | Cornel | ia Jane | Taylor | | | | | | | Month | 28 | 1996 | 13 | 3:45 |
| | Exami | | 4a. Facility Nema (// | f not Institution, giv | e street end nur | mber) | | | | 4b. City, To | wn, or Lo | ocation of Deet | | ty of Death | | |
| | Enailli | | washin | aton Cou | nty Hos | pital | | | | Had | ers. | town | Was | shingt | on | |
| | Funeral | | 5. Social Security N | umber 6. S | Sax | 7. Age (In yrs. la | | If Under 1 | Yeer | if Under | | | | | | te or Foreign |
| | Director | | 217-09- | 7210 | 1□M 2√F | 8 | 5 Yrs. | | | 110010 | | Feb. 3, | 7977 | Ma | ryla | nd |
| | pur * | | Usuei Rasidence of 10a. Steta | 10b. County | | 10c City | , Town or Lo | ocation | | | | | | | Od Incide | Clar I Imila |
| | sho | 5 | Md. | Washi | natan | | Hagers | | | | | | | , | | City Limits |
| | he N | Director | | | ngxon | ' | lugers | | | | | | | | | 200 |
| | 3a or 3 | al Dir | 10e. Street and Nur | virginia | Ave. | | | 10f. Zip C | | 1740 | | | 10g. Citizan of | What Coun | try? | |
| | deati | Funeral | 11. Meritel Stetus | 710 05 011 011 | 12. Wes Dece | edant Evar in U,S | 3. 13. 1 | Wes Deceda | nt of H | lispanic Orig | gin? (Sp | ecify Yas or No Rican, atc.) | - 14. Ra | ce - Amaric | | |
| 21215-0020 | be filed within 72 hours after death with the Meryland tel Hygiene. I other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at | by | 1 X Nevar Merri 3 ☐ Widowed | ed 2 Married 4 Divorced | Armed For 1 ☐ Yes If Yas, Giv Yaar or Da | 2. No | | r Yas, specir 1□ Yas 2) | | | , Puarto | Hican, atc.) | Speci | eck, Whita, in which which which which with the world and the whole which will be a second and the world and the which which will be a second and the world | | |
| 5-0 | s within 72 ho iene. r then "netur tre Medical | Completed | (Spec | 15. Decedent's Edify only highest gra | | | 16a. Deced | dent's Usual kind of work | Occup | ation | of work | ina | 16b. Kind of 8 | 3usiness/înc | Justry | |
| 21 | within ene. then | npidu | Elamantary/Secon | | Coilega (1 | -4or 5+) | lifa. | DO NOT use | ratired | d) | 01 110111 | | | | | |
| 2 | ygier Mertr | 00 | 8 | | | | | Homema | ike | | | | | Home | | |
| Ind | H O D | Be | 17. Fathar's Name (| | | | | | | | | | , Melden Suma | | | |
| Z | 2 should be filed withing and Mentel Hygiene. Is marked other then sumatic event, tre M | 2 | | loward Ta | - | | | | | Ea | an | reare s | Shreiner | L | | |
| Maryland | d 2 should be filed in and Mentel Hyg 7 is marked other traumatic event, | | 19a. informant's Ne | | | 1011 | | | | | | | er, City or Town | | | |
| | earth m 27 | | | A. Taylo | r (Sisi | | | | | | 2. H | | own, Md. | | | |
| Baltimore, | Peges 1 and 2 ment of Health ant: If Item 27 is ury or other tra | | 20a. Mathod of Disp | osition Cremation 3 E | Removal from I | State 20b. Pla | ace of Dispo metery, cran | sition (Nama natory or oth | of ar plac | ca) | į_ | Data | 20c. Location | | | |
| Ë | Pe Hant: | | 4 Donation | 5 Other (Specif | VI / | Resa | | | | | | | Hager | | | |
| Sal | pemit. Pege Department of important: If eny injury or once. | | 21. Signature of Fu | neral Service Licer | Willer | 1- | 22 | . Nema and | Addra - | ss of Facility | y | 12525 B | Bradbury | Ave. | | |
| | 0 = = 0 | | 10 | yr conn | no | torre | V | avis t | un | eral t | 10me | Smithsb | wrg. Md. | 2178 | 3 | |
| | | | 23a. Part1. Enter the | a disaase, or com t failure. List only | plications that co | aused the daeth. | Do not ant | ar tha moda | of dyir | ng, such as | | | | | Approxim | nata Netwoon |
| V | Physician | | | | | | | | | | | | | | Onsat en | |
| 4 | /Medical Examiner | | Immediata Cause (I diseasa or condition | | | m | Wiph | mye | Lon | 29 | | | | | in | The |
| | Examine | | rasulting in daath) | | a. | Dua to (or | as a conseq | uence of): | | | | | | | | |
| | D # | ine | | | b | | | | | | | | | 1 | | |
| | and -tran | Examiner | Sequentially list con | nditions, | J , | Dua to (or | as a conseq | uance of): | | | | | | | | |
| 68760, | se ex | | Sequentially list cor if any, leading to im cause. Entar Undar Cause (Disaasa or i | rlying | | | | | | | | | | | | |
| 87 | sate t | Medical | that initiated evants resulting in death) L | | 0. | Due to (or | es e conseq | uance of): | | | | | | ! | | |
| 9 X | death certificate be executed the estending physician and and for use es the burial-transit | | | | d | | | | | | | | | | | |
| Box | etten for us | Physician/ | | | | | | | | | | | | İ | | |
| o | y the | ysic | Part il. Other eignifi | cant conditions o | ontributing to de | ath but not resul | iting in tha ui | ndarlying cau | se giv | en in Part I. | | 23b. Did | tobacco use c | ontributa to | the caus | e of death? |
| Ω, | that the dended by the e | | Anterio | rdent | in con | livera | u D | nnear | ^ | | | 10 | Yaa 2□ No | 3 ☐ Prot | ably 4 | □ Unknown |
| ds, | 5.5 | d by | 1-56 | Cene Fe | Mua | Phina | 910 | | | | | 040 11100 | | 245 W | era autops | u findings |
| Ö | v requin | Completed | Harry 1 | | | | | | | | | perfo | an autopsy ormed? | ava | allable prio | or to |
| Record | 0 - 0 | ш | | | | | | | | | | | | of c | death? | |
| a | cate he | | | | | | | | | | | 10 | Yes 2 No | 10 | Yas 2 | □No |
| Vitai | Physician: The this certificate ral director, pag | Be | 25. Was case refarr axaminar? | ed to medical | Hospitali d | / | | | 104 | | of Deat | h (Check only | ona) | | | |
| ō | 0 0 | 2 | 1 Yas 2 H | | | npatiant 2 E | | | Oth | 4 (2000) | | | dence 6 🗆 Ot | | 1) | |
| | is or Attending Paties deeth. Director: After to in by the funer | Certification: | 27, Mennar of Death 1 ☐ Natural 2 ☐ Accident | 5 Panding invastigation | 1 | h, Day Year) | 28b. Tima of Injury | M 280 | i. Injur Wor | yat k? Yes 2∐1 | | 28d. Describe | how injury occu | med | | |
| Division | i or Atta after de Directe d in by t | ertific | 3 ☐ Suicide 4 ☐ Homicida | 6 Could not be determined | 28a. Place | of Injury - At hor ng, etc. (Spacify) | | aat, factory, | office | | | 28f. Location (City or To | Straat and Num wn, Stata) | ber or Rura | l Routa No | umber, |
| | Hospita 14 hours Funeral tely fille | edical C | 29a. Cartifier (Check only one) | 1 ☐ Certifyi ng Ph 2 ☐ Medical E xan | ysician: To tha la ninar: On tha ba and menn | isls of axamination | ledga, death on and/or inv | occurred et | the tin | na, deta enc pinion, deet | d place, h occurr | and due to the red at tha tima, | ceusa(s) end m data and place | annar as st | ated. the cause | e(s) |
| | vithin 2 To the comple | Z | 29b. Signatura and t | title of certifiar | | | | 29c. I | icens | a number | | | 29d. Data sign | ed (Month, | Day, Year, |) |
| | ->-0 | | | -(2) | ea my | D | | D | 18 | 019 | | | Nov 2 | 9 / - | 5.5 | |
| | | | 30. Name and addra | es of person who | | | 23a) /Tuma | | | * | | | | | 16 | |
| | | | Dr 1 | Ha | 77 L | M. | Loa, (Type, | < 1 - | 1 | - 10 | 100 | pret | own | 17 | 1 | |
| | Sta | te | 31. Data filed (Monti | | 30, Re | egistrer's Signetu | - S | 2156 | 61 | | MAN | 421 | 0 00 11 | 1:10 | 1 | |
| | Registr | | DE | C 0 2 199 | 6 July | egistrer's Signetu | tarbeth | | | | (| | | | | |
| | | | | | | | | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 37489 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Lloyd Tilghman, Sr. Joseph 96 11 19 12:00PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 9115 Crandall Road Prince George's Lanham 8. Dale of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) **Funeral** Birthplece (State or Foreign Country) Deys 1X M 2□ F 67 Yrs Director 578-36-5913 July 5, 1929 Washington DC Usuel Residence of Decedent 10e. Slete 10b. County 10c. City, Town or Location 28a-f show 10d, Inside City Limits Prince George's Examiner must be notified Maryland Lanham Director XXYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 0 9115 Crandall Road 20706 USA or Items 23a 12. Wes Deceden! Ever in U.S. Armed Forces? 1 ⊠ Yes 2 □ No 10/7/52 Il Yes, Give Yeer or Detes: 10/6/54 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or the any Injury or other traumatic event, the Medical Examina 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Eiementery/Secondery (0-12) College (1-4or 5+) Blueprinter Private 12th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Lloyd Ignatius Tilghman Josephine Gordon 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Alice Tilghman/Wife 9115 Crandall Road, Lanham, MD 20706 20a, Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stele Maryland Veteran's Cem. 11/26/96 Cheltenham, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Nana A . Percentie J. B. Jenkins Funeral Home 7474 Landover Road, Landover, Maryland 20785 23e. Pent1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Physician/Medical Examiner 6 month The law requires that the death certificate be axecuted for use es the burial-trans Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Records, P.O. Box 68760. Due to (or es e consequença oi): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy lindings aveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? Division of Vital al or Attending Physician: Ts after death.

Is Director: After this certificated in by the funeral director, pa Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 2 No 1 Yes 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 1 Naturel 2 Accident 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28d. Describe how Injury occurred 5 Pending Investigation 1 Yes 2 No 6 Could not be determined the Hospital or Attention 24 hours after deathe Funeral Director mpletely filled in by the 3 ☐ Sulcide Plece of Injury - At home, Ierm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier (Check only 1 X Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and plece, end due to the cause(s) end menner steted. Medical one To the within 2 To the i 29b. Signature and otte of certifier 29c. License number 29d. Dete signed (Month, Day, Year) trand 1Rev 20. 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Sajeev Anand, M.D. 7343-A Hanover Parkway, Greenbelt, MD 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture July Davalar Rank NOV 26 1996 Registrar

9)

DHMH 16 Rev 6/95

was at 4 days

State of Maryland / Department of Health and Mental Hygiene

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| | | | | | Certificate of | Death | Re | eg. No. | | |
|-------------------|---|----------------|--|--|--|-------------------------------|----------------------------------|------------------|----------------|---|
| | | | 1. Decedent's Neme (First, Middla, Las | 0 | | | 2. Dete of Deet | h | | 3. Time of Deeth |
| | Physic | | Sherman | Lee WI | ILSON | | Month November | 2 27. 1 | 996 | 10:25 P.N |
| 3 | /Medi | | 4a. Facility Neme (If not Institution, give | | 110010 | 4b. City, Town, or Lo | | 4c. County | | 10123111 |
| 3 | Exami | ner | | Harvey College | | | | | | |
| | | | | 4 | | Taylors ! | | | | |
| | Funeral | | 5. Social Security Number 6. Se | 7. Age (In yrs. las | Yrs. Months Deys | Hours Min. | 8. Data of Birth (Month, Dey, | Year) | | ce (Stete or Foreign |
| | Director | | 212-16-8416 | 81 | 115. | | Sept, 00 | 1,1915 | Mar | Ryland |
| | pu * | | Ususl Residence of Decedant 10e. State 10b. County | 10c City | Town or Location | | | / | 104 | I looke Challesto |
| | sho sho | - | | | | A | | | 100 | Inside City Limits I □ Yes 2 In No. |
| | N I | ctc | | nester t | aylors Is | lond | | | | 10108 20010 |
| | # P P | Director | 10e. Street and Number | | 10f. Zip Code | | 10 | 0g. Citizen of W | /het Country | n |
| | 15 w | | 1.0. BOX 12 | 4 | 216 | 69 | | ZI | 5. | |
| | dea dea | Funeral | 11. Meritel Stetus | 12. Was Decedent Ever in U.S. Armed Forcas? | 13. Wes Decedant of If Yes, specify Cut | Hispanic Origin? (Spe | cify Yes or No- | | e - Amarican | |
| 0 | or he | | 1 Never Merried 2 Merried | 1 Yas 2 No | 1 Tes 2 PNo | | moan, ato., | | k, White, etc | |
| 21215-0020 | 72 hours after death with the Maryland nature!', or ferma 23a or 28a-f show dicel Examiner must be notified at | by | 3 Widowed 4 Divorced | If Yes, Give Yaer or Datas: | THES ZUPTION | Specify: | | Specity. | 6/00 | K |
| 9 | 2 ho | be de | 15. Decedent's Edu | ucation | 16e. Decedent's Usuel Occu | pation | | 16b. Kind of Bu | siness/Indu | stry |
| 21,6 | n n | Completed | (Specify only highest grad | Collega (1-4or 5+) | (Giva kind of work done life. DO NOT use retin | e during most of works ed) | ng | | | |
| 213 | filed within Hygiene. | E 0 | 7 | College (1-401 54) | School Bus (| CONTRACT | nR | Broad | OF L | Education |
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| a | d be sed of cod | o Be | Milliam | Wilson | | EMM | L O | 011 | | |
| 2 | should be and Mental marked o | 2 | 19e. Informent's Neme/Reletionship (T | | 19b. Meiling Address (Stree | | | City or Town | State Zin C | anda) |
| Maryland | 75.5 | | | | Q 10 B 21 121 | | | | | |
| | E E N L | | 20e. Method of Disposition | Wilson | on of Disposition (Name of | t. laylor | s Isla | Ma Ma | LKY10 | Nd 21669 |
| 0 | 80 5 | | 1 Deurle 2 Cremetion 3 I | Ramoval from State | ca of Disposition (Neme of natery, cremetory or other plants | ece) | | 20c. Location - | | |
| altimore, | | | 4 ☐ Donstion 5 ☐ Othar (Specify, | Jeff | easen Church (22. Name end Addr | Cemetery! | 2/3/96- | Taylors | Is/a | Nd. MD. |
| a | permit. Per Departmen Important: eny injury | | 21. Signeture of Funeral Servica Licans | 100 | 22. Name end Addr | ess of Fecility | Maria | 1 | | |
| m | 8 % E % 8 | | 1 1000 | 0 70 0 | HENIEY | -uneral | HOME | | | 21613 |
| | | | 23a. Page Enter the disease, or composite or heart fellure. List only of | licetions that caused the death. | 5 i a Wash Do not enter tha mode of dy | ing such es cardiec o | or respiretory error | Ridge, N | I A | Approximete |
| S) | Dhualalan | | spool or heert fellure. List only o | ne ceuse on each line. | | | | | lr. | ntervsl Between Onset and Death |
| | Physician /Medical | | Immediate Cause (Final | | P. A. P. | - 0 | 1 0 | | | 0 |
| | Examiner | | disaasa or condition resulting in deeth) | SOYAMOUS | CECC C | ARC MOOM A | t et 520 | DIZIAG | US | 8 MONTHS |
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| | P #5 | in | | h | | | | | | |
| | certificate be avacuted ding physician and use es the buriel-transit | Examiner | Sequentially list conditions, if any, leading to immediate | Due to (or e | es e consequence of): | | | | | |
| Ô, | ian a | | cause. Enter Underlying Ceuse (Disease or Injury | | | | | | 1 | |
| 68760 | nysic he b | edicai | thet initiated events resulting In death) Last | Dua to (or a | s a consequence of): | | | | 1 | |
| | og pt | Jed | resulting in dadity East | | | | | | 1 | |
| XO | | In/M | | d | | | | | - | |
| m. | death e atter ed for u | Physician | Part II. Other eignificant conditions co | ntributing to death but not result | ing in the underlying cause of | iven in Part I | 23h Did to | hacco use con | atribute to t | he cause of death? |
| P.0 | res that the de signed by the a be deteched i | hys | 11 | | ing in the triberrying eaded g | | | 00 2□ No | | bly 4 Unknown |
| | that med to | | H 4 PERTENSIE | 3.0 | | | 1011 | 2010 | Sperious | biy 4 dindiowii |
| of Vital Records, | The law requires that the site hes been signed by the page 2 should be deteched. | d by | | | | | 24e. Wes e | n sudonsv | 24b. Werd | e autopsy findings |
| Ö | v requin | Completed | TYPE TWO | WABETES | | | perform | | availe | abla prior to pletion of cause |
| ec | hes h | npi | | | | | | | of de | eth? |
| - | | S | | | | | 1 □ Ye | s 2 HNo | 10 | Yes 20 No |
| ita | yalcian: The | Be | 25. Wes casa referred to medical | | | 26. Piece of Deeth | (Check only on | e) | | |
| > | S 00 0 | To | axeminer? | Hospitel: 1 ☐ Inpatient 2 ☐ EF | R/Outpatient 3 DOA | ther: 4 Nursing Ho | ne 5 Reside | ence 6 Othe | er (Specify) | |
| | | | 27. Mennar of Desth | | 8b. Time of 28c. Injury Wo | | 28d. Dascribe ho | | | |
| Division | or Attending after death. Dirsctor: Afte In by the fune | Certification: | 1 Natural 5 Pending 2 Accident Investigation | (Month, Day Year) | | Yes 2□No | | | | |
| S | ial or Attendir s after death. al Diractor: Af ed in by the fu | fica | 3 Suicida 6 Could not be | 28a. Pleca of Injury - At home | e ferm straet fectory office | | 28f. Location (St. | raet end Numb | er or Rural I | Routs Number. |
| 5 | or A aftar Dirs | THE | 4 Homicide determined | building, etc. (Specify) | o, rown, andog rodory, amou | | City or Town | | | |
| | the Hospital hin 24 hours a the Funeral npietely filled | Ö | 29a. Certifier 157 Certifying Phy | -lalan. To the beat of much south | | · | | | | |
| | Hos Fun fely | edical | | sician: To the best of my knowle ner: On the basis of examination | n end/or investigetion, in my | opinion, deeth occurr | ed et the time, de | ete end pieca, e | and due to the | ne cause(s) |
| | To the Hospital or J within 24 hours after To the Funeral Dira completely filled in L | Mec | 29b. Signeture end title of certifier | and menner steted. | on Line | se number | | 9d. Dete signed | d (Manch D | ov Veer |
| | To To To To To To To To To To To To To T | - | 290. Signature and title of cartifier | 1. 0 | 290. Licen | 11100 | 0 | | - 0 | 1001 |
| | - | | messer (c.) | remoreth | NO) D- | 16609 | U | 200 MBE | 225 5 | ,1996 |
| | | | 30. Neme end eddress of person who co | | 3a) (Type, Print) | | | 10.00 | 0 | MD 216/3 |
| | | | MICHAEZ A. 1 | MOSKEWICZ | MD. 50 | 3 134eil | S1- C | MUSRI | DOGE | MU |
| | Sta | te | 31. Dete filed (Month, Dey, Year) | 32. Registrer's Signetur | P | | | | | 21613 |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 37491

| | | | | | | Ce | rtificat | e of | Death | | Re | g. No. | | |
|---------------------|--|----------------|---|--|--|----------------------------------|-----------------------------------|------------------|------------------------------|-----------------|--|--------------------------------|-------------|---|
| П | 112 | | 1. Decedant's Nama (First, Middle | a, Last) | | | | | | | 2. Data of Death | 1 | V | 3. Tima of Death |
| | Physic | | Pansy | V. | | Winds | or | | | | November November | 29, 1 | Yaar 996 | 0945 |
| | /Medi Exami | | 4a. Facility Nama (If not institution | , give straat and nu | ım <i>ber</i>) | | | | 4b. City, To | wn, or Lo | ocation of Death | 4c. County | | |
| | | | Solomons Island | Nursing | Home | | | | Solon | nons | Island | Calv | ert | |
| | 。Funeral Director | Г | 5. Social Sacurity Number 577–03–8470 | 6. Sex 1 M 2 F | 7. Aga (In yrs 83 | : last birthdey Yrs. | Months | 1 Year Days | If Undar Hours | 24 Hrs. Min. | 8. Deta of Birth (Month, Day, Februar) | Yaar) 7 19 19 | g. Birthp | lace (Stata or Foreign Maryland |
| - | P. | | Usual Rasidance of Dacedent | | | | | | | | | | | |
| | e Marylar Ba-f shov | Director | 10a. Stata 10b. County Maryland Charl | les | 10c. C | ity, Town or L LaPl | | | | | | | 1 | 0d. Insida City Limits 1 Yes 2 40 |
| | th with th | | P. O. Box 111 | 11 | | | 10f. Zip Coda 20646 | | | | 10g. Citizan of What Coun | | | ntry? |
| 020 | s within 72 hours after death with the Maryland ilene. Then "natural", or flems 23a or 28a-f show the Medical Examiner must be inclined at | by Funeral | 11. Marital Status 1 Navar Married 2 Marri 3 Widowed 4 Divorced | Armed Fo | 2 2No iva | J,S. 13. | Was Dace If Yas, spe 1 Yas | | | | ecify Yas or No- Ricen, atc.) | | ck, Whita, | en Indian, atc. ite |
| 2-0 | 72 ho | te | 15. Decedant | 's Education | | 16e. Dece | dent's Usu | al Occup | oatlon | t of work | (00 | 6b. Kind of Bu | usinass/In | dustry |
| 2121 | e filed within 7 al Hygiene. I other than "r | Completed | (Specify only highes Elementery/Secondary (0-12) 12 | Coilege (| | | ical | | during mos d) 6€ | t of worki | | Private | | s Office |
| D | E F E | BeC | 17. Fethar's Nama (First, Middla, | Last) | | | | | 18. Motha | ar's Name | e (First, Middla, M | laidan Sumen | ne) | |
| lan | D 5 0 0 | ToB | Leonard W. Hu | tchison | | | | | | | E. Simp | | | |
| Maryland 21215-0020 | Pue E | - | 19a. Informant's Neme/Raiations! Thelma Cease (I | nip <i>(Type, Print)</i> Daughter | | 19b. Mail P. C | ing Addrass | (Street | and Number | er or Run | al Routa Number, Marylar | City or Town, and 2064 | State, Zip | Coda) |
| re, | Health Health tem 27 other tr | | 20e. Mathod of Disposition | | 20b. | Place of Disp | osition (Nar | na of | De | ec. 2 | 1996 2 | 20c. Location - | City or To | wn, Stete |
| mo | age ent of t: If I | | 1 Burial 2 □ Cramation 4 □ Donation 5 □ Other (Sp | | | cematery, cra iphany | | | | Cen | | | | e Maryland |
| Baltimore, | permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other tra once. | | 21. Signature of Funeral Service- | | | | _ | eller | | 4 | e Funera | | | |
| ä | Depa Impo | | 15k 8.5 | the | | | | | | | _ | | iton, | Md 20735 |
| ı | | | 23a. Part1. Entar tha disaasa, or shock, or haart failura. List | complications that only one cause on a | causad tha daa aach lina. | ith. Do not an | tar tha mod | la of dyli | ng, such as | cerdiec o | or respiratory arra | st, | | Approximata Intarval Batween |
| | Physician / /Medicai | | Immediata Causa (Finei | Λ | TO. | ^ / | 2 | 2.0 | 2 0 1 | , , | AT | m n 1 | | Onsat and Death |
| | Examiner | | disaasa or condition rasuiting in daeth) | е | IKI | AC | | 1 1 | 3 1 1 | | A 71 | 010 | | FOO |
| | | je l | | 00 | RON | or as a consa | quence of): | AR | TE. | RY | D1 5 | SEAS | 7 | Jeens |
| 3 | and and I-transi | Examiner | Sequantially list conditions, if any, leading to immadiate | 6 . | | or as a conse | - | • | | + | Ψ. | | | |
| 68760, | e be e sician e buria | edical E | Sequantially list conditions, if eny, leading to immadiate ceusa. Entar Undarlying Causa (Disaasa or injury that Initiated evants | c | Due to / | or as a conse | munnan of): | | | | | | (| all a |
| Box 68 | thet the death certificate be executed ed by the attending physician and detached for use as the bunal-transit | 3 | rasulting in death) Last | d | Dua to (| or as a conse | quence or). | | | | | | 1 | |
| œ. | death e afte ed for | Physician | Part II. Other significant condition | ns contributing to d | eath but not ras | suiting in the u | ınderivina c | eusa div | /an In Part i | | 23b. Did tot | DACCO USA COI | ntribute to | the cause of death? |
| P.O. | by the | hy | Soi sure | 2 | ison | Λ | , | | | | 1 □ Ye | 7 | | pably 4 Unknown |
| S, | gned be de | by F | sac gui- | | -0 - | | | - | | | | | | |
| Records, | The law requires thet the death ate hes been signed by the atter page 2 should be detached for a | Completed | | | | | | | | | 24a. Wes an perform | autopsy ad? | av | are autopsy findings ailabla prior to mpiation of ceusa deeth? |
| | The law ate hes page 2 | E | | | | | | | | | 1 ☐ Yas | s 2□No | 1 [|]Yas 2□ No |
| <u>e</u> | | BeC | 25. Was casa rafarrad to madical | | | | | | 26. Placa | of Death | (Check only ons | | | |
| > | ysici is ce direc | TOE | axaminer? | Hospital: | Inpatiant 2 | ER/Outpatie | nt 3 DC | Oth | ner: | | ma 5 ☐ Rasidar | | ar (Specifi | () |
| o uo | Attending Physician: or death. octor: After this certific by the funeral director, | | 27. Manne of Daath 1 Natural 5 Panding 2 Accident invastig | | of injury th, Day Year) | 28b. Tima o Injury | of 2 | 8c. Injur Wor | | | 28d. Describe how | | | |
| Division of Vital | after dea Director in by the | Certification: | 3 Suicida 6 Could n 4 Homicida determi | nad 28a. Place | of Injury - At h | noma, farm, st | raat, factory | , office | | | 28f. Location (Str. City or Town, | | er or Rura | l Routa Numbar, |
| | To the Hospital or Attending Physician: within 24 hours after death of the Funeral Director. After this certific completely filled in by the funeral director, | edicai C | 29a. Cartifiar (Check only one) Cartifying | Physician: To the | bast of my kno asis of axamine ner steted. | owiadga, daat etion and/or In | h occurred vastigation | at tha tir | na, data and pinion, dael | d place, a | and dua to tha car ed at tha tima, da | use(s) and me ta and place, | enner as st | ated. tha cause(s) |
| | To the within To the compl | Me | 29b. Signatura and title of certifiar | A. M | D | D) | 290 | Licens | e number | 7 | 29 | d. Date signer | d (Month, | Dey, Year) |
| | | | 30. Name and address of pareon | the completed as | of death (the | 1 23/ /Time | Print) < | リし | - 2 | 00 | 110 | 11/3 | 00 | 1 |
| | | | 30. Neme end eddress of person v | 1 UNSH1 | · M7 | PRI | NCG | F | RED | -0 | 110 | MI | 2 | 601 |
| | Sta | ite | 31. Data fiiad (Month, Dey, Year) | 32. R | legistrer's Sign | etura | | | 1 - 4 | | | | | - C |
| | Registr | ar | DEC 0 | 3 1996 | Julia de | welson | ardall | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene 96 37492 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** WAIHWRIGHT 4:40 AM MARHHA 28 /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c County of Deeth Examiner Southern 9. Birthplaca (Stata or Foreign Country) If Undar 24 Hrs. 8. De mold If Under 5. Social Security Number 7. Age (In yrs. last birthdey **Funeral** Devs Hours New York 81 Director 079-09-4669 Usual Rasidance of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified at 1 ☐ Yas A No Director Maryland Prince George's Clinton 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? Branchwood Towers 20735 United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 220 No If Yas, Giva Yeer or Detas: Wes Decedant of Hispenic Origin? (Specity Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - American Indian, Black, Whita, etc. 11. Maritei Status permit. Pages 1 and 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: if Nem 27 is marked other than "naturel", or Nem any injury or other traumatic event, the Wedical Examina-Never Married 2 Married Baltimore, Maryland 21215-0020 specify: White 1 ☐ Yas ŽONo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Collega (1-4or 5+) Self Employed 12 Cosmetoyist 17. Fathar's Nama (First, Middla, Last) 16. Mother's Nema (First, Middla, Maiden Sumeme) Be Clark Wainwright Georgia Van Dresser 19e. Informent's Name/Raiationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Susan Phillips 1217 Delafield Place, NW Washington, DC 20011 20b. Piace of Disposition (Nama of camatary, crematory or other piece) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 🏖 Cremetion 3 ☐ Ramovai from Stata Lee Crematory November 29, 1996 4 ☐ Donation 5 ☐ Othar (Spacify) Clinton, Maryland 21. Signatura of Funarai Service Lic 22. Nama and Addrass of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 a 23a. Pari1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset and Deeth **Physician** /Medical Immediata Cause (Final a CHRONIC OBSTRUCTIVE Pulmony Disease disaase or condition resulting in daath) Examiner Dua to (or as a consequence of): 2 days Failure Acute renal The law requires that the death certificate be executed **buriel-transit** Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Disaase or Injury that initiated evants rasulting in daath) Last Due to (or as a consequence of) attending physician for use as the burie P.O. Box 68760. Physician/Medical Dua to (or as a consequanca of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24a. Was an autopsy performed? 24b. Were autopsy findings aveilable prior to Completed peen completion of cause of death? has page 2 1 Yes 2 No 1 □ Yas 2 □ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

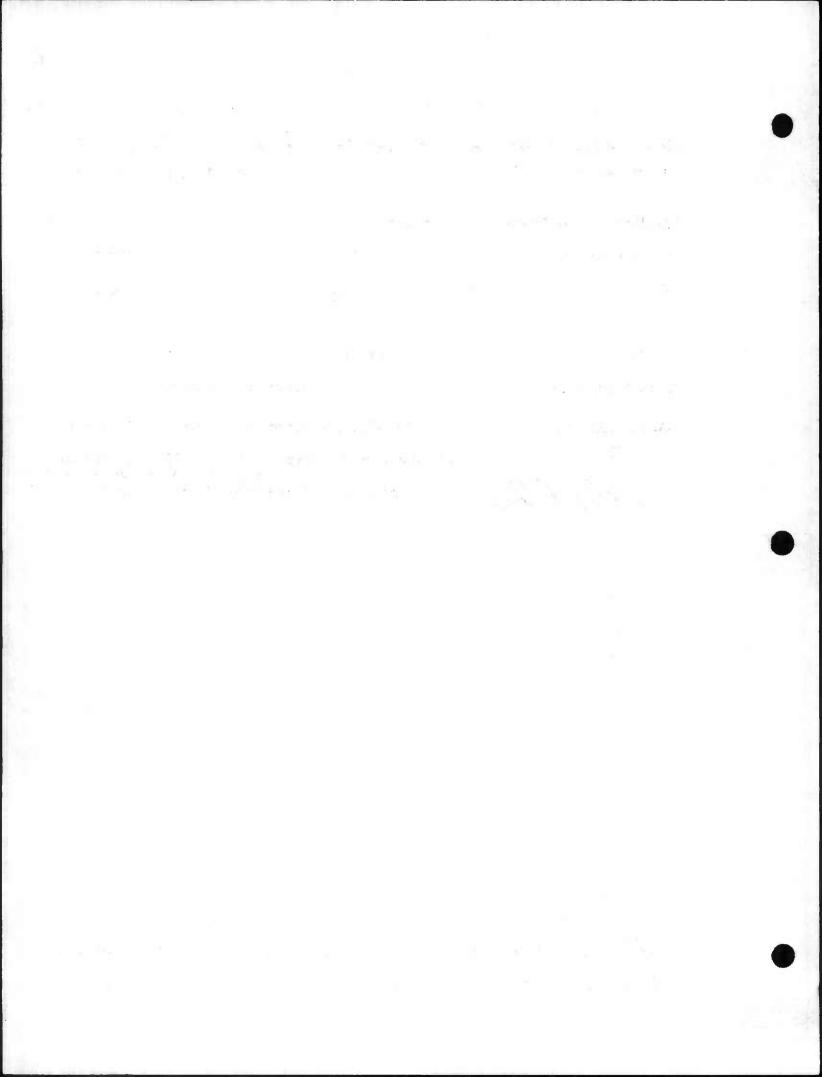
To the Funeral Director: After this certifica completally filled in by the funeral director, i 25. Was casa refarrad to medical Be 28. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mennar of Death 26a. Dete of Injury (Month, Dey Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. injury at Work? 1 Neturai 5 Pending invastigation 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be determined 28a. Placa of Injury - At homa, farm, straat, fectory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homicida 1 Certifying Phyalcian: To tha best of my knowladga, daath occurred et the time, deta and piace, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, daath occurred at tha time, dete end placa, and dua to tha causa(s) and manner steted. 29a. Certifian Medical 29b. Signetura and titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) William J. James my NN. 28, 1996 D35206 30. Neme and addrass of person who complated cause of daath (itam 23a) (Type, Print)

State Registrar 31. Data filed (Month, Dey, Year) DEC 0 3 1996

11701 Livingston Road Fort WARNING Ton MP 32. Registrer's Signatura

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| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache | | IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |
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| 198-34-4218 1 | reign | | | | | | | | | | |
| 98. FACILITY NAME (if not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 108 Ballantrae Dr. Elkton Cecil 106. CITY, TOWN OR LOCATION OF DEATH 106. STATE 106. STATE 107. STATE 108. STATE 109. CITY TOWN OR LOCATION 107. CITY, TOWN OR LOCATION 108. STATE 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. CITY TOWN OR LOCATION OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. CITY TOWN OR LOCATION OF DEATH 109. CITY TOWN OR LOCATION OF DEATH 109. CITY TOWN OR LOCATION OF DEATH 100. STATE 109. CITY TOWN OR LOCATION OF DEATH 100. STATE 109. CITY TOWN OR LOCATION OF DEATH 109. CITY TOWN OR LOCATION OF DEATH 109. CITY TOWN OR LOCATION OF DEATH 100. STATE 109. CITY TOWN OR LOCATION OF DEATH 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 101. MASIDE CITY LIMITS? 101. VES 2 | | | | | | | | | | | |
| 106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 108. Ballantrae Dr 1. MARITAL STATUS 1. MARITAL STATUS 1. Marital STATUS 1. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. WYS 2 DOOR 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian Black, Whits, etc. | La | | | | | | | | | | |
| 106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 108. Ballantrae Dr 1. MARITAL STATUS 1. MARITAL STATUS 1. Marital STATUS 1. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. WYS 2 DOOR 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian Black, Whits, etc. | | | | | | | | | | | |
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| 106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 108. Ballantrae Dr 1. MARITAL STATUS 1. MARITAL STATUS 1. Marital STATUS 1. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. WYS 2 DOOR 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian Black, Whits, etc. | | | | | | | | | | | |
| To the matter of | NO | | | | | | | | | | |
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| To the matter of | ın, | | | | | | | | | | |
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| 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 KNO Specify: Specify: White | | | | | | | | | | | |
| 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY | | | | | | | | | | | |
| Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker Home | | | | | | | | | | | |
| 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMARY 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOME 16. KIND OF BUSINESS/INDUSTRY 16. MOTHER'S NAME (First, Middle, Last) | _ | | | | | | | | | | |
| Howard Weeks Mary Gallagher | | | | | | | | | | | |
| 19a. INFORMANT'S NAME (Fund/Print) 19b. MAII ING ADDRESS (Street and Number or Brunt Boyde Number City or Tourn Stelle 7 in Code) | | | | | | | | | | | |
| Laura Pierce/Daughter 502 Cullan Dr Bear DE 19701 | | | | | | | | | | | |
| 20s. METHOD OF DISPOSITION 1 Greation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State | | | | | | | | | | | |
| 4 Donation 5 Other (Specify) Delaware Veterans Dec 3 1996 Bear, Delaware | | | | | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | |
| R. T. Foard Funeral Home, P.A. 318 George St. Chesapeake City MD 21915 | | | | | | | | | | | |
| 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxima shock, or heart feliure. Liet only one cause on each line. | ata | | | | | | | | | | |
| | | | | | | | | | | | |
| disease or condition resulting in death) a. Concretic Concer 1 year | | | | | | | | | | | |
| DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| Sequentielly list conditione, Due to (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d | | | | | | | | | | | |
| CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| resulting in death) LAST | | | | | | | | | | | |
| | | | | | | | | | | | |
| PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuee given in Pert i. Types Fun 5, 3 in 24b. WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETED OF COMPLETE | TO | | | | | | | | | | |
| 1 □ YES 2 NO COMPLETION OF CO | AUSE | | | | | | | | | | |
| DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN | 10 | | | | | | | | | | |
| DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 YES 2 NO OTHER: 1 I YES 2 NO OTHER: 1 I YES 2 NO OTHER: 1 I YES 2 NO OTHER: 1 I YES 2 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 I YES 3 NO OTHER: 1 YES 4 NO OTHER: 1 YES 5 NO OTHER: 1 YES 5 NO OTHER: 1 YES 6 NO OTHER: 1 YES 7 NO OTHER: 1 YES 8 NO OTHER: 2 YES 8 NO OTHER: 2 YES 8 NO OTHER: 3 YES 8 NO OTHER: 3 YES 8 NO OTHER: 4 Y | | | | | | | | | | | |
| EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) | | | | | | | | | | | |
| T 27. MANNER OF DEATH 266. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED | | | | | | | | | | | |
| D 1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO | | | | | | | | | | | |
| 3 Suicide 6 Could not be 25s. PLACE OF INJURY — At home, farm, street, factory, offics 25s. PLACE OF INJURY — At home, farm, street, factory, offics 25s. LOCATION (Street and Number or Rural Route Number, Ching.) | | | | | | | | | | | |
| 4 Homicide detarmined | | | | | | | | | | | |
| 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piacs, and due to the cause(a) and manner as stated. | | | | | | | | | | | |
| one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as st | dated. | | | | | | | | | | |
| 29b. SIGNATURE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) | | | | | | | | | | | |
| 2 NOWEN DES CO. DE PERSON WHO COMPLETED CAUSE OF DEATH OF THE CO. 19 | 196 | | | | | | | | | | |
| (1) | | | | | | | | | | | |
| Hrarkas, MV Northern Vesupeake Hospice t 1kTon MD 21921 | | | | | | | | | | | |
| 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE SUDV 2 7 1996 Subject Control of the Second of the | | | | | | | | | | | |
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| DHMH-18 | p MSV 1 | | | | | | | | | | |

AMENDED #5, 12/02/96, B.P., WORCESTER CO.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** JEAN WELLS 1155 NOVEMBER /Medical 4a. Facility Nama (If not Institution, giva straat and number) 4c. County of Death 4b. City, Town, or Location of Daath Examiner LOGHWOOD CIRCLE WICOMICO SALISBURY If Undar 1 Year It Undar 24 Hrs. 8. Date of Birth Montha Days Hours Min. 5 - 5 - 3 / Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country)
 A • Funeral 1□M 2√F 2323-56-7151 59 Director Usuai Residance of Decadant 10a State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examiner mant be notified at 10d. Insida City Limits MD. SALISBURY WICOMICO Director Yaa 2□No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1241 Lochwood CIRCLE 21801 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 Yas 2 No If Yas, Giva Was Decedent of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian. Black, White, atc. filed within 72 hours after 1 Nevar Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: WHITE À 3 Widowed 4 □ Divorced Completed 16a. Decedant's Uaual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumetic event the many injury or other traumetic event the manufacture. Elemantary/Secondary (0-12) Collaga (1-4or 5+) CLERK RETAIL 17. Fathar'a Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Surname) Be VALMER COFFMAN FANNIE COX 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a, Intermant'a Name/Ralationship (Type, Print) 1241 LOCHWOOD CIRCLE RODNEY WELLS SALISBURY, MD., 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 11 - 30SALISBURY CREMATORY SALISBURY, MD. 22. Nama and Address of Facility ULLRICH FUNERAL HOME BERLIN, MD. tar the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician /Medical Immediata Causa (Final METASTATIC diseasa or condition rasulting in death) LUNG Examiner Dua to (or as a consequence ot): Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunkel raneit Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Disease or injury Dua to (or as a consequence of) Records, P.O. Box 68760, that initiated evants resulting in death) Last Dua to (or as a consequence of) Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of daath? Be Completed 24a. Was an autopsy performed? 1 Yas 2 No Division of Vital 25. Was cesa rafarred to medicel axaminar? 26. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima ot 28d. Dascribe how injury occurred 28c. Injury at Work? Naturai 5 Pending invastigation 1 | Yas 2 | No 2 Accident 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29a. Certifian (Check only one) 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) aer M.D 30. Name and address of person who complated ceusa of death (Itam 23a) (Type, Pan) 31. Data filed (Month, Day, Year) 32. Registrar's Signature State DEC 02 1996 Registrar

| , | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache | | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| | deat | atte | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | 'n. |
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| | 1 - FOR STATE REGISTRAR | STATE OF MARYLAND / D CEF | EPARTMENT OF H | IEALTH AND M | MENTAL HYGIEI | | | | |
|---------------|--|--|---|-----------------------------|--|------------------|--------------------|---|---------------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DEATH | | | 3. TIME OF DEAT | ТН |
| | ANNA S. | WRIGHT | | | DECEMBER | | 96 | 3:30 | Ам |
| | 220-07-1914 | 6. AGE (In yrs. leat bi | YRS. IF UNDER 1 YEAR DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Mogth, Day 1607) 4 - 9 - 0 4 | • | BIRTHP Country) | LACE (State or Fo | reign |
| 00 | | 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF | | | | | | | |
| DIRECTOR | BERLIN NURSING & REHAB. CTR. BERLIN WORCESTE | | | | | | | | |
| E . | 10a. STATE 10b. COUNTY | | IOc. CITY, TOWN OR LOCAT | | | | 1 | lod. INSIDE CITY | |
| | MD. BALTIM | IORE | BALTI | MORE | | | | LIMITS? | NO |
| FUNERAL | 10e. STREET AND NUMBER | | 101 | ZIP CODE | | 10g. CITIZE | N OF WH | AT COUNTRY? | |
| NE | 3300 BENSON AV | ENUE 2. WAS DECEDENT EVER IN U.S. ARME | | 2122/ | | <u> </u> | USA | | |
| | 1 Never Married 2 Married | FORCES? 1 YES 2 NO | If yea, sp | ecify Cuban, Mexicar | IC ORIGIN? (Specify Ye n, Puerto Rican, atc.) | e or No- | Black, | American India White, atc. | in, |
| ВУ | 3 Widowed 4 Divorced | IF TES, GIVE WAR ON DATES | 1 YES | 2 NO Specify | | | Specify: | WHITE | - 1 |
| COMPLETED | 15. DECEDENT'S EDUCAT (Specify only highest grade con | mpleted) (Give | DENT'S USUAL OCCUPATION Aind of work done during mo | ON st of working | 16b. KIND OF BU | ISINESS/INDU | STRY | | |
| Ä | Elementary/Secondary (0-12) | College (1-4 or 5+) | NOT use retired.) | | ^ | 11 | | | - 1 |
| OM | 17. FATHER'S NAME (First, Middle, Last) | nom | EMAKER | 10 MOTHER'S MAN | ME (First, Middle, Maider | HOME | | | |
| | JOHN HAROLD | | | | UTZ | Sumame) | | | |
|) BE | 19a. INFORMANT'S NAME (Type/Print) | 19b. M | IAILING AOORESS (Street a | | | vn, Stete, Zip C | ode) | | $\overline{}$ |
| 5 | MARY F. MARINO | | SHADY PA | RK SEL | BYVILLE | DEL. | , 1 | 9975 | |
| | 20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove | | DATE OF DISPOSITION (Na | | DATE 20c. LC | CATION — CH | | | |
| | 4 Donation 5 Other (Specify) | GLEN H | AVEN M.P. | | 12-4 GLE | N BUF | NIE | MD. | |
| | A stock of the service services | 111-1 | 1 | D ADDRESS OF FAC | | | | 1491 | |
| _ | 1/hal S), [1 | MIL | | | RAL HOME | | | ı, Mo. | , 21 |
| | 23. PART 1. Enter the diseases, or con ahock, or heart fallure. Lis | aplications that caused the deeth t only one cause on each line. | n. Do not enter the mo | de of dying, such | an cardiac or reap | iretory arres | it, | Approximation interval Be | |
| | iMMEDIATE CAUSE (Final disease or condition | Regulation | , 6 | | | | | Onset and | Death |
| | disease or condition resulting in death) a. KESPIKATORY TATURE OUE TO (OR AS A CONSEQUENCE OF): ATTENO SCIENTIC CANDION ASCULAR DISEASE | | | | | | | | |
| z | | AMENO SCIEK | one CAN | DIOVARCU | LAK DI | 52756 | - | j | |
| OIT | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS A CONSEQUE | | | | | | † · | |
| 2 | CAUSE (Disease or injury | DUE TO (OR AS A CONSEQUE | THOS OF | | | | | ļ | |
| CERTIFICATION | thet initiated events resulting in death) LAST | DOE TO (OR AS A CONSEQUE | INCE OF): | | | | | - | |
| | 0 | | | | | | | 1 | |
| SAL | PART ii. Other aignificant conditions of | ontributing to deeth but not read | uiting in the underlying | cause given in F | Part i. 24a. WAS AP PERFO | | A | MAILABLE PRIOR | то |
| MEDI | | | | | 1 [] YES | NO EX | | OMPLETION OF C OF DEATH? | AUSE |
| Σ | DID TOBACCO USE CONTRIB | HITE TO CALISE OF DEATH | VEC TI NO T | UNCERTAIN | | | 1 | YES 2X | ю |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | OF OEATH (Check only one) | UNCERIAIN | | - | | | |
| Sic | | OSPITAL: Inpetient 2 ER/Outpetient 3 | DOA 4 & Nursing Hom | 5 Residence 8 | Other (Specify) | | | | |
| F | 27. MANNER OF OEATH | 28a. DATE OF INJURY (Month, Day, Year) | 8b. TIME OF 28c. INJ | | 28d. DESCRIBE HOW | NJURY OCCU | RED | | $\overline{}$ |
| BY | 1 Natural 5 Pending 2 Accident Investigation | (| | ES 2 NO | | | | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28s. PLACE OF INJURY — At home, building, etc. (Specify) | farm, street, factory, office | | 28f. LOCATION (Street City or Town, State | and Number or | Rural Rou | rte Number, | |
| E | an complete | | | | | | | | |
| COMPLETED | CERTIFYING PHYSICIAL | N: To the beat of my knowledge, death | | | | | | | |
| 8 | - | On the basis of examination and/or inve | etigation, in my opinion, d | eath occured at the t | lme, data and place, as | nd due to the o | ause(s) s | nd manner as st | ated. |
| H | SHOWARD THE OF CERTIFIER | uno > | | 29c. LICENSE NUMI | BER 7 | 29d. DATE S | HOMEDAN | Forett, Digit Years | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO C | OMPLETED CAUSE OF DEATH (ITEM 2: | 7) (Type Print) | 1046 | 201 | - /- | 1/2 | -/76 | |
| B | E.CASTENE | DA, MA. | T) (Type, Print) BERLIN | 1, 1414 | , Pl | PLIA | 1.11 | 10 218 | 2/1 |
| | 31. DATE FILEO DE CO 02 1996 | 32. REGISTRARYS SIGNATURE Jalia d'Audion Re | dall | V | | - 110 | | 0 | - |

2 - 2

State of Maryland / Department of Health and Mental Hygiene 37496 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day November 24, **Physician** Leonard Margel Weaver 1996 3:05 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Doctors Community Hospital Lanham Prince Georges 7. Age (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 6. Sex 1 M 2 ☐ F 8. Date of Birth (Month, Day, Dec. 31 9. Birthplace (Stata or Foreign **Funeral** Days 1895 Pittsburgh P.A Director Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Nem 27 is marked other than "naturel", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Prince George Upper Marlboro 1 Yes 2 □ No Maryland Director 10f. Zlp Code 20772 10e. Street and Number 10g. Citizen of What Country? United STates 91 Harrington Drive 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 14. Race - Amarican Indian, 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 12 should be filled within 72 hours after and Mental Hygiene. 0. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Black Specify: 3 Widowed 4 □ Divorced Year or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Gecondary (0-12) College (1-4or 5+) Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maldan Surname) Be Helen Grice Robert Weaver 2 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) permit. Peges 1 end 2 st Department of Health and Important: If Nem 27 Is m eny Injury or other traun 00008. 15908 Dusty Lane Accokeek, Maryland 20607 Russell C. Weaver 20a. Method of Disposition

1 Burlal 2 Cremation 3 Removal from Stata 20b. Placa of Disposition (Name of Date 20c. Location - City or Town, Stata Harmony Memorial 11/30/ Landover, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility POPE FUNERAL HOMES 5538 Marlboro Pike Forestville, Maryland 20747 23a. Part1. Effer the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death "Physician Immediate Cause (Finel disaase or condition resulting In death) /Medical Cardiopulmonary Arrest instant **Examiner** Due to (or as a consequence of): Examiner Severe Hypotension 12 hours attending physician and for use as the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequença of): Box 68760. Hypothermia 14 hours certificate be Physician/Medical that initiated events rasulting in death) Last Due to (or as a consequence of) Severe Dehydration 3 weeks P.O. the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Dysphagia Division of Vital Records, þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed Lacunar Infarct peeu 105 Left Pleural Effusion certificate 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner?
1 Yes 2 No Be 26. Piece of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 2 ER/Outpatient 3□ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred we Hospital or Attending P n 24 hours after death. we Funeral Director: After t Certification: After 5 Pending Investigation 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar (Check only one) within 2.
To the F 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D21883 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Hema P. Yadla, 9470 Annapolis Road, Lanham, MD

DHMH 16 Rev 6/95

Registrar

31. Date filed (Month, Dey, Year)

32. Registrar's Signeture Milite

| | cian | Decedent's Name (First, Middle, ITMOTHY | Film742,12/13/96 Certifica ast) WILSON | | 2. Dete of Deeth Month NOV 23, 19 | 3. Time for th 96 4:15 PM |
|---|--|---|--|--|---|--|
| /Med Exam | | 4e. Fecility Name (If not institution, s | ive street end number) | 4b. City, Town, o | or Location of Deeth 4c. County | |
| ,Funera Directo | _ | | | r 1 Year if Undar 2 H | Dete of Bith | 9. Birthpiace (State or Foreign Country) N. CAISTLE, DILAIN |
| death with the Marylend ms 23a or 28a-f show | Funeral Director | 10a. State 10b. County Maryland Rince 10e. Street and Number 5851 Suit | Georges Suit! | And p Code 0746 | 10g. Citizen of | 10d. Inside City Limits 1 ☐ Yes 2 ☐ No What Country? |
| 15-0020 72 hours after dea | by | 11. Maritai Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | Armed Forces? If Yes, spe 1 □ Yes 2 Ø No If Yas, Give 1 □ Yas Yeer or Detes: | | arto Rican, etc.) Bie Specif, | ce - American Indian, ck, White, etc. |
| 21215- d within 72 piene. r than "net | e Completed | 15. Decedent's (Specify only highest g Elamentery/Secondary (0-12) 17. Fether's Neme (First, Middle, Lat | 4 Mr. PROFESSIO | | rorking 16b. KInd of B | K (VATE |
| Maryland 42 should be file h end Mental Hy 7 is marked oth | To Be | EARL WILL | on | Rut | h Simpson | |
| or Heali itam 2 | | 19e. Informent's Neme/Reletionship Porine E. Will 20a. Method of Disposition 1 Buriei 2 Cremetion 3 4 Donetion 5 Other (Spec | Sen. Wife 585154 20b. Pieca of Disposition (Na cometery, cremetory or | Mod Rd. S | Rural Route Number, Dity or Town, Dun And Mary Date 20c, Location | State, Zip Code) O'746 City or Town, State |
| Baltimo Permit. Page Deperment Page Important: If Any injury or once | | Immadiete Ceusa (Finel | 1 Straight 3910 plications that caused thy death. Do not enter the move one cause on each line. | and Address of Facility SIVA A III da of dying, such as cardi | plodges-Edu Pd. Sairland, acorrespiretory arrest, | Approximate Intervei Batween Onsat and Deeth |
| Examiner | ē | disease or condition rasulting in death) | e. COCAINE INTOXICATION Due to (or as a consequence of) | : | | |
| 760, be executed sician and burial-trensit | I Examiner | Sequentially list conditions, if eny, leading to immediata cause. Entar Underlying Ceuse (Disease or Injury | Due to (or es e consequenca ot) | | | |
| E 8 20 | | Ceuse (Disease or Injury | U, | | | 53.47% |
| Ox 68760, th certificate be a ending physician r use as the buria | an/Medical | Cause (Dissess of Injury that initiated events rasulting in daath) Lest | Due to (or es e consequenca ot): | | | |
| P.O. Box 687 net the deeth certificate d by the attending phy detached for use as the | Physician/Medi | rasulting in daath) Lest | Due to (or es e consequenca ot): d contributing to death but not resulting in the underlying of | cause given in Pert I. | | 1/ |
| ecords, P.O. Box 687 aw requires that the deeth certificate to been signed by the attending phy 2 should be detached for use as the | by Physician/Medi | rasulting in daath) Lest | d | cause given in Pert I. | | ntributs to the cause of death? 3 Probably 4 Punknows 24b. Were autopsy findings available prior to completion of cause of death? |
| II Records, P.O. Box 687. The law requires thet the deeth certificate ate has been signed by the attending phypage 2 should be detached for use as the | Completed by Physician/Medi | resulting in death) Lest Pert II. Other significant conditions | d | cause given in Pert I. | 1 ☐ Yes 2 ☐ No | Probably 4 Unknown 24b. Were autopsy findings availebla prior to completion of cause |
| il Records, P.O. Box 687. The law requires that the deeth certificate atte has been signed by the attending phypage 2 should be detached for use as the | o Be Completed by Physician/Medi | Pert II. Other significant conditions 25. Was case raterred to medical examinar? | d | 26. Plece of D | 1 Yes 2 No 24e. Wes an autopsy performed? 1 Yes 2 No eeth (Check only one) | 24b. Were autopsy findings availeble prior to completion of cause of death? 1 Yes 2 No |
| Sion of Vital Records, P.O. Box 687 anding Physician: The law requires that the deeth certificate eath. or: After this certificate has been signed by the attending physic function of the function of the control of the standing physician function. | To Be Completed by Physician/Medi | Pert II. Other significant conditions 25. Was case raterred to medical examinar? **Wes 2 No 27. Mennar of Deeth 1 | Hospital: 1 Inpatient 2 ER/Outpatient 3 DX 28e. Date of Injury (Month, Day Year) 11/23/96 d | 26. Plece of D | 1 Yes 2 No 24e. Wes an autopsy performed? | 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No er (Specify) |
| Vision of Vital Records, P.O. Box 687 Attanding Physician: The law requires that the deeth certificate ar death. ector: After this certificate has been signed by the attending phys by the funeral director, page 2 should be deteched for use as the | Certification: To Be Completed by Physician/Medi | Pert II. Other significant conditions 25. Was case raterred to medical examinar? CWes 2 \(\text{No} \) No 27. Mennar of Deeth 1 \(\text{Neturel} \) Neturel 5 \(\text{Panding} \) | Hospital: 1 Inpatiant 2 ER/Outpatient 3 DO 28e. Date of Injury (Month, Day Year) 11/23/96 TO THE CONTRIBUTION OF TOUR OF THE CONTRIBUTION OF TOUR OR | 26. Plece of Do DA Other: 4 □ Nursing 28c. Injury et Work? 1 □ Yas 2 ☑ No | 1 Yes 2 No 24e. Wes an autopsy performed? 1 Yes 2 No 9eth (Check only one) Home 5 Residence 6 NOth 28d. Describe how injury occurr Unknown 28f. Location (Streat and Numb City or Town, State) | 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No AT red SCENE |
| Sion of Vital Records, P.O. Box 687 anding Physician: The law requires that the deeth certificate eath. or: After this certificate has been signed by the attending physic function of the function of the control of the standing physician function. | To Be Completed by Physician/Medi | Pert II. Other significant conditions 25. Was case raterred to medical examinar? ↑ ★★ 2 □ No 27. Mennar of Deeth 1 □ Neturel S □ Panding Investigation Neturel Netur | Hospital: 1 Inpatiant 2 ER/Outpatient 3 DC (Month, Day Year) 11/23/96 FOUND MP 28e. Pleca of tnjury - At home, term, straat, tactor building, etc. (Specify) | 26. Plece of Do DA Other: 4 □ Nursing 28c. Injury et Work? 1 □ Yas 2 ☒ No y, office | 1 Yes 2 No 24e. Wes an autopsy performed? 1 Yes 2 No eeth (Check only one) Home 5 Residence 6 Noth 28d. Describe how injury occurr Unknown 28t. Location (Streat and Numb City or Town, State) 5701 Allentown | 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No AT red SCENE Per or Rural Routa Number, Road / PG County |

29b. Signature and title of certifier

29c. License number O.C.M.E.

29d. Date signed (Month, Day, Year) NOV. 24, 1996

30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 TITE OODE M.KING

31. Dete filed (Month, Day, Year)

32. Registrer's Signetura John Standson Revolate

State Registrar

A. Novel

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Deeth **Physician** Month Gregory Brandon Wertz 20,1996 November /Medical 6:25 pm 4a. Facility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Cheverly Prince George's 5. Social Sacurity Number If Under 1 Yaar If Under 24 Hrs. 6 Sex Birthplaca (State or Foreign Country) 7. Aga (In yrs. lest birthday) 8. Deta of Birth (Month, Dey, Year) 10XM 2□ F Deys Hours 219-17-3949 Yrs. Sept 9, 1975 Cheverly, Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yas 2 No Director Maryland Prince George's Riverdale 10e Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 5512 Carters Lane 20737-2416 U.S.A. Funeral 11 Maritel Stetue 12. Wes Decedent Evar in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, Whita, atc. 1 Navar Married 2 ☐ Married 1 ☐ Yes 2 📉 No if Yes, Give Yeer or Dates: 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 12 Greeter Sporting Goods Store 17. Fathar's Nema (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Surnema) Be Thomas Leonard, Wertz, Sr. Sharon Elizabeth Thomas 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas & Sharon Wertz (Parents) 5512 Carters Lane, Riverdale, Maryland 20737-2416 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Grandview Cemetery 11/25/96 Tyrone, Pennsylvania 21. Signature of Funarel Service Licensee 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 0 100 23e. Pert1. Enter the disease, or complications thet causad the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only one ceusa on each line. Approximete intervel Betwaan Onset end Deeth immedlete Ceuse (Finel disease or condition resulting in deeth) able rhyth abunulit Examiner Pulmonary VASCULAR OBSTRUCTIVE DISEASE Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest SINGLE HEART DISEASE COMPLEX CONGENITAL VENTRICLE ician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Physi 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Wara autopsy findings aveilable prior to 24a. Was en eutopsy performed? completion of causa of death? 1 Tas 2 No 1 ☐ Yes 2K No Be 25. Wes casa referred to medical examiner? 26. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 XER/Outpatient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending Investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

to Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piace, end due to the cause(s) and menner es stated.

2 ■ Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) end menner stated.

29c. License number

9711 Medical Center Drive #307, Rockville, MD 20850

29d. Dete signed (Month, Dey, Year) November 22, 1996

Physician /Medical Examiner

Funeral

Director

r 28a-f show inotified at show

r than "natural", or items 23s or the Medical Examiner must be

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Hygiene. ther than

permit. Pages 5 and 2 should be the Department of Health and Mantal Hy Important: If them 27 is married othe any injury or other traumatic event other.

the Maryland

hours after

Baltimore, Maryland 21215-0020

ed by the attanding physician and detached for use as the bunal-transit been signed be should be detre this After à

the death certificate be executed To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fundamental process.

Division of Vital Records, P.O. Box 68760,

State Registrar

Wedical

(Check only one)

29b. Signatura and title of certifier,

NUV 25 1996

William C. Keily,

31. Dete filed (Month, Dey, Yeer) 32. Registrar's Signetura Taka Stwallor Rank

M.D.

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middia, Last) 2. Data of Death 3. Time of Death Month Veer **Physician** Raymond Car1 Zelder November 24, 1996 6:13 pm /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 6424 Brightlea Drive Prince George's Lanham | House | If Under 24 Hrs. | 8. Data of Birth | 9. Birthplece (State or Fore Country) | March 27, 1919 | Pennsylvania 5. Sociel Security Number 7. Aga (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** 1 X M 2 ☐ F Yrs. Director 187-01-8444 Usual Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "netural", or lterns 23a or 28a-f show the Medical Examiner must be notified at 1 Nas 2 No Director Prince George's Lanham 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? 6424 Brightlea Drive 20706 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indien, Biack, Whita, atc. 72 hours after 1 ☐ Yes 2 X No If Yas, Giva Yeer or Detes: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White ð 3 Midowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 18b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if items 27 is marked other than "n any injury or other traumatic event, the Med stock. Elamantary/Secondary (0-12) Collage (1-4or 5+) Sheet Metal Worker Construction 17. Fethar's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) Michael Zelder Molly Miller 9 19e. Informent's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Terry Zelder - Son 6424 Brightlea Drive, Lanham, Maryland 20706 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Buriel 2 Cramation 3 Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metropolitan Crematory 11/27/96 | Alexandria, Virginia 22. Nama and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funaral Sarvice Licenses 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Pert1. Enter the disaasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta intarvai Between Onset and Death Physician /Medical tmmediate Cause (Final disaasa or condition rasulting in death) Examiner Examiner attending physician and for use as the buriel-transit Sequantially list conditions, if eny, leading to immadiate cause. Entar Undarlying Cause (Disease or injury that initiated evants resulting in deeth) Last Division of Vital Records, P.O. Box 68760, requires that the death certificata be Physician/Medical Part II. Other afgnificant conditions contributing to death but not detached sulfing in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? signed by t 1 Yea 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed peed has **page 2** 1 Yes 2 No cartificate 1 ☐ Yes 2 ☐ No Attending Physician: funeral director, 25. Was case refarred to medical examiner? å 26. Piaca of Deeth (Check only onle) Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) 10 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28a. Dete of injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: 5 Panding invastigation 1 Natural after death. 1 Yas 2 No 2 Accident 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Piece of fnjury - At home, farm, streat, fectory, office building, atc. (Specify) 4 Homicida ò Hospital 24 hours a 29a. Cartifian 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, and dua to the cause(s) and mannar as stated. Medicai (Check only one) 2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner and the cause of the ca To the Vithin 2 29b. Signature and title of centiles 29d. Data signed (Month, Day, Year) November 25, 1996 30. Nema and address of person who d cause of death (Item 23a) (Typs 4814 71st Avenue, Hyattsville, Maryland 20784-1607 Dr. Maloney 31. Data filed (Month, Day, Year) 32. Registrer's Signatura
Julya Saudem Randell State

Registrar

NOV 27

the second second

N. A.

State of Maryland / Department of Health and Mental Hygiene

37500 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 3 M Mar Aver 12 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Johns Hopkins Bayview Geriatric Ctr. Baltimore N/A If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 6. Séx 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□ M 20 F Director 215-01-2566 87 18, 1909 Maryland Aug. Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. inside City Limits Director 1 XYes 2 □ No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5505 Hopkins Bayview Circle 21224 USA death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygione. Important: If Item 27 is merked other than "natural; or item any injury or other traumatic event, the Medical Exempton. Black, White, etc. 1 ☐ Yes 2 X No if Yes, Give Year or Dates: 1 X Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Feed & Hardware Coilege (1-4or 5+) 12 Bookkeeper Store 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) John Albert Auer Mary Martha Schuchart 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marguerite Brown/sister 2300 Dulaney Valley Rd. Apt. 301 Baltimore, MD 21204 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 🗡 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 12/12/96 Baltimore, MD 21. Signature of Funeral Servica Licansee Dawn F. McDonald 22. Name and Address of Facility Cremation Society of Maryland, 299 Frederick Road Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervel Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner eass Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to ipr es e consequent Box 68760. Physician/Medical 2 Due to (or as a consequence of): attanding 5 P.O. Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco usa contributa to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown on of Vital Records, þ 2 Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? The law 2 No 1 ☐ Yes 20 No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 報 27. Manner of Death 1 Waturai 28a. Date of injury (Month, Day Year) edical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Certifying Phyafcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examínar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature and ritle of certifier 29c. License number 29d. Date signed (Month, Day, Year) December 12, 1996 30. Name and address of person who completed cause of death (item 23a) (Type, Print) Hopkins Bayven ande JHGC Bannath, Richard 5505 31. Date filed (Month, Day, Year) DEC 1 3 1996 32. Registrar's Signature Registrar - "audson-Randale

DHMH 16 Rev 6/95

